

Notice of Funding Opportunity  
**Application due 09/01/2026**

# HRSA

## Health Resources & Services Administration

Bureau of Health Workforce

Medical Student Education Program (MSE)

HRSA-27-098



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## **Before You Begin**

Health Resources and Services Administration  
Bureau of Health Workforce  
Division of Medicine and Dentistry  
Medical Student Education Program (MSE)  
HRSA-27-098

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

## Step 1: Review the Opportunity

### Basic information

Tagline: Advancing Primary Care Careers in Tribal, Rural, and Other Areas with Primary Care Provider Shortages.

### Summary

The purpose of the Medical Student Education (MSE) Program is to provide support to public medical schools in states ranked in the top quartile for projected primary care provider shortages to expand or enhance education for medical students, with a focus on supporting careers in primary care in rural and other areas with a primary care provider shortage.

**Have questions?** Go to [Contacts and Support](#).

### Key facts

Opportunity name: Medical Student Education Program (MSE)

Opportunity number: HRSA-27-098

Announcement version: initial

Federal assistance listing: 93.680

### Key dates

NOFO issue date: 06/11/2026

Application deadline: 09/01/2026

Expected award date is by: 11/02/2026

Expected start date: 12/01/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

### Funding details

Application Types: New

Expected total available funding in FY 2027: \$13,000,000

Expected number and type of awards: 8 G (Grant)

Funding range per award: \$1,000,000 - \$1,625,000

We plan to fund awards in 12-month budget periods with the exception of a 7-month budget period for the first year resulting in a total of 4 years and 7 months period of performance. Your request for years 2 – 5 cannot exceed your Year 1 request. The period of performance is from December 1, 2026 to June 30, 2031.

## Eligibility

You can apply if you are: 1) an accredited public medical school; 2) located in the top quartile of states with a projected primary care provider shortage as determined by the Secretary of the U.S. Department of Health and Human Services; and 3) you do not have an active MSE grant.

Types of eligible organizations

These types of domestic organizations may apply if they otherwise meet the eligibility criteria.

“Domestic” means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Public and State controlled institutions of higher education

Others (see text field entitled "Additional Information on Eligibility" for clarification)

### Additional information on eligibility

To determine eligibility, HRSA uses the National Center for Health Workforce Analysis (NCHWA) projections<sup>1</sup> through 2038, which indicate there are 41 states with a projected shortage of primary care physicians. The top quartile of states with projected shortages of primary care physicians include 12 states: Alabama, Arizona, Florida, Georgia, Kentucky, Mississippi, Nevada, New Jersey, Oklahoma, Tennessee, Texas, and Utah.

HRSA has identified accredited public, osteopathic and allopathic medical schools in the eligible states using the Commission on Osteopathic College Accreditation (COCA) and Liaison Committee on Medical Education (LCME). Excluding schools with active MSE grants, [Appendix A](#) lists the 23 public medical schools in six states that appear eligible for this funding opportunity.

**Note:** Grantees currently receiving MSE funding from HRSA-23-124 and HRSA-24-074 are not eligible to apply for this competition.

**Individuals are not eligible applicants under this NOFO.**

### Trainee eligibility

To receive support under this program, a trainee must be one of the following:

- A U.S. citizen or non-citizen national.
- An individual lawfully admitted for permanent residence to the United States.
- Any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L 104-193, as amended.

### Qualifications for principal investigator or project director

The Project Director (PD) must be a board-certified physician, employed by the applicant organization, and dedicate approximately 20 percent of their time to grant activities, whether charged to the grant as salary or provided to the project as in-kind contribution. Your application should indicate the time commitment and qualifications of the PD in the project narrative. HRSA recognizes only one PD.

## **Completeness and responsive criteria**

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Is currently receiving HRSA funding for the MSE Program.
- Fails to include accreditation documentation for the applicant organization.
- Fails to satisfy the minimum matching requirement of 1% of the federal share.
- Fails to include a budget that reflects the \$1,000,000 minimum for each of the 5-year periods of performance.

## **Application limits**

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

## **Cost sharing**

### **Federal share**

This program requires you to contribute 1% of the federal share.

Matching is required for this program. We require an amount of not more than ten percent, but not less than one percent matching of the total annual amount of federal funds provided in the grant to each award recipient as per The FY 2026 Consolidated Appropriations Act, P.L. 119-75. Matching funds are any non-federal funds that contribute to the project purpose and objectives, such as in-kind faculty contributions, facilities and related costs, and contributions from partnerships (2 CFR 200. 306). Cost sharing requirements are not allowable from costs paid by another federal award.

You can meet your match requirement through any combination of:

- Cash contributed by your organization, partners, or other third parties.
- In-kind (non-cash) contributions from your organization, partners, or other third parties.

## **Post-award requirements**

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

## **Program description**

### **Purpose**

The purpose of the Medical Student Education (MSE) Program is to provide support to public medical schools in states ranked in the top quartile for projected primary care provider shortages

to expand or enhance education for medical students preparing to become physicians. This expansion can include funding for direct student supports which help students be successful in medical school, as well as for infrastructure development, maintenance, equipment, and minor renovations or alterations. The program is designed to prepare and encourage medical students to choose residencies and careers in primary care and serve Tribal, rural and other areas with primary care provider shortages in those states after they complete their residency.

- Increase the number of primary care physicians practicing in states with a projected primary care physician shortage, particularly in rural Tribal and other areas with primary care provider shortages.

## **Background**

A strong primary care system improves health outcomes. However, the United States faces a growing shortage of primary care physicians. The National Center for Health Workforce Analysis projects a shortage of 70,610 primary care physicians by 2038.<sup>1</sup> More than 100 million people live in Primary Care Health Professional Shortage Areas (HPSAs)<sup>2</sup> and shortages are most severe in rural, Tribal, and other communities with limited access to services. Expanding training pathways in rural, Tribal, and other areas with primary care provider shortages, including support for students who plan to serve these communities, can influence where physicians choose to practice.<sup>3</sup>

Limited access to preventive services, chronic disease care, and mental health care lead to poorer health outcomes.<sup>4</sup>

Poor diet is also an important preventable health risk factor. Evidence-based nutrition and lifestyle interventions improve blood pressure, blood sugar control, cardiovascular risk, weight management, and mental health outcomes. However, many medical students receive limited nutrition training and report feeling unprepared to counsel patients.<sup>5</sup> Medical schools can better prepare physicians by integrating evidence-based nutrition and lifestyle medicine education into their curricula.

## **Program goal and objectives**

### **Program goal**

Increase the number of primary care physicians practicing in states with a projected primary care physician shortage, particularly in rural Tribal, and other areas with primary care provider shortages.

### **Program objectives**

**Objective 1:** Expand and/or enhance medical student education to promote career choices in primary care and in rural, Tribal, and other areas with primary care provider shortages.

**Objective 2:** Establish or enhance medical education to support evidence-based nutrition, prevention, and chronic disease care.

**Objective 3:** Develop or enhance partnerships, including one or more clinical rotations in primary care such as at a Teaching Health Center or community-based setting, to collaborate on educational and training activities for medical students.

## **Program requirements and expectations**

Award recipients are required to participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

If you receive an award, you must meet the following requirements and expectations in carrying out your training program. You should address all these requirements in the project narrative section of your application and follow the more detailed instructions throughout that section.

- Increase the number of medical students and/or provide student supports for students who commit to primary care service in rural, Tribal, and other areas with primary care provider shortages. Student supports can include academic, financial (e.g., scholarships), and social (e.g., mentorship) supports.
  - Develop and implement new and/or expanded nutrition and chronic disease curricula, including evidence based dietary intervention in chronic disease prevention and management, incorporating a defined set of clinical, didactic, and community-based training activities.
  - Ensure that at least one or more of the clinical sites for medical students are in a primary care setting such as a Teaching Health Center or other community-based setting that provides primary care training. These settings include but are not limited to: Rural Health Clinics (RHCs); Federally Qualified Health Centers (FQHCs); community mental health centers (CMHCs); and health centers operated by the Indian Health Service (IHS), by Tribes or Tribal organizations, or by urban Indian organizations.
  - Develop and support partnerships with community-based organizations in rural, Tribal, and other communities experiencing the greatest primary care physician shortages to support pathway programs, training, and support for students who are most likely to return to practice in these communities.
1. Ensure all medical students have a National Provider Identifier (NPI) number.
  2. Adhere to HHS Evaluation Policy and evaluation standards and best practices described in [OMB Memorandum M-20-12](#) when evaluating their program.
  3. Participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

Optional: Recipients may use grant funds to develop, enhance, and implement Postbaccalaureate Premedical Programs that support the transition from undergraduate to medical school. Postbaccalaureate Premedical Programs are programs that give college graduates the opportunity to complete undergraduate science courses in preparation for application to medical school and other related professional schools, if appropriate.

Recipients may also use grant funds to support preceptor cost, training, and development.

## **Statutory authority**

Consolidated Appropriations Act, 2026 (P.L. 119-75)

## Award information

### Funding policies and limitations

#### Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

#### Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

#### General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - Project Budget Information in Section 3.1.4 of the [R&R Application Guide](#). You can also see [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
  - [Allowable and Unallowable Costs and Activities](#), in the HHS Grants Policy Statement.
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).
- You cannot earn profit from the federal award. See [2 CFR 200.400\(g\)](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a rate higher than the Executive Level II if the amount beyond the HHS SRL is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the [R&R Application Guide](#).

### Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

As of October 1, 2025, [2 CFR 300.414](#) indirect costs for training awards cannot exceed 8% of modified total direct costs. To calculate the (MTDC), we exclude from the direct cost base:

- Direct cost amounts for equipment, tuition, fees, and participant support costs
- Subawards and subcontracts exceeding \$50,000.

For modified total direct costs, we use the definition at [2 CFR 200.1](#).

Consider your indirect costs when developing your [budget](#).

### **Program income**

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).

## Step 2: Get Ready to Apply

### Get registered

#### SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [R&R Application Guide](#).

#### Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

### Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-27-098. After you select the opportunity, we recommend that you click the Subscribe button to get updates.

### Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA’s How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

#### Join the webinar

For more information about this opportunity, Visit the [Bureau of Health Workforce’s open opportunities](#) website. The webinar will be recorded.

FAQs will be posted on the Bureau of Health Workforce’s open opportunities website.

**Have questions?** Go to [Contacts and Support](#).

## Step 3: Build Your Application

### Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

#### Narratives

See the instructions for the [project narrative, form](#), and the [budget and budget narrative](#).

Form	Included in page limit*?
<input type="checkbox"/> Research & Related Other Project Information	Yes*
<input type="checkbox"/> Research & Related Budget (Total Fed + Non-Fed)	Yes*

#### Attachments

See [instructions for attachments](#).

Attachments	Included in page limit*?
<input type="checkbox"/> 1. Accreditation Documentation	Yes
<input type="checkbox"/> 2. Project Organizational Chart	Yes
<input type="checkbox"/> 3. Agreements with other entities	Yes
<input type="checkbox"/> 4. Staffing Plan and Job Description	Yes
<input type="checkbox"/> 5. Funding preference or priority documentation	Yes
<input type="checkbox"/> 6. Tables and charts	Yes
<input type="checkbox"/> 7. Letters of Support	Yes
<input type="checkbox"/> 8. Other relevant document	Yes
<input type="checkbox"/> 9. Other relevant document	Yes
<input type="checkbox"/> 10. Other relevant document	Yes
<input type="checkbox"/> 11. Other relevant document	Yes
<input type="checkbox"/> 12. Other relevant document	Yes
<input type="checkbox"/> 13. Other relevant document	Yes
<input type="checkbox"/> 14. Other relevant document	Yes
<input type="checkbox"/> 15. Other relevant document	Yes

## Other required forms

See [form instructions](#).

Form	Included in page limit*?
<input type="checkbox"/> SF-424 (R&R)	No
<input type="checkbox"/> Project Abstract Summary Form	No
<input type="checkbox"/> R&R Subaward Budget Attachment(s)	Yes*
<input type="checkbox"/> Research & Related Senior/Key Person Profile form	No
<input type="checkbox"/> Project/Performance Site Location(s)	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	No
<input type="checkbox"/> Standardized Work Plan (SWP) form	No

\* Unless otherwise indicated, only what you attach to a form counts toward the page limit. The form itself does not count.

## Application contents and format

This section includes guidance on each component found in the application checklist.

**Application page limit:** 60 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

### Required format

Required format for project summary, project narrative, budget narrative, and attachments

**Font:** A readable font like Arial, Courier, CG Times, or Times New Roman

**File format:** We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format or .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

**Size:** 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

**Ink color:** Black

**Spacing:** Single-spaced, including all text and tables

**Alignment:** Left

**Headings:** Bold all headings and align left.

**Size:** 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

**Margins:** 1-inch on all sides

**Footer:** On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

**Page numbering:**

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

**File names:** You can find guidance for naming our files in the [R&R Application Guide](#).

**Project narrative**

Use the Research & Related Other Project Information form to attach the project narrative. In the project narrative, you will describe all aspects of your project.

Use the section headers and the order as listed.

**Introduction**

**See merit review criterion 1: [Need](#)**

- Briefly describe the purpose of your project.

**Need**

**See merit review criterion 1: [Need](#)**

- Describe the unmet health workforce needs this program will address, including the characteristics and needs of any specific communities the program plans to partner with.
- Discuss any relevant barriers to trainees' access to education and success in your program.
- Use and cite demographic data whenever possible.

**Approach**

**See merit review criterion 2: [Response](#)**

- Describe how you'll address your stated needs and meet the program requirements and expectations described in this NOFO.
- Describe how you will develop or enhance your nutrition and chronic disease curriculum, including how you will increase medical students' knowledge and competence in evidence-based dietary intervention to care for people experiencing chronic disease.
- Describe how you will establish the required clinical rotations in Teaching Health Centers or community-based settings to train medical students. These settings include, but are not limited to: RHCs, FQHCs; CMHCs; and health programs operated by the IHS, by Tribes or Tribal organizations, or by urban Indian organizations.
- Describe strategies for ongoing staff training, teamwork, and information sharing. Also include strategies for outreach and collaboration efforts to enhance recruitment and retention of medical students.

- If it applies, include a plan to distribute reports, products, or project outputs to target audiences.

Provide a table description of the primary care clinical sites for medical students such as in a Teaching Health Center or other community-based setting in [Attachment 6](#). Include the name of the primary care site and number of medical students for each year of the award. A sample table is provided in [Attachment 6](#).

### High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe how you'll achieve each of the three objectives and the goal of this NOFO during the period of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key partners will help plan, design, and carry out clinical rotation activities.
- Include the extent to which these partners address the needs of the populations and communities served.
- You will also include a more detailed work plan in your Standardized Work Plan (SWP). See [Other required forms](#).
- Provide in the SWP a timeline for each of the 5 budget years by quarter that includes each activity and identifies who is responsible for each by their title.

### Resolving challenges

See merit review criterion 2: [Response](#)

Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them

### Performance management

See merit review criteria 3: [Performance management](#) and 5: [Resources and capabilities](#)

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
- **Performance Measurement and Reporting.** See <https://bhw.hrsa.gov/funding/report-on-your-grant> for performance measure requirements and examples of reporting forms.
  - Describe how you will collect and report required performance data accurately and on time.
  - Describe how you will manage and securely store data.
    - Include how you will report and collect NPI numbers for participants. Project trainees in eligible disciplines must apply for and report on an NPI.
- Describe your process to track trainees after program completion for up to one year.
- Describe how you will monitor and analyze performance data to support continuous quality improvement.
- **Program Evaluation.** The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the HHS Evaluation Policy, as well as the standards and best practices described in [OMB Memorandum M-20-12](#). Describe your plan to evaluate the project. Include:

- The evaluation questions, methods, data to be collected, and timeline for implementation.
- The evaluation barriers and your plan to address them.
- The evaluation capacity of your organization and staff. Include experience, skills, and knowledge.
- How you will disseminate results, how you will assess whether your dissemination plan is effective, whether the results are national in scope, and the extent of potential replication.

See the [reporting](#) section for more information.

### **Sustainability**

**See merit review criterion 4: [Impact](#)**

We expect you to sustain key project elements that improve practices and outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.

- Highlight key elements of your projects. Examples include training methods or strategies that have been effective in improving practices.
- Describe the actions you'll take to obtain future sources of funding.
- Determine the timing to become self-sufficient.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

### **Organizational information**

**See merit review criterion 5: [Resources and capabilities](#)**

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Include a project organizational chart.
- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe how you'll assess the unique needs of the trainees you serve.
- Include a staffing plan and job descriptions for key faculty and staff in [Attachment 4](#).
- Describe the organizations you will partner with to fulfill the program goals and meet the training objectives. Include key agreements in [Attachment 3](#) and letters of support in [Attachment 7](#).
- Include biographical sketches for key staff using the Research & Related Senior/Key Person Profile form. See [Other required forms](#).

### **Budget and budget narrative**

**See merit review criterion 6: [Support requested](#)**

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the [R&R Application Guide](#) and any specific instructions listed in this section.

HHS now uses the definitions for [equipment](#) and [supply](#) in [2 CFR 200.1](#). The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and nonfederal funds used to satisfy any matching or cost sharing requirement (which may include maintenance of effort, if applicable).

**Reminder:** Indirect costs for training awards cannot exceed 8% of modified total direct costs.

The **budget narrative** supports the information you provide in the Research and Related Budget Form. The merit review committee reviews both. Your budget should show a well-organized plan.

The budget narrative includes an itemized breakdown and a clear justification of the requested costs. As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- Restrictions on spending funds. See [Funding policies and limitations](#).

To create your budget justification narrative, see budget narrative instructions in the [R&R Application Guide](#).

Participant and trainee support costs

In your budget narrative:

- List tuition, fees, health insurance, stipends, travel, subsistence, and other costs.
- Identify the number of participants and trainees.
- Separate these costs from others so we can identify them easily.
- Include a sub-total entitled "Total Participant and Trainee Support Costs" with the summary of these costs.

Preceptor costs

Preceptors can be either your employee, contractor, or consultant. Preceptor costs are unique and different than trainee costs, which are for your students. Allowable preceptor costs may include:

- Stipends (other than to employees)
- Percentage (%) of salary (for employees)
- Continuing education, other trainings, and related fees
- Travel

**Note:** You cannot require students to pay for preceptor costs.

- If the preceptor is an employee, specify those costs under Section B. Other Personnel, Section D. Travel, and Section F. Other Direct Costs.
- If the preceptor is a consultant or contractor, list those costs under Section F. Other Direct Costs.
- Include the number of preceptors in your budget narrative.

## Consultant

Identify each consultant, the services they will perform, the total number of days, travel costs, and the total estimated costs.

## Attachments

See section [3.2 of the HRSA R R Application Guide](#).

**Place your PDF attachments in order in the Attachments form.** See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

### **Attachment 1: Accreditation documentation Required.**

You must provide documentation of your accreditation from the Liaison Committee on Medical Education or American Osteopathic Association that includes verification that you are not under probation. This statement must also include the dates of initial accreditation and next accrediting body review for each specialty; and the accreditation start and expiration dates. Please do not provide only the web link to the accreditation body's website. HRSA will not open any links included in the application.

### **Attachment 2: Project organizational chart Required.**

Provide a one-page diagram that shows the full project's organizational structure. Include all aspects, not just the applicant organization.

### **Attachment 3: Agreements with other entities As applicable.**

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure letters of agreement are signed and dated.

### **Attachment 4: Staffing plan and job descriptions Required.**

See Section 3.1.7 of the [R&R Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

**Attachment 5: Funding priority documentation**  
**As applicable.**

Provide documents that prove you qualify for either or both funding priorities. Provide a statement that you are requesting a priority, which priority (or priorities) you are requesting, and documentation to support the request(s). Please state how the priority (or priorities) is/are met and include documentation to substantiate your eligibility for the funding priority. See Section V.2 for details.

See the [selection process](#) section for information about how these documents are used.

**Attachment 6: Tables and charts**  
**Required.**

Provide a table description of the primary care clinical sites for medical students such as in a Teaching Health Center or other community-based setting. Include the name of the primary care site and number of medical students for each year of the award. A sample is provided below.

Table 1: Primary Care Clinical Sites

Name of Clinic Rotation Site	Clinic Training Site Full Address (EXAMPLE Main Street, Town, State, Extended Zip code)	Tribal Site (Yes/No)	Is site located in rural area as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at <a href="https://data.hrsa.gov/tools/rural-heal">https://data.hrsa.gov/tools/rural-heal</a> (Yes or No)	Number of students who will be involved in grant activities per year.	Grant Year 1,2,3, 4, 5
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**Attachment 7: Letters of support**  
**As applicable.**

You may provide letters of support from other organizations or departments involved in the proposed project.

Letters of support can also be from individuals within your institution who hold the authority to speak for the organization or department such as a CEO or chair.

Recommenders should indicate an understanding of and commitment to the project, and what their contribution to the project will be. You should reference letters of support in the applicable section of the project narrative.

Recommenders must sign and date their letter of support for the document to be considered.

**Attachment 8-15: Other relevant documents**

You may use attachments 8 through 15 to add other relevant documents.

### Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
SF-424 R&R (Application for Federal Assistance) form	With application.
Project Abstract Summary Form	With application.
Research & Related Other Project Information	With application.
Research & Related Senior/Key Person Profile (Expanded)	With application.
R&R Subaward Budget Attachment(s) Form	With application.
Project/Performance Site Location(s)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Standardizes Work Plan (SWP) form	With application.

### Form instructions

In addition to the requirements for the [budget narrative](#), [project narrative](#), and [attachments](#), following are instructions for each of the other forms required by this NOFO. See the [application checklist](#) for a full list of all application requirements.

#### SF-424 (R R) application for federal assistance

This is your application for federal assistance. Follow the instructions in section 3.1.1 of the [R&R Application Guide](#). This is the application for Federal Assistance.

#### Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples](#).

#### Project abstract summary form

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve.

When writing your summary:

- Use 4,000 characters or fewer.
- Make sure it's clear, accurate, short.
- Do not refer to other parts of the application.
- Do not include [personally identifiable information \(PII\)](#) in abstract form.
- If you receive an award, we'll put your project abstract on public websites and databases, including [USAspending.gov](#).

### **Research and related other project information**

In addition to the requirements in the [project narrative](#) section, you will provide some additional information in this form.

- Complete sections 1 through 6.
- Upload a blank document in item 7: Project Summary/Abstract to avoid a cross-form error with your Project Abstract Summary Form.
- Upload your project narrative in item 8.
- Leave items 9, 10, and 11 blank.

### **Research and related senior/key person profile (expanded)**

Include biographical sketches for people who will hold the key positions.

- Try to use no more than 2 pages per person.
- Do not include non-public [personally identifiable information](#).
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in the Research & Related Senior/Key Person Profile form.
- Include:
  - Name and title
  - Education and training – for each entry include Institution and location, degree and date earned, if any, and field of study.
  - Section A, Personal Statement. Briefly describe why the individual's experience and qualifications make them well-suited for their role.
  - Section B, Positions and Honors. List in chronological order previous and current positions. List any honors. Include present membership on any federal government public advisory committee.
  - Section C, Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and responsibilities of the person.

### **R and R subaward budget attachment(s) form**

You will also complete the R&R Subaward Budget Attachment Form for each subaward you propose. These include subcontracts. You will do this using the R&R Subaward Budget Attachment(s) Form.

Use the following instructions:

- Once you open this form, you can select “Click here to extract the R&R Subaward Budget Attachment”.
- Save the file and then open it to complete it.
- Once you save the file you can upload it within the form.
- Repeat the steps for each subaward.

If you have more than 10 subawards, you may upload the extra budget forms in the Research and Related Other Project Information form in Block 12 “Other Attachments”.

**Project/performance site location(s)**

Follow the form instructions in [Grants.gov Forms](#). Use the “Next Site” option rather than “Additional Location(s)” to add more than one project/performance site location.

**Disclosure of lobbying activities (SF-LLL) form**

Follow the form instructions in [Grants.gov Forms](#).

**Standardized work plan form**

**Does not count toward the page limit**

In addition to the requirements in [project narrative, high-level work plan](#), follow these instructions:

- Submit your workplan through the SWP Form. Provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope.
- Follow the instructions in the SWP Form.
- Select your organizational priorities that best fit the objective.
- As specified in the NOFO, [program goal and objectives](#) must be copied as stated.

## Step 4: Understand Review, Selection, and Award

### Application review

#### Initial Review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, we will not fund it. If this is the case, we will notify your authorized official.

We will not review any pages that exceed the page limit.

#### Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [R&R application guide](#). The members use these criteria.

Criterion	Total number of points = 1
1. Need	15 points
2. Response	35 points
3. Performance management	15 points
4. Impact	15 points
5. Resources and capabilities	10 points
6. Support requested	10 points

#### Criterion 1: Need (15 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Describes a project purpose that aligns with the purpose of the funding opportunity.
- Describes health workforce needs that will be addressed by this project and the communities that will benefit from the project, if appropriate.
- Describes barriers faced by trainees to successfully complete educational programs.
- Describes the needs of the institution, the community, and the public/nation that will be addressed by the proposed project.

#### Criterion 2: Response (35 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenge](#) sections.

#### Approach (2 points)

The panel will review your application for how well it:

- Responds to the program’s [purpose](#) to address the stated needs and meet the program requirements and expectations described in this NOFO.
- Describes how you will develop or enhance your nutrition and chronic disease curriculum, including how you will increase medical students’ knowledge and competence in evidence based dietary intervention to care for people experiencing chronic disease.
- Provide a table description of the primary care clinical sites for medical students such as in a Teaching Health Center or other community-based setting in Attachment 6. Include the name of the primary care site and number of medical students for each year of the award.
- Describes your proposed recruitment and retention plan aimed at increasing the enrollment and sustained support of medical students.

**High-level work plan (1 point)**

The panel will review your application for how well it:

- Describes the activities to address the problem and meet project objectives.
- Describes how you will establish the required clinical rotations in Teaching Health Centers or community-based settings to train medical students.
- Describes in the SWP a timeline for each activity, identifies the party responsible for each budget year, and, as appropriate, specifies how key partners will assist in planning, designing, and implementing clinical rotation activities.

**Resolution of challenges (5 points)**

The panel will review your application for how well it:

- Describes the obstacles and challenges you may face during project design and implementation, including the approaches that you’ll use to resolve them

**Criterion 3: Performance Management (15 points)**

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

Evaluation

5 points:

- The overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.
- The plan to disseminate results.

Performance measurement

10 points:

- Evidence that the measures assess how well program objectives have been met and to what extent the results are attributed to the project. A clear plan to collect and manage data to ensure accurate and timely performance.
- A plan to identify evaluation barriers and your approach to address them.

- A process to collect, manage, store, and report NPI numbers for eligible participants.
- The ability to track trainees after program completion for up to one year.
- A process to monitor and analyze performance data to support continuous quality improvement.

**Criterion 4: Impact (15 points)**

See the project narrative [High-level work plan](#) and [Sustainability](#) sections.

The panel will review your application for:

- How effective the proposed project is likely to be.
- How strong of a public health impact it is likely to have.
- How likely the project results could be national in scope.
- How easy it will be to replicate project activities.
- How likely the program will continue beyond the federal funding.
- How well it describes challenges that you'll likely encounter in sustaining the program, including your plan to resolve these challenges.

**Criterion 5: Resources and capabilities (1 points)**

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

- Project staff have the training or experience to carry out the project.
- Project staff have the training and experience to carryout performance reporting (and program evaluations, if applicable).
- You have the capabilities to fulfill the needs of the project.
- You have quality facilities available to carry out the project.
- You have the capacity to gather, manage, and use data.
- The mission, structure, and scope of current activities aligns with the MSE program.
- You discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- You describe how you'll assess the unique needs of the trainees you serve.
- You provide evidence of institutional support in [Attachment 3](#) and [Attachment 7](#).
- You include an adequate staffing plan in [Attachment 4](#) and a project organizational chart in [Attachment 2](#).

**Criterion 6: Support requested (1 points)**

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

We do not consider **voluntary** cost sharing during merit review.

### **Risk review**

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

## **Selection process**

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- [Alignment with HRSA Mission and Strategic Priorities](#)

We may:

- Consider the larger portfolio of agency-funded projects, including project type and geographic distribution.
- Consider the funding priorities, funding preferences, and special considerations listed.
- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

### **Funding priorities**

This program includes one or more funding priority, based on report language accompanying the appropriations act. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. Applications for grant support may be submitted without requesting a funding priority; however, approval of a funding priority will enhance an applicant's competitive score. An applicant may apply for one, two (both), or no funding priorities. Priority points will be in addition to the possible merit score of 100 total points as outlined in the review criteria.

Each funding priority has a point value of two (2) points. Partial points will not be awarded for any funding priority. An applicant may receive an additional 4 points total if both funding priorities are met.

All applicants will receive full and equitable consideration during the review process regardless of whether they apply for or receive a funding priority. Please see Section 5.3 of HRSA's SF-424 R&R Application Guide for more details. The funding priority factors will be determined by HRSA staff.

### **Priority 1: Federally-recognized Tribes (2 Points)**

We will give you a funding priority if:

you demonstrate that you are located in a state with the greatest number of Federally-recognized Tribes. HRSA defines "greatest number of Federally-recognized Tribes" as any eligible state that has two (2) or more Federally-recognized Tribes. To qualify for the Federally-recognized Tribes funding priority, applicants must submit in [Attachment 5](#) the names of Federally-recognized Tribes in your state from the Department of the Interior's Bureau of Indian Affairs list of Indian Entities recognized and eligible to receive services from the United States Bureau of Indian Affairs as published in 83 FR 2112.

### **Priority 2: Public-Private Partnership (2 Points)**

We will give you a funding priority if:

you demonstrate existing public-private partnerships. To qualify for the public-private partnership funding priority, an applicant must submit in [Attachment 5](#) documents that describe current working relationships between your organization and other entities and programs cited in your proposal. Examples of the partnerships are:

- Actual contractual or other agreements that clearly describe the roles of the contractors and any deliverable.

- Letters of agreement or memoranda of understanding signed by someone who holds the authority to speak for the organization or department (CEO, Chair, etc.) and dated. Letters of agreement or partnership can be with or without funding, or with in kind contribution from both parties.
- Current letters of agreement from the clinical training sites that include documentation of required clinical experiences in Tribal, rural, and other areas with primary care provider shortages for the medical students.

## **Award notices**

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See “how we make awards” in the [R&R Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.

## Step 5: Submit Your Application

### Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

#### Application deadline

**You must submit your application by 09/01/2026, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a waiver" in the [R&R Application Guide](#).

#### Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [R&R Application Guide](#).

**Have questions?** Go to [Contacts and Support](#).

### Other submissions

#### Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

## Step 6: Learn What Happen After Award

### Post-award requirements and administration

#### Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award.
- The regulations at [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR 300, or any superseding regulations.
- The [HHS Grants Policy Statement](#). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- See the requirements for performance management in [2 CFR 200.301](#) (before October 1, 2025, [45 CFR 75.301](#)).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

#### Required Alignment with HRSA Mission and Strategic Priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA [vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA’s priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
  - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
  - Maintain strong internal controls.
  - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

**Make America Healthy Again (MAHA):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

**Child protections, biological integrity, parental rights, and lawful use of funds:** HRSA prioritizes safeguarding children’s health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

**Advancing evidence-based, merit-driven, and ethically grounded health care:** HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

**Promoting public safety, lawful use of federal funds, and national health priorities:** To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR Part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR § 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

**Cybersecurity**

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.  Visit to <a href="#">45 CFR 170, Subpart B</a> learn more.

<p>Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act</p>	<p>Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.</p> <p>Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more.</p>
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If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isp/>.

## Reporting

If you are successful, you will have to follow the reporting requirements in Section 4 of the [R&R Application Guide](#). The NOA will provide specific details.

- Progress report(s) each year
- Annual performance reports.
- All HRSA recipients must collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRMA) and the Foundations for Evidence-Based Policymaking Act of 2018.
- The Annual Performance Report (APR) collects data on all academic year activities from July 1 to June 30. It is due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the grant, HRSA may require a Final Performance Report (FPR) to collect the remaining performance data. The FPR is due within 120 calendar days after the period of performance ends.
- You can find examples of APRs at [Report on Your Grant](#) on the HRSA website. Performance measures and reporting forms may change each academic year. HRSA will provide additional information in the Notice of Award (NOA).

## Contacts and Support

### Agency contacts

#### Program and eligibility

Olivia Kirby

Project Officer

Attn:

Medical Student Education Program (MSE)

Bureau of Health Workforce

Health Resources and Services Administration

okirby@hrsa.gov

301-945-5268

#### Financial and budget

Latisha Harris

Grants Management Specialist Division of Grants Management Operations Office of Financial

Assistance and Acquisition Management (OFAAM) Health Resources and Services

Administration

lharris@hrsa.gov

301-443-1582

#### HRSA Contact Center

**Open Monday – Friday, 7 a.m. – 8 p.m. ET**, except for federal holidays.

**Call:** 877-464-4772 / 877-Go4-HRSA

**TTY:** 877-897-9910

[Electronic Handbooks Contact Center](#)

### Help with systems

#### Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

#### SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

#### Helpful websites

- [R&R Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)

### **Program-specific definitions**

**Community-based Organization:** a public or private non-profit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

**Postbaccalaureate Premedical Programs:** a program that gives college graduates the opportunity to complete undergraduate science courses in preparation for application to medical school and other related professional schools.

**Scholarship:** a provision of financial support in the form of tuition, fees, and other educational costs.

**Teaching Health Center:** Teaching Health Center (THC) means (as defined in section 749A(f)(3) of the PHS Act [42 U.S.C. 2931-1(f)(3)]) a community-based, ambulatory patient care center that operates a primary care residency program.

## Appendices

### APPENDI A

This table depicts the six states and 23 public medical schools that appear to be eligible for this funding opportunity. The list below is not intended to foreclose applications by applicants that can demonstrate to HRSA that they are accredited public colleges of medicine in one of the six listed states.

<b>Eligible Public Medical Schools with a Projected Primary Care Provider Shortage in 2018</b>		
<b>State</b>	<b>Public Medical School</b>	<b>City</b>
Georgia	Medical College of Georgia at Augusta University	Augusta
Texas	Texas A&M Health Science Center College of Medicine	Bryan
Texas	Texas Tech University Health Sciences Center Paul L. Foster School of Medicine	El Paso
Texas	Texas Tech University Health Sciences Center School of Medicine	Lubbock
Texas	University of Houston	Houston
Texas	University of Texas Medical Branch School of Medicine	Galveston
Texas	UT Health John P. and Katherine G. McGovern Medical School	Houston
Texas	UT Health San Antonio Joe R. and Teresa Lozano Long School of Medicine	San Antonio
Texas	University of Texas Rio Grande Valley School of Medicine	Edinburg
Texas	University of Texas Southwestern Medical School at Dallas	Dallas
Texas	Dell Medical School at The University of Texas at Austin	Austin
Texas	Sam Houston State University College of Osteopathic Medicine	Conroe
Texas	University of North Texas Health Science Center Texas College of Osteopathic Medicine	Fort Worth
Texas	University of Texas at Tyler School of Medicine	Tyler
Arizona	University of Arizona College of Medicine	Tucson
Florida	University of Florida College of Medicine	Gainesville
Florida	Florida State University College of Medicine	Tallahassee
Florida	University of South Florida Health Morsani College of Medicine	Tampa

Florida	Florida International University Herbert Wertheim College of Medicine	Miami
Florida	Florida Atlantic University Charles E. Schmidt College of Medicine	Boca Raton
New Jersey	Rutgers New Jersey Medical School	Newark
New Jersey	Rutgers, Robert Wood Johnson Medical School	Piscataway/New Brunswick
Tennessee	University of Tennessee Health Science Center – College of Medicine	Memphis

### Footnotes

1. National Center for Health Workforce Analysis. Primary Care Workforce Projections. U.S. Department of Health and Human Services; most recent update. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>
2. Bureau of Health Workforce. Health Professional Shortage Areas (HPSA) Data. U.S. Department of Health and Human Services; <https://data.hrsa.gov/topics/health-workforce/shortage-areas/>
3. Indian Health Service. Disparities Fact Sheets. U.S. Department of Health and Human Services; <https://www.ihs.gov/newsroom/factsheets/disparities/>
4. Rabinowitz HK, Diamond JJ, Markham FW, Santana AJ. Increasing the supply of rural family physicians: recent outcomes from Jefferson Medical College’s Physician Shortage Area Program. Acad Med. 2011;86(2):264-269.
5. Adams KM, Butsch WS, Kohlmeier M. The state of nutrition education at US medical schools. Acad Med. 2015;90(9):1216-1220.