U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Workforce
Division of Health Careers and Financial Support

Centers of Excellence (COE)

Funding Opportunity Number: HRSA-22-042
Funding Opportunity Type(s): New, Competing Continuation

Assistance Listings (AL/CFDA) Number: 93.157

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: January 31, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: November 2, 2021

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 293 (Public Health Service Act, Title VII, Section 736).

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Centers of Excellence Program (COE). The purpose of this program is to strengthen the nation's capacity to produce a diverse, culturally competent health care workforce. COE will provide funding for innovative resource and education centers to recruit, train, and retain under-represented minority students and faculty at health professions schools.

Section 736 of the Public Health Service (PHS) Act authorizes funding for education and training enhancement programs to increase opportunities for under-represented minority individuals to enter and successfully complete a health professions academic program.

Funding Opportunity Title:	Centers of Excellence (COE)
Funding Opportunity Number:	HRSA-22-042
Due Date for Applications:	January 31, 2022
Anticipated Total Annual Available FY 2022 Funding:	$10,300,000
Estimated Number and Type of Award(s):	Up to 15 grants
Estimated Annual Award Amount:	Approximately $686,000 per award, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2027 (5 years)

Eligible Applicants:	Accredited allopathic schools of medicine, osteopathic medicine, dentistry, pharmacy, and graduate programs in behavioral or mental health that meet the requirements of Section 736(c) of the PHS Act. The four designated Historically Black Colleges and Universities (HBCUs) listed in Section 736 are not eligible for this NOFO; they are eligible to compete under a separate NOFO to be issued in FY 2023. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/default.aspx to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Centers of Excellence (COE) Program.

Program Purpose

The COE was established to be a catalyst for institutionalizing a commitment to under-represented minority (URM) students and faculty. Part of this commitment includes providing educational and training opportunities that focus on increasing racial and ethnic diversity among health professions and addressing minority health issues.

COE grantees serve as innovative resources and education centers to recruit, train, and retain URM students and faculty at health professions schools. Programs improve information resources, clinical education, curricula, and cultural competence as they relate to minority health issues and social determinants of health. COE grantees also focus on facilitating faculty and student research on health issues particularly affecting URM groups.

Program Goals

1) To strengthen the national capacity to produce a quality health care workforce with racial and ethnic diversity to improve the quality and delivery of health care through collaborations and strategic partnerships.
2) To serve as innovative, education resource centers to recruit, train, and retain URM students and faculty at health professions schools.
3) To improve clinical education and cultural competence for minority health issues and social determinants of health.
4) To facilitate faculty and student research on health issues particularly affecting under-represented minority groups, including research on issues relating to the delivery of health care.

Program Objectives

- Develop a large competitive URM applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities to establish an education pipeline for health professions careers;
- Establish, strengthen or expand structured programs to enhance URM student academic performance;
- Develop structured programs to improve the capacity of the school for recruitment, training and retention of URM faculty, including the payment of stipends and fellowships;

- Develop activities to improve the school's information resources, clinical education, curricula and cultural competence as it relates to minority health issues;
- Facilitate faculty and student research on health disparities that disproportionately affect URM groups, including research on issues relating to the delivery of health care and health equity;
- Develop structured programs to train URM students in providing health care services to a significant number of URM individuals at community-based settings providing such health services and sites remote from the main site of the teaching facilities of the school; and
- Provide stipends to URM students participating in structured programs.

Applicants can find additional information on HRSA's pipeline programs at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/health-careers-pipeline-and-diversity-2018.pdf.

General Emergency Preparedness Statement
Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that grantees are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. Applicants must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to didactic, experiential and clinical training.

2. Background

The Centers of Excellence program is authorized by PHS Act, Title VII, Section 736, as amended by the Coronavirus Aid, Relief and Economic Security Act (CARES Act), P. L. 116-136.

The 2019 U.S. Census Bureau indicated that approximately 40 percent of the U.S. population is made up of racial and ethnic minorities.[1] With national population projections estimating that ethnic minorities will account for almost half of the U.S. population by 2060,[2] a need to diversify the health care workforce has become increasingly important. Research shows that a representative health workforce is linked

[1] Quick Facts, US Census Bureau, July 2019, available at https://www.census.gov/quickfacts/fact/table/US/PST045219

[2] Vespa J., Medina L. & Armstrong D. M. (2020). Demographic Turning Points for the United States: Population Projections for 2020 to 2060. U.S. Census Bureau. https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf

to increased cultural competence, quality of care, and better health outcomes. However, despite ongoing efforts to diversify the growing health care field, minority groups continue to be under-represented across health professions.[3]

Over the last few years, policy efforts to promote a health care workforce representative of the U.S. demographics have been in place. Data shows that while diversity among health professions graduates has increased compared to the current workforce, representation is still not equivalent to the general U.S. population. For nearly two decades, for example, medical school enrollment of blacks and Native Americans has remained in the 7 percent and 1 percent range.[4] Similar enrollment trends have been identified in nursing school programs,[5] while dental and physician assistant schools have experienced a decline in the enrollment of URM over the last decade.[6,7] Moreover, most of the health fields that have seen an increase in minority representation tend to be entry or junior level positions with few opportunities for advancement.[8]

Many URM students also lack access to employment opportunities and career advancement in the health sector. The current shortage of URM providers, particularly in rural and underserved communities, brings new urgency to this labor market challenge. Consistent with the COE requirement to bring health professions students into community- based health facilities, developing and building strategic partnerships with business and health care employers will allow COE grantees the opportunity to transition their students into higher wage positions and career advancement. Ultimately, these new health professionals will drive innovative and creative solutions to improve the economic outcomes of rural and underserved communities.

Studies have tried to identify factors causing the consistently slow enrollment of URM students into undergraduate and graduate health programs and related lower numbers of URM becoming health professionals. Socioeconomic status, family dynamics, lack of mentorship, high tuition costs, standardized tests, and inadequate representation are

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[3] Wilbur, K., Snyder, C., Essary, A. C., Reddy, S., Will, K. K., & Mary Saxon. (2020). Developing Workforce Diversity in the Health Professions: A Social Justice Perspective. Health Professions Education, 6(2), 222–229. https://doi.org/10.1016/j.hpe.2020.01.002

[4] Rodriguez, J. E., Campbell, K. M., & Adelson, W. J. (2015). Poor representation of Blacks, Latinos, and Native Americans in medicine. Family Medicine, 47(4), 259–263.

[5] Brooks Carthon, J. M., Nguyen, T.-H., Chittams, J., Park, E., & Guevara, J. (2014). Measuring success: Results from a national survey of recruitment and retention initiatives in the nursing workforce. *Nursing Outlook*, *62*(4), 259–267. https://doi.org/10.1016/j.outlook.2014.04.006

[6] Coplan, B., Bautista, T. G., & Dehn, R. W. (2018). PA program characteristics and diversity in the profession. *Journal of the American Academy of Physician Assistants*, *31*(3), 38–46. https://doi.org/10.1097/01.JAA.0000530295.15656.51

[7] Mertz, E. A., Wides, C. D., Kottek, A. M., Calvo, J. M., & Gates, P. E. (2016). Underrepresented Minority Dentists: Quantifying Their Numbers And Characterizing The Communities They Serve. Health Affairs, 35(12), 2190–2199. https://doi.org/10.1377/hlthaff.2016.1122

[8] See footnote 3.

among the most influential determinants.[9,10] According to a national study, 31 percent of college students who worked and received financial aid still reported food and housing insecurities.[11] Without financial security, it can be challenging for minority students to complete an undergraduate program and all the prerequisites needed to apply for a graduate health degree. Studies have also determined that representative faculty in health professions schools can diversify mentorship programs and promote the participation of URM students.[12] However, less than 10 percent of faculty in health professions schools and research programs identify as coming from URM background.[13,14]

The COE Program was established to be a catalyst for institutionalizing a commitment to URM students and faculty. Part of this commitment includes providing education and training opportunities that focus on increasing racial and ethnic diversity among health professionals and addressing minority health issues. The COE Program provides grants to health professions schools, and other public and private nonprofit health or educational entities, to recruit, train and retain URM students and faculty. These award recipients also focus on facilitating faculty and student research on health issues, particularly those affecting URM groups, including issues that relate to the delivery of health care.

The COE Program has made significant contributions to health workforce development, more specifically as it relates to diversity in the workforce and providing culturally competent health care. In Academic Year 2019-2020, the COE Program supported 141 training programs that carried out activities designed to prepare URM individuals either to apply to a health professions training program or to maintain enrollment in such programs during the academic year. Award recipients developed programming focused on mentorship and academic support and URM faculty recruitment and development. A total of 3,246 students completed COE programming, with 1,359 receiving stipend support. Ninety-nine percent of those receiving stipend support were considered URMs

[9] Vishwanatha, J. K., Basha, R., Nair, M., & Jones, H. P. (2019). An Institutional Coordinated Plan for Effective Partnerships to Achieve Health Equity and Biomedical Workforce Diversity. Ethnicity & Disease, 29(Suppl 1), 129–134. https://doi.org/10.18865/ed.29.S1.129
[10] Baugh, A. D., Vanderbilt, A. A., & Baugh, R. F. (2019). The Dynamics of Poverty, Educational Attainment, and the Children of the Disadvantaged Entering Medical School. Advances in Medical Education and Practice, Volume 10, 667–676. https://doi.org/10.2147/AMEP.S196840
[11] Vishwanatha, J. K., & Jones, H. P. (2018). Implementation of the Steps Toward Academic Research (STAR) Fellowship Program to Promote Underrepresented Minority Faculty into Health Disparity Research. Ethnicity & Disease, 28(1), 3. https://doi.org/10.18865/ed.28.1.3
[12] See footnote 9.
[13] Hagan, A. M., Campbell, H. E., & Gaither, C. A. (2016). The Racial and Ethnic Representation of Faculty in US Pharmacy Schools and Colleges. American Journal of Pharmaceutical Education, 80(6), 108. https://doi.org/10.5688/ajpe806108
[14] See footnote 3.

in the health professions. In addition, 72 percent of all trainees were from financially and/or educationally disadvantaged backgrounds.[15]

Data shows that health professionals who identify as URM, or who have been mentored by URM faculty, are more likely to practice in primary care and serve in underserved communities.[16] Efforts to promote a diverse health workforce through programs that enhance educational opportunities for URM students are key to improve access to care, strengthen patient-centered services and reduce health disparities, including mental health disparities. COE grantees partnered with 216 health care delivery sites to provide 3,728 clinical training experiences to health professions trainees. Approximately 30 percent of training sites used by COE grantees were in primary care settings and 43 percent were in Medically Underserved Communities (MUCs).

Despite strong evidence supporting the value of having a diverse health care workforce representative of the communities it serves, many groups are under-represented across the health professions, including mental and behavioral health.[17]

This situation is exacerbated by an increasing need for mental and behavioral health services in MUCs and rural areas. In order to achieve the goal of high quality, safe, and accessible care, there may be a growing need for the mental and behavioral health workforce to reflect the makeup of the general population.[18] Successfully addressing inequities in representation within health care occupations, including those in mental and behavioral health, requires efforts to both recruit and retain URM students through financial and other supports necessary to help them enter and succeed in their health careers.[19]

Success in the health careers includes preparing future providers to be resilient. Health professions educational institutions, affiliated clinical training sites, accreditors, and related external organizations have a responsibility to create and maintain positive learning environments that support the professional development and well-being of students and trainees. Evidence indicates that there is a need to promote professional well-being and address burnout early in professional development. Numerous studies have found a high prevalence of burnout among students in medical schools. Estimates from a comprehensive narrative review of articles about medical student burnout (1990–2015) found that 35 to 45 percent of medical students had high emotional exhaustion,

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[15] U.S. Department of Health and Human Services. Health Resources and Services Administration. Report to the House Senate Committees on Appropriations – Diversity Programs and Mental Health Disparities.
[16] See footnote 16.
[17] Identifying Behavioral Health's Workforce Diversity Issue, How to Fix It, August 31, 2021, Behavioral Health Business https://bhbusiness.com/2021/08/31/identifying-behavioral-healths-workforce-diversity-issue-how-to-fix-it/
[18] Olfson, M. (2016). Building The Mental Health Workforce Capacity Needed To Treat Adults With Serious Mental Illnesses, V.35, No 6. https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.1619
[19] See footnote 16.

26 to 38 percent had high depersonalization, and 45 to 56 percent had at least one symptom of burnout.[20] Expansion of behavioral health programs will promote resilience and the integration of primary and behavioral health to better address the needs of individuals with mental health and substance use disorders and prevent and mitigate burnout among health professions students, trainees, and providers.[21]

While COE grantees have trained students in current and emerging health issues since its inception, the program seeks to address broader health disparities across the nation through the support of under-represented minority individuals in the health care workforce, including a focus on mental and behavioral health providers.

Program Definitions
A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. In addition, the following definitions apply to the COE Program for FY 2022:

Disadvantaged Background: An individual from a disadvantaged background is defined as someone who comes from an environmentally or economically disadvantaged background.

Disparity Impact Statement: Applicants are expected to develop a disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) [https://www.atsdr.cdc.gov/placeandhealth/svi/index.html]) to identify populations at highest risk for health disparities and low health literacy.[22] The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the Centers of Excellence Program. Below are available HHS resources:

CMS.gov: Quality Improvement & Interventions: Disparity Impact Statement

SAMHSA.gov: Disparity Impact Statement

Environmentally disadvantaged: An individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.

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[20] National Academies of Sciences, Engineering, and Medicine. 2019. *Taking action against clinician burnout: A systems approach to professional well-being*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25521.
[21] See footnote 20.
[22] The National Institutes of Health have designated the following U.S. health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Sexual and gender minorities, Socioeconomically disadvantaged populations, Underserved rural populations
See National Institute on Minority Health and Health Disparities, *Health Disparity Populations* (April 1, 2021).

Economically disadvantaged: An individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

The Secretary defines a ‘‘low income family/household’’ for various health professions programs included in Title VII of the PHS Act, as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

2021 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	**Income Level****		
	48 Contiguous States and D.C.	**Alaska**	**Hawaii**
1	$25,760	$32,180	$29,640
2	34,840	43,540	40,080
3	43,920	54,900	50,520
4	53,000	66,260	60,960
5	62,080	77,620	71,400
6	71,160	88,980	81,840
7	80,240	100,340	92,280
8	89,320	111,700	102,720
For each additional person, add	$9,080	$11,360	$10,440

* Includes only dependents listed on federal income tax forms. Some programs will use the student's family rather than his or her parents' family.
** Adjusted gross income for calendar year 2020.
SOURCE: *Federal Register*, Vol. 86, No. 41, March 4, 2021, 12698-12699.

The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned "low" rates based on its own enrollment populations. *It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.*** The most recent annual data available for the last four examples below can be found on your state's Department of Education website under your high school's report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available.
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either allow percentage of seniors receiving a high school diploma; or low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

Equity: "[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."[23]

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.[24]

Structured Program: Formal student or faculty development and enhancement programs of a specified length with a specially designed curriculum or set of activities in which designated students and faculty participate to enhance their academic performance and professional development. All structured programs should include:

- *Stipend support*
- *Curricula* that includes but is not limited to:

[23] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.
[24] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

    - Preliminary education and health research trainings, such as standardized test preparatory training, study skills trainings, math and science enrichment courses; and
    - Health Research Training focused on health disparity issues, including research on issues related to the delivery of health care; and
- *Specialized Training* in:
    - Primary care, community-based settings; and rural and medically underserved communities.

Underserved Communities: Populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of equity.[25]

Underrepresented minority: , The term ‘‘underrepresented minorities’’ means, with respect to a health profession, racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. Asian individuals shall be considered by the various subpopulations of such individuals. Additionally, “Native Americans’’ means “American Indians, Alaskan Natives, Aleuts, and Native Hawaiians”.[26] For purposes of this program, the definition of racial and ethnic groups underrepresented in the health profession can be found in the Health Workforce Glossary.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $10,300,000 to be available annually to fund 15 recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $686,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

[25] Executive Order 13985, at § 2(b).
[26] PHS Act Section 799B(10)(A)-(B), 736(g)(3)

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the COE Program in subsequent fiscal years, satisfactory recipient progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

Limitations on indirect cost rates.
Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

For the purpose of this NOFO, eligible applicants are accredited allopathic schools of medicine, osteopathic medicine, dentistry, pharmacy, and graduate programs in behavioral or mental health that meet the requirements of Section 736(c) of the PHS Act. The four designated Historically Black Colleges and Universities (HBCUs) listed in Section 736(c)(2) are not eligible for this NOFO; they are eligible to compete under a separate funding announcement to be issued in FY 2023. Other HBCUs not listed in Section 736(c)(2) are eligible to compete for this NOFO under the “Other COE” designation.

Designations of COE: Specific Conditions

Below are the specific eligibility requirements for designation as a COE in each of the COE categories:

A. Hispanic COE Programs:

To be eligible for designation as a Hispanic COE, the designated health professions school must meet the following conditions with respect to Hispanic individuals:

1. Have a significant number of Hispanic individuals enrolled in the school or discipline, including individuals accepted for enrollment at the school;
2. Have been effective in assisting Hispanic students of the school to complete the education program and receive the health professional degree involved;

The following table specifies the minimum graduation percentage of Hispanic students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health to qualify as a Hispanic COE applicant.

Health Professions School's Eligibility for Hispanic COE

Health Professions School and Degree	Minimum % of Hispanic Student Graduates[3]
Schools of Dentistry (D.D.S., D.M.D.)	8.6
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	8.8
Schools of Pharmacy (Pharm.D.)	5.2
Behavioral or Mental Health[5]	15.4

3. Have been effective in recruiting Hispanic individuals to enroll in and graduate from the school or discipline, including providing scholarships and other financial assistance to such individuals and encouraging Hispanic students from all levels of the educational pipeline to pursue health professions careers; and
4. Have made significant recruitment efforts to increase the number of Hispanic individuals serving in faculty or administrative positions at the school.

Further, an eligible entity for designation as a Hispanic COE must:

1. Agree that it will give priority to Hispanic individuals in carrying out the seven program objectives listed earlier in Section I.1;
2. Establish an arrangement with one or more public or nonprofit community-based Hispanic-serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, to help carry out the program to (a) identify Hispanic students who are interested in a career in the health professions involved and (b) facilitate the educational preparation these students to enter the health professions school; and

3. Make efforts to recruit Hispanic students, including students who have participated in enhancement programs at the undergraduate level or other matriculation programs carried out under arrangements established by the school, and assist Hispanic students in completing the educational requirements for a degree from a designated school.

B. Native American COE Program:

To be eligible for designation as a Native American COE, the designated health professions school involved must meet the following conditions with respect to Native Americans:

1. Have a significant number of Native American individuals enrolled in the schools, including individuals accepted for enrollment at the school;
2. Have been effective in assisting Native American students of the schools to complete the program of education and receive the degree involved;

The following table specifies the minimum graduation percentage of Native American students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health, to qualify as a Native American COE program applicant.

Health Professions School's Eligibility for Native American COE

Health Professions School and Degree	Minimum % of Native American Student Graduates[3]
Schools of Dentistry (D.D.S., D.M.D.)	0.5[6]
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	0.4
Schools of Pharmacy (Pharm.D.)	0.5
Behavioral or Mental Health[4]	0.6

3. Have been effective in recruiting Native American individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging Native American individuals URM students from all levels of the educational pipeline to pursue health professions careers; and
4. Have made significant recruitment efforts to increase the number of Native American individuals serving in faculty or administrative positions at the school.

Further, an eligible entity for designation as Native American COE must:

1. Agree that it will give priority to Native American individuals in carrying out the program objectives described in Section I.1;
2. Establish an arrangement with one or more public or nonprofit community-based Native American-serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native American individuals, to help carry out the program to (a) identify Native American students who are interested

in a career in the health professions involved, and (b) facilitate the educational preparation for these students to enter the health professions school; and
3. Make efforts to recruit Native American students including students who have participated in enhancement programs at the undergraduate level or other matriculation programs established by the school to facilitate the educational preparation of the student to enter the health professions school, and assist Native American students regarding the completion of the educational requirements for a degree from the school.

If a health professions school does not meet the above listed conditions required for Native American COE, a health professions school may receive a grant to support a Native American COE program if it meets both of the following conditions:

(1) Forms a consortium in accordance with the criteria of designated HBCU COEs[7] or with the criteria of eligible "Other" COEs to carry out the program objectives at the schools of the consortium; and
(2) The above consortium collectively meets the eligible Native American COE program conditions, without regard as to whether the schools individually meet such conditions.

C. "Other" COE Program:

To be eligible for designation as an "Other" COE, the health professions school involved must meet the following conditions:

1. Have an enrollment of under-represented minorities above the national average for such enrollments of health professions schools, including individuals accepted for enrollment at the school;
2. Have been effective in assisting URM students of the schools to complete the program of education and receive the degree involved.

The following table specifies the minimum graduation percentage of URM students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health, to qualify as an "Other" COE applicant.

Health Professions Schools Eligibility for "Other" COE

Health Professions School and Degree	Minimum % of 'Other' URM Student Graduates[3]
Schools of Dentistry (D.D.S., D.M.D.)	**15.6**
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	**15.9**
Schools of Pharmacy (Pharm.D.)	**17.0**
Behavioral or Mental Health[5]	**38.5**

3. Have been effective in recruiting URM individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging URM students from all levels of the educational pipeline to pursue health professions careers; and
4. Have made significant recruitment efforts to increase the number of URM individuals serving in faculty or administrative positions at the school.

D. Calculation of Graduation Threshold

Each school's graduation rate percentage will be compared to the minimum graduation percentage of Hispanic, Native American or "Other" students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health. If a school meets or exceeds the threshold, it will meet the graduation eligibility criterion for the COE program. To calculate their URM graduation percentage, health professions schools should:

A. Sum the appropriate URM (Hispanic, Native American, or "Other") population that completed and successfully graduated from the health professions school with degrees across the last three years.
B. Sum the total student population that completed and successfully graduated from the health professions school with degrees across the most recent three years.
C. Divide A by B to arrive at the average designated URM percentage of successful graduates from the health professions schools with degrees across the past three years.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

Maintenance of Effort
The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. §293(h)(3) (section 751 (h)(3) of the Public Health Service Act). Such Federal funds are intended to supplement, not supplant, existing non-Federal expenditures for such activities. Specifically, with respect to activities for which a grant made under this part are authorized to be expended, the center must agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the school receives such a grant.

With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the center shall, before expending the grant, expend the Federal amounts obtained from sources other than the grant, unless given prior approval from the Secretary. Complete the Maintenance of Effort information and submit as *Attachment 9*.

Multiple Applications
NOTE: Multiple applications from an organization are allowable for different designations of COE programs (e.g., Hispanic and Native Americans, or Hispanic and other).

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

Beneficiary eligibility requirements
A student/trainee receiving support from grant funds must be a citizen, national, or permanent resident of the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-042 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s *SF-424 R&R Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary.”

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-042, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 60 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 10-14: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions

Program Requirements

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

1. Develop a large competitive URM applicant pool through strategic partnerships and collaboration with institutions of higher education, local school districts, and other community-based entities to establish an education pipeline for health professions careers;
2. Establish, strengthen or expand structured programs to enhance URM student academic performance;
3. Develop structured programs to improve the capacity of the school for recruitment, training and retention of URM faculty, including the payment of stipends and fellowships;
4. Establish or expand effective partnerships that engage key stakeholders (e.g., federal, state, local, and national organizations) that are important to implementing, advancing, and sustaining the work of the COE Program. Partners will help to ensure the relevancy, coordination, and timeliness of the education and training provided;
5. Advance the integration of behavioral health training into primary care settings to improve access to quality behavioral health services;
6. Develop specific activities to address Behavioral Health Integration which will target and increase the number of URM behavioral health professionals trained to address clinician burnout and improve provider resiliency;

7. Enhance didactic and experiential training activities that develop trainee competencies in behavioral health as well as its integration into primary care for the development and implementation of interdisciplinary training (i.e., two or more health disciplines);
8. Create or enhance current, evidence-based interprofessional training programs for URM students and faculty;
9. Collect specified program and performance data, and disseminate findings to appropriate audiences. Participate in program evaluations during and upon completion of the project period;
10. Develop activities to improve the school's information resources, clinical education, and curricula as it relates to minority health issues;
11. Include technology integration by providing options for distance learning and developing didactic and experiential training activities that address strategies for providing telehealth services and increasing digital health literacy;
12. Facilitate faculty and student research on health disparities that disproportionately affect URM groups, including research on issues relating to the delivery of health care and health equity;
13. Develop structured programs with the assistance of strategic partnerships in the business and health sectors to train URM students in providing health services to a significant number of URM individuals at community-based settings providing such health services and sites remote from the main site of the teaching facilities of the school with the goal of transitioning students into higher wage employment and career advancement opportunities; and
14. Provide stipends for URM students participating in structured programs.

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. How the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project);
4. Name of school and discipline of COE project;
5. Target URM population (e.g., Hispanic, Native American, or Other (list)); and
6. Target Audience: URM students and/or faculty.

The abstract must be **single-spaced** and limited to **one page** in length.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

ii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion 1*

You must briefly describe the purpose of the proposed project consistent with the statutory requirements of the COE grant program. This section outlines the needs of your community and/or organization. The needs assessment must have been completed no earlier than July 1, 2019. You must describe the target population, its unmet health needs, and need for diverse and culturally competent health professionals must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served. You must cite current, publically available demographic data

whenever possible (e.g., U.S. Census Bureau at http://www.census.gov/ or Bureau of Labor Statistics at http://www.bls.gov/).The application must address the following elements:

Community Need:

- Health status indicators for minority populations in the geographic area, and the health care workforce gaps to address the identified health issues;
- Demographics of health professionals in the geographic area; and
- Diversity of the specific health professions workforce in the geographic area of the proposed COE project and need for investments in this targeted discipline.

Student Need:

- Evidence of the academic performance, URM graduation rates and socioeconomic needs of the students in the targeted area;
- Barriers that exist along the educational pipeline that ultimately affect a student's competitiveness to successfully enter and graduate from a health profession school;
- Academic difficulties that URM students encounter in taking academic and standardized exams such as the United States Medical Licensing Examination (USMLE) and North American Pharmacists Licensure Examination;
- Challenges in expanding student-initiated research; and
- Obstacles in preceptor/mentor programs for URM students.

Faculty Development:

- Barriers to building capacity to recruit, train, and retain URM faculty;
- Efforts to date to develop an effective URM Faculty Development Plan to support the progression of junior and clinical faculty;
- Obstacles that preclude the institution from providing professional support in activities that prepare URM faculty for research, grant/publication writing, leadership, and community service; and
- Barriers in preceptor/mentor programs for URM faculty and challenges in intersecting the faculty mentor program with student research.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

- *(a) WORK PLAN -- Corresponds to Section V's Review Criterion 2 (a).*

  Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and

deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

You must complete the SWP mandatory form in the Application Package.

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.

- Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.

- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.

- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities; including development of the application and, further, the extent to which these contributions support the cultural, racial, linguistic and/or geographic diversity of the URM populations and communities served.

- Develop a longitudinal student and trainee tracking system.

- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion 2 (b).*

  Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. Include a plan to

disseminate reports, products, and/or project outputs so project information is provided to key target audiences. Explain why your project is innovative and provide the context for why it is innovative.

In the proposal, you must describe:

- The clinical training settings, including any community-based settings and whether they serve a significant number of under-represented minority individuals;
- Efforts to assess and monitor competencies associated with health professions students including delivering health care to significant numbers of under-represented minority individuals;
- Activities to develop and implement training opportunities for Interprofessional education (IPE) over the 5-year period as feasible;
- Strategies to support student-initiated faculty-mentored research on health disparities particularly affecting URM groups, including research on issues relating to the delivery of health care. Specifically, you must describe how epidemiological and/or other types of population health data will be used to support the need for such research projects over the 5-year period;
- How your institution will improve access to and disseminate best practices and evidence-based models for the recruitment, retention and graduation of URM students in the health professions;
- Activities to improve the academic performance of URM students at the health professions school;
- The plan for improving the cultural competency, curriculum and clinical education as they relate to minority health issues using quantitative and qualitative measures; and
- How you will create and implement an effective URM Faculty Development Plan that clearly reflects preparation of junior and clinical faculty for leadership and tenure-track positions.

Logic Model

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);

- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (c)*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*

- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 (a)*

  Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. In the Attachments section (IV. 2. vi., *Attachment 2*), attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

  Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and

impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Document the procedure for assuring the data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for individuals participating in the Program. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Describe your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI. (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics).

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion 3(b)*

  Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's Review Criterion 4*

  Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. (A project organizational chart is requested in (Section IV.2.vi. *Attachment 4*.) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how

the unique needs of target populations of the communities served are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in *Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel)*. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with specific populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
- Section A *(required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full

reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. *Budget*

The directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H § 202 states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. *Budget Justification Narrative*

See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

The budget justification narrative must describe all line-item federal funds (including subawards) proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, the COE program requires the following:

Trainee Costs

- **Participant/Trainee Support Costs** – For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs.
- **Faculty Fellowships and Stipends** – Faculty fellowships are to be incorporated into a formal URM faculty development program. Selection criteria will be established in concert with the sponsoring Chair and the institutional COE program director. It is anticipated that institutional commitment will be addressed in retention efforts to hire fellows in training as full-time faculty after successful completion of fellowship training program. Fellowship support awarded will be limited to the amount of $54,144 or 50 percent of salary (whichever is less) for a maximum of 2 years. Activities to be included are training in pedagogical and research methods, and mentoring by senior faculty. The institution may request tuition and fees, including appropriate health insurance, for resident or nonresident tuition and fees consistent with those charged to regular non-Federally supported fellows. A maximum amount of $5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support.
- **Student Stipends** – Stipends for student participants may be awarded only to URM individuals to encourage participation and provide support needed to participate in structured programs of the COE Program. Such stipends shall be an amount deemed appropriate and must be justified. In addition to a comprehensive justification, include the following: 1) a description of the method for determining student need, and 2) documentation of record keeping practices including the role of the Financial Aid Office, as appropriate. It is the responsibility of the grantee to document the basis for grant expenditures related to trainee stipends. Please refer to the Grants Policy Statement at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf for further information on stipends.
- **Post-Baccalaureate Conditional Acceptance Program** – Stipends should be awarded according to the COE Post-Baccalaureate program requirements. Grant funds will be used to provide stipends to the cohort for both summer sessions and during the academic year (not to exceed 12 months). Additionally, COE Post-Baccalaureate programs must, as applicable, include an initial diagnostic summer session, post- baccalaureate level academic year, pre-matriculation summer session, academic counseling, tutoring, and psychosocial support.
- **Consultant Services** – For applicants that are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform the total number of days, travel costs, and the total estimated costs.

- **Subawards/Consortium/Contractual Costs** – As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. You must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

v. ***Standardized Work Plan (SWP) Form***

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Work Plan -- Corresponds to Section V's Review Criterion #2 (a).

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. ***Attachments***

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label **each attachment**.

Attachment 1: Logic Model

Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*

You must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Describe the specific job title, responsibilities, percent FTE, and geographic location of personnel, and where this person is in the organizational chart. Job descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included as well. Keep each job description to one page in length as much as is possible.

Attachment 3: Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the

authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.). A Letter of Support must be dated and signed within 12 months of the COE application deadline.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the *project* staff, including any collaborating partners, with title.

Attachment 5: Under-represented Minority Student Enrollment and Graduation Tables

Indicate the number and percent distribution of URM students by race/ethnicity and academic year, including the number of URM graduates. Indicate the number and percent distribution of the total school enrollment of URM students by race/ethnicity and academic year.

Attachment 6: Student Clinical Training In Health Care Services

List the number of URM students who participated in health services training at sites located in community- based health facilities in the last three years.

Attachment 7: Under-represented Minority Full-Time and Part-Time Faculty and Administrative Positions

Provide the information regarding the positions currently held by URM faculty.

Attachment 8: Maintenance of Effort Documentation

Provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 21 (Actual)	Current FY 22 (Estimated)
Actual prior FY21 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated current FY22 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachments 9: Other Relevant Documents

Include here any other document that is relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) ((https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (http://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances –

Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages, instead, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *January 31, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The COE program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $686,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's SF-424 R&R Application Guide for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

Faculty fellowship support awarded will be limited to the amount of $54,144 or 50 percent of salary (whichever is less) for a maximum of 2 years. A maximum amount of $5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support.

Stipends for COE program student participants are allowable costs under the grant only to encourage participation and provide support so that those individuals can participate in the grant recipient's structured programs.

Unallowable Costs
Funds under this notice may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, grant funds may not be used for the following:

a. Construction

b. Foreign travel

c. Fringe Benefits for Student Participants/Trainees - Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for trainees are not allowable costs under this grant. Participant/Trainee Health Insurance is allowable, not as a fringe benefit but as a trainee related expense.

d. Accreditation Costs - Accreditation costs (i.e. Renewals, annual fees, etc.) of any kind are not allowable under this program.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

As stated in Section 736(h)(3) of the PHS Act, with respect to any Federal funds received by a COE and available for carrying out activities under the grant, the applicant agrees that they will, before expending COE grant funds, expend Federal funds obtained from sources other than this grant, unless given prior approval from the HHS Secretary or her designee.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all

other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Five review criteria are used to review and rank COE applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's Purpose and Need

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality and extent to which it addresses:

Community Need:

- The applicant demonstrates that the health status indicators for URM populations in the geographic area show a significant unmet need and that the health care workforce is insufficient to address the identified health issues;
- The applicant demonstrates that there is lack of diversity in the specific health profession to serve a diverse geographic area.

Student Need:

- The applicant identifies that URM students in the targeted area have a compelling academic performance and socio-economic need that aligns with the goals of the COE program;
- The applicant demonstrates a compelling need for this investment to address the barriers and challenges to recruitment, retention, graduation, and licensure of URM students;
- The applicant demonstrates a full understanding of the barriers to and a need for the expansion of student-initiated research and preceptor/mentor programs for URM students.

Faculty Development:

- The applicant identifies a compelling need for this investment to address the barriers to building institutional capacity to recruit, train, and retain URM faculty which aligns with goals of the program;
- The applicant presents significant obstacles that preclude the institution from providing professional support in activities that prepare URM faculty for research, grant/publication writing, leadership, and community service and which align with the intent of the program; and
- The applicant identifies meaningful challenges in developing preceptor/mentor programs for URM faculty and opportunities to improve the intersection of the mentor program with student research.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The extent to which the application provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

The extent to which the applicant identifies stakeholders and contributors who (1) can address the cultural, racial, linguistic and geographic diversity needs of the populations and communities served and (2) are likely to support the effective implementation of the program.

The quality of and extent to which the proposed project responds to the "Purpose" included in the program description. The extent to which the activities proposed are sufficient to address the needs of the community, students, and faculty identified in the needs section. Specifically, the extent to which the application:

- Aligns with the COE legislative purposes in a manner that is effective, well-delineated and consistent with the programmatic requirements;
- Demonstrates alignment of the proposed objectives and activities with the legislative purposes;
- Demonstrates effective use of population health data to expand existing training programs, to include student and faculty research development activities on health issues particularly affecting under-represented minority groups, including research on issues relating to the delivery of health care;;

- Includes objectives that are measurable (using baseline data) with specific outcomes for each budget period of the project; and provides anticipated outcome data in quantitative and qualitative terms using actual numbers and percentages;
- Proposes strategies to promote URM faculty mentor programs utilizing student-initiated research; and
- Includes specific qualitative and quantitative outcome measures for each cultural competency objective and activity.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

The extent to which the application responds to the requirements and expectations of the program and addresses the needs of the community, students, and faculty highlighted in the Purpose and Need section. The extent to which the applicant proposes methods – and clearly describes tools and strategies – that fully address the stated needs, has well-aligned program requirements, and fully meets the purpose of the NOFO as demonstrated by the following:

- Established baseline and a comprehensive plan to significantly increase the number of URM students over the 5-year project period that will be receiving community-based clinical experiences in rural areas and/or MUCs;
- Detailed description of approaches that will be used to integrate IPE through education, training and clinical activities;
- The extent to which the application demonstrates COE specific courses, clinical training, an inter-institutional network, and/or activities which develop URM students' and faculty knowledge and appreciation of how culture impacts health and the delivery of quality health care services;
- The extent to which COE cultural competence activities enhance key tools and skills that improve the ability of program participants (future URM health professionals and faculty) to effectively communicate, provide services to patients from diverse social and cultural backgrounds, and increase self-awareness about multicultural issues; and
- The applicant's work to develop an effective URM Faculty Development Plan that clearly shows the progression of junior and clinical faculty for leadership and tenure-track positions.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

Reviewers will determine the quality and extent in which the applicant describes:

- Potential obstacles and challenges encountered during the design and implementation of preceptor/mentor programs for URM students;
- Potential challenges and barriers that exist, at any point along the educational pipeline, that ultimately affect an URM student's competitiveness to successfully enter and complete a health professions degree program; and

- A reasonable, actionable, and evidence-based plan to address the challenges identified above.

Criterion 3: IMPACT (35 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will determine the extent to which the applicant is able to effectively report on the measurable outcomes requested. This includes both their discussion of an internal program performance evaluation plan and their organization's capacity to collect and report on the required performance measures to HRSA in a timely manner.

You must include the following:

- The evaluation plan provides a clear and logical methodology for monitoring progress for the attainment of the program objectives and provides feedback for continuous programmatic improvement;
- The data collection methodology and analysis is well described, and the personnel who will be involved with in the activities are identified;
- The program has skilled and experienced evaluation staff (Attachment 2), including previous work of a similar nature and related publications, and describes the responsibilities of key personnel and the amount of time and effort proposed to perform the project evaluation activities;
- A clear description of the system by which URM students and faculty will be tracked from entry into the proposed COE program through the end of the project period is provided. Other information tracked will include enhanced academic performance, successful pass-rate on standardized exams, successful graduation with a health professions degree from the health professions school and subsequent practice, particularly in a health professions shortage area, if applicable, as well as retention and promotion of URM faculty;
- The work plan includes a descriptive infrastructure for data collection, if not already in place. Applicant includes a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data, and how such data (a) displays competencies associated with delivering health care to URM populations among health professions students; (b) displays processes that will be used for program development or anticipated challenges; and (c) contributes to improvement of overall project performance; and

- The strength of the plan for disseminating and implementing COE project outcomes and results within and outside of the institution, including the health professions education and/or health professions workforce; and the community, regionally and/or nationally, including timelines.

Criterion 3 (b): PROJECT SUSTAINABILITY (20 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

The degree to which the project activities are replicable, and the sustainability of the program extends beyond the Federal funding, as evidenced by the following:

- The extent to which the activities are replicable and sustainable, such as successful recruitment, training, and retention of URM students and faculty, and successful graduation of culturally competent URM health professionals and faculty;
- The extent to which the program, or significant components of the program, will be maintained beyond Federal COE grant funding, including future potential sources of income, funding initiatives and strategies, and a proposed timetable for becoming self-sufficient;
- A plan to improve access to and dissemination of best practices related to effective recruitment, and retention of URM students and faculty, faculty development, cultural competency and health research of racial and ethnic minority populations individually and in partnership with the other HBCU COE programs, Minority Serving Institutions, and community-based partners; and
- Resolutions to challenges to reach self-sufficiency.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information, Resources, and Capabilities

Reviewers will determine the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through the information in the project narrative, as well as the Attachments. Reviewers will also determine the quality and extent to which the following are articulated:

- The capabilities of the applicant organization, quality of health professions education, and availability of facilities and personnel to fulfill the needs and requirements of the proposed program and demonstrated commitment to developing a culturally and linguistically competent health professions workforce by establishing a system that values the importance of culture in the delivery of health care services to all segments of the population;
- Evidence of demonstrated commitment to URM students and/or URM faculty and minority health issues;
- Applicant organization's access to quality resources such as facilities and infrastructure in order to fulfill the needs and requirements of the proposed project and immediately begin implementation;

- Confirmation of adequate staffing plan for the proposed project including the project organization chart (Attachment 1), qualifications, experience, and training of key personnel;
- Meaningful support and collaboration with key stakeholders (internal and external) who are able to assist with the planning, design, and implementation of all activities. Description should include the type and role of the partners and any leveraged resources (Attachments 2 and 6);
- Three-year trend data that includes successes and challenges in promoting and retaining URM faculty and the number and percentage distribution of total full-time and part-time URM faculty in the health discipline school; and
- The three-year trend in the number and percentage distribution of total school graduation of URM students in the health discipline program, including (a) student clinical training in health care services; and (b) student initiated research focused on health disparity issues, including research on issues related to the delivery of health care.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, complexity of the activities and the anticipated results. The quality of and extent to which the Budget Justification Narrative addresses the following:

- Clear description of the administrative and managerial capability to carry out the project;
- The assurance of the effective use of grant funds and resources to carry out the project as evidenced by a reasonable proposed budget that reflects a detailed justification for each line item; and
- Clear justification on the level of financial assistance provided to URM students and/or URM faculty participating in the proposed project, including the eligibility criteria, type of award (delineated by activities) award amount and budget period.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2022. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,

- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, *see* http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. *See* https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, *see* https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This

may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards
The terms and conditions in the NOFO apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOFO. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOFO. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the EHBs at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

Further information will be available in the Notice of Award

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at https://grants.hrsa.gov/webexternal/home.asp.

   The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.

- Project impact.
- Prospects for continuing the project and/or replicating this project elsewhere.
- Publications produced through this grant activity.
- Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.

5) **Attribution.** You are required to use the following acknowledgement and disclaimer on all products by HRSA grant funds:

   "This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

   Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply, unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

William Weisenberg
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Email: WWeisenberg@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Tammy Mayo-Blake, M.Ed.
Education Program Specialist
Division of Health Careers and Financial Support
Attn: Centers of Excellence
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N-38D
Rockville, MD 20857
Telephone: (301) 443-0827
Email: TMayo-Blake@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity on Tuesday, November 23, 2021 from 3:00 – 4:30 PM ET. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.