Notice of Funding Opportunity

**Application due 12/11/26**

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

# Teaching Health Center Graduate Medical Education (THCGME) Program

Opportunity number: HRSA-27-017

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# Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up to date.

### SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

### Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

### Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 12/11/2026.

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

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

# Step 1:
# Review the Opportunity

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# Basic information

**Health Resources and Services Administration**

Bureau of Health Workforce

Division of Medicine and Dentistry

The THCGME Program supports the training of residents in primary care residency programs in community-based ambulatory patient care centers

## Summary

The Teaching Health Center Graduate Medical Education (THCGME) Program supports primary care residency training in community-based ambulatory patient care centers.

This opportunity is available only to current HRSA THCGME Program recipients seeking continuation awards to maintain filled resident Full-Time Equivalent (FTE) positions.

To be eligible, current recipients must:

- Be funded under previous announcement HRSA-23-013.
- Have a current period of performance that ends on June 30, 2027.

This multi-year funding opportunity will extend the period of performance for eligible recipients by an additional two years, to June 30, 2029.

Funds awarded through this notice may only be used to support costs associated with resident FTE training. Specifically, awards may support:

- Direct expenses associated with sponsoring approved graduate medical residency training programs.
- Indirect expenses associated with the additional costs related to teaching residents in residency training programs.

**Have questions?**
Go to Contacts and Support.

### Key facts

**Opportunity name:**
Teaching Health Center Graduate Medical Education (THCGME) Program

**Opportunity number:**
HRSA-27-017

**Announcement version:**
initial

**Federal assistance listing:**
93.530

### Key dates

**NOFO issue date:**
10/29/2026

**Informational webinar:**
Join the webinar

**Application deadline:**
12/11/2026

**Expected award date is by:**
06/01/2027

**Expected start date:**
07/01/2027

See other submissions for other time frames that may apply to this NOFO.

# Funding details

**Application Types:** Competing continuation

**Expected total available funding in FY 2027:** $20,960,000

**Expected number and type of awards:** 12 G (Grant)

**Funding range per award:** $320,000 - $2,880,000

We plan to fund awards in two 12-month budget periods for a total of two years. The period of performance is from 07/01/2027 to 6/30/2029. The THCGME Program payment is formula-based, and the anticipated FY 2027 interim payment rate is $160,000 per resident FTE. In subsequent fiscal years, the payment rate may change due to available appropriations and/or changes in payment methodology. HRSA may adjust recipient funding levels beyond the first year if a recipient is unable to fully succeed in achieving the goals listed in their application.

# Eligibility

Eligible applicants are current THCGME Program payment recipients that received funding under HRSA-23-013, and are a community-based, ambulatory patient care center that operates an accredited primary care residency program, individually or through a graduate medical education (GME) consortium that operates an accredited primary care residency program, in one of the following specialties/disciplines:

- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine-Pediatrics
- Obstetrics and Gynecology
- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics

## Types of eligible organizations

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

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

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

**Additional information on eligibility**

Existing HRSA THCGME Program payment recipients must continue to meet the program’s eligibility requirements to remain eligible for HRSA THCGME funding. Applicants must be community-based, ambulatory patient care centers that operate an accredited primary care residency program. They may operate individually or through a graduate medical education (GME) consortium. The residency program must be in one of the following specialties/disciplines:

- Family Medicine
- Internal Medicine

- Pediatrics
- Internal Medicine-Pediatrics
- Obstetrics and Gynecology
- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics

Program payment recipients that fail to meet any eligibility criteria will not be considered for funding under this announcement.

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

# Completeness and responsive criteria

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

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.
- Fails to include all required documents.
- Requests funding for residency program development.
- Requests funding for a residency program in a specialty/discipline outside those listed in the Eligibility section.

# Application limits

You may submit more than one application under the same Unique Entity Identifier (UEI) if each proposes a distinct project. We will only review your last validated application for each distinct project before the deadline.

# Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

# Post-award requirements

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

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

# Program description

## Purpose

The purpose of the THCGME Program is to provide funding to support the training of residents in primary care medical and dental residency training programs in community-based, ambulatory patient care centers. These programs will prepare residents to provide high-quality care, particularly in rural and medically underserved communities, and develop competencies to serve a wide range of populations and communities.

This notice announces the opportunity to apply for continuation awards to support maintenance of filled resident Full-Time Equivalent (FTE) positions that are funded by HRSA under announcement HRSA-23-013. Applications through this FY 2027 Notice of Funding Opportunity (NOFO) will extend the period of performance for positions funded for an additional two years beyond the periods of performance listed in the original grants.

Organizations applying for continued support for more than one residency program must submit a separate application for each unique program.

Funding through this opportunity will support ***maintenance*** of approved HRSA-funded resident FTE positions for existing HRSA THCGME Program payment recipients ***only***.

Applications seeking support for an expanded number of resident FTE positions or the establishment of new resident FTE positions will not be considered under this notice.

## Funding opportunity goals

- Increase the supply of primary care medical and dental residents that are trained in community-based settings.

## Background

The THCGME Program was created to meet the growing need for primary care and to offer a new residency model focused on training physicians and dentists in community-based settings. Evidence shows that using a community-based model increases physicians in high-need locations.[1],[2] The THCGME Program further supports medical and dental residency training focusing on rural and medically underserved areas. Since the program's inception in 2011, over 3,000 new physicians and dentists have entered the workforce through this program.

The National Center for Health Workforce Analysis (NCHWA) projects that the total demand for primary care physicians will grow by 39,530 FTEs between 2023 and 2038. NCHWA also predicts a 7.9% increase in national demand for oral health professionals, including endodontists, general dentists, oral surgeons, orthodontists, pediatric dentists, periodontists, and other dentists. While the overall supply of some oral health professionals may meet the projected demand for their professions, NCHWA data projects shortages in general dentistry for all years covered by the current projections (2023 to 2038). People outside of metro areas face additional difficulties in accessing dental care. The projections predict that in 2038, there will be a projected shortage of dentists in 46% of non-metro areas.

# Program goal and objectives

## Goal

Increase the supply of primary care medical and dental residents that are trained in community-based settings.

## Objectives

To support the continued training of primary care medical and dental residents in existing HRSA THCGME-funded residency programs.

Existing HRSA THCGME residency program recipients may only request the number of resident FTEs previously approved in prior competition HRSA-23-013.

# Program requirements and expectations

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

**Reconciliation**: All HRSA THCGME funding is subject to annual reconciliation.

- During reconciliation, any changes to the number of resident FTEs you report will be calculated to determine the final amount payable for the budget period.
- You must make sure that the FTEs you report are accurate, and you may face audits.
- You must coordinate with teaching hospitals to avoid over-reporting FTEs for THCGME Program funding. Over-reporting could result in overpayment to recipients, which HRSA will recoup.

**Other funding sources**:

Under 42 U.S.C. § 256h(e) (Title III, § 340H(e) of the Public Health Service Act), recipients must coordinate THCGME payments with other federal GME payments,

including those from the Centers for Medicare & Medicaid Services (CMS) and HRSA GME programs (e.g., CHGME). This coordination prevents duplicate payments for the same resident FTE training time. This requirement also applies to funding from federal, state, local, Tribal, non-profit or for-profit entities. Recipients must not use THCGME funds to replace or supplant other available funding. HRSA may suspend or terminate current or future federal awards if a recipient replaces or supplants other funding. HRSA may also recover misused federal funds and take other actions allowed by law.

Recipients must not claim a resident's FTE training time for THCGME payment if an affiliate hospital claims that same time to receive federal direct medical education (DME) payments (e.g., CMS, CHGME).

- If an affiliated hospital receives federal DME payments for a resident's time, that time is not eligible for THCGME payment and will be excluded or subject to reduction during reconciliation.
- If an affiliated hospital does not receive federal DME payments for a resident's training time, that time may be eligible for THCGME payment.
- Federal indirect medical education (IME) payments (e.g., CMS IME or CHGME IME) are not considered duplicative. An affiliated hospital's receipt of IME payment will not result in a reduction to THCGME payments.

Recipients are responsible for coordinating with affiliated training sites. They must ensure that resident FTE training time is reported accurately and complies with all federal requirements.

**Accreditation/institutional sponsorship:** The eligible community-based ambulatory patient care center or GME consortium carrying out the THCGME program must be accredited in one of the primary care disciplines listed in the Eligibility section.

- The eligible entity must be listed as the institutional sponsor by the relevant accrediting body, such as the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association's Commission on Dental Accreditation (CODA).
- The eligible entity must be named on the program's relevant accreditation documentation.
- The eligible entity must maintain their accreditation throughout the full period of performance. Failure to maintain accreditation may be grounds for suspension or termination of current and future federal awards, recovery of misused federal funds, and other remedies available by law.

**Notification:** In the event of an organizational change to program directors, sponsoring institutions, consortia members or other significant items, you must immediately notify HRSA and submit a prior approval request for the change through the HRSA Electronic Handbooks (EHBs) system (https://grants.hrsa.gov).

**National Provider Identifier numbers**: You must apply for and report National Provider Identifier (NPI) numbers for THCGME-supported residents.

## Statutory authority

42 U.S.C. § 256h (Title III, § 340H of the Public Health Service Act)

# Award information

## Changes in HHS regulations

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

## Policies

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

## General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.
  - Allowable and Unallowable Costs and Activities in the HHS Grants Policy Statement.
- All costs must be reasonable, necessary, allocable to the award, and adequately documented (2 CFR 200.403).
- You cannot earn profit from the federal award. See 2 CFR § 200.400(g).
- Current appropriations law includes a salary limit of $228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at "salary rate limitation" in Step 1 of the How to Apply – Application Guide.
- To promote objectivity in research, you cannot have a financial conflict of interest. See 42 CFR 50.

## Program-specific statutory or regulatory limitations

- Payments made through this announcement are to only be used for the direct expenses associated with sponsoring an approved graduate medical residency training program and indirect expenses associated with the additional costs relating to teaching residents in residency training programs.
- THCGME Program funds may not be used for residency program development (e.g., the costs associated with accreditation).
- See Manage Your Grant for other information on costs and financial management.

# THCGME Program payment overview

- The FY 2027 HRSA THCGME Program payment is formula-based and provides payment for both the direct expenses associated with sponsoring approved graduate medical residency training programs and indirect expenses associated with the additional costs related to teaching residents in residency training programs. The expected FY 2027 award amount is $160,000 per resident FTE.
- Future per resident amounts may vary based on funding and changes as determined appropriate by the Secretary.

See Manage Your Grant for other information on costs and financial management.

# Program income

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

# Step 2:
# Get Ready to Apply

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# Get registered

## SAM.gov

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

To register:

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

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

Once you register:

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

## Grants.gov

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

# Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-27-017.

After you select the opportunity, click the Subscribe button to get updates.

If you need additional information about getting registered or finding the application package, see Step 2 in the How to Apply – Application Guide.

# Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

## Join the webinar

For more information about this opportunity, Visit the Bureau of Health Workforce's open opportunities website. The webinar will be recorded.

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

**Have questions?** Go to Contacts and Support.

# Step 3:
# Build Your Application

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# Application checklist

There are two types of forms in Grants.gov.

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

Make sure that you have everything you need to apply.

## Narratives

See the instructions for the project narrative, form, and the budget and budget narrative.

| Form | Included in page limit*? |
|---|---|
| ☐ Research & Related Other Project Information | Yes* |
| ☐ Research & Related Budget | Yes* |

## Attachments

See instructions for attachments.

| Attachments | Included in page limit*? |
|---|---|
| ☐ 1. Accreditation Documentation | Yes |
| ☐ 2. Residency Program Organizational Chart | Yes |
| ☐ 3. Letters of Agreement, Memoranda of Understanding and Contracts | Yes |
| ☐ 4. Staffing Plan and Job Description | Yes |
| ☐ 5. Eligible Resident/Fellow FTE Chart | Yes |
| ☐ 6. THCGME Program Assurances | Yes |
| ☐ 7. Other relevant document | Yes |
| ☐ 8. Other relevant document | Yes |
| ☐ 9. Other relevant document | Yes |
| ☐ 10. Other relevant document | Yes |

| Attachments | Included in page limit*? |
|---|---|
| ☐ 11. Other relevant document | Yes |
| ☐ 12. Other relevant document | Yes |
| ☐ 13. Other relevant document | Yes |
| ☐ 14. Other relevant document | Yes |
| ☐ 15. Other relevant document | Yes |

## Other required forms

See form instructions.

| Form | Included in page limit*? |
|---|---|
| ☐ SF-424 (R&R) | No |
| ☐ R&R Subaward Budget Attachment(s) | No |
| ☐ Project Abstract Summary Form | No |
| ☐ Research & Related Senior/Key Person Profile form | No |
| ☐ Project/Performance Site Location(s) | No |
| ☐ Disclosure of Lobbying Activities (SF-LLL) | No |

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

# Application contents and format

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

**Application page limit:** 60 pages

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

# Required format

You can find technical guidance for formatting your application documents in Step 5 of the NOFO and in Step 5 of the How to Apply - Application Guide.

# Project narrative

Since you are submitting a request to continue your program, you are not required to submit a project narrative unless you have updates from your original application under HRSA-23-013. If you have updates, upload the project narrative as an attachment to the Research & Related Other Project Information Form.

# Budget and budget narrative

The THCGME Program is a formula-based payment program that does not require submission of a formal budget. An Eligible Resident/Fellow FTE Chart for the number of resident FTEs requested is required.

Your application package contains a required R&R Budget Form.

- Input zeros in blocks A-K.
- Use block L. Budget Justification - Attach the Resident FTE Request Justification to the SF-424 R&R Budget Form.

# Attachments

**See section 3.2 of the HRSA R&R Application Guide.**

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

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

## Attachment 1: Accreditation documentation

Required – Counts toward page limit.

Provide the most current accreditation documentation for the sponsoring institution and residency training program from the applicable accrediting body (ACGME or CODA). Documentation must clearly identify the residency program's institutional sponsor, number of approved resident positions, dates of accreditation, and any noted citations (if applicable). Do not submit only a link to the accrediting body's website. You must submit the accreditation documentation.

# Attachment 2: Residency program organizational chart

Required – Counts toward page limit.

Provide a one-page diagram that shows the organizational structure of the residency program, including the community-based ambulatory patient care center and all major training partners.

# Attachment 3: Letters of agreement, memoranda of understanding and contracts

Required – Counts toward page limit.

- Provide documents from the last five years that describe working relationships between your organization and other organizations and programs referenced in your application. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and partners and any deliverables.
- You do not need to submit complete agreements. Instead, submit only the sections that describe the working relationship between your organization and the other organization.
- Make sure any letters of agreement are signed and dated.

Letters of agreement from training partners must address understanding and steps to ensure that THCGME resident FTEs will not also be submitted to Medicare GME or the CHGME Payment Program for the purposes of receiving GME payments.

Affiliation agreements with entities that have not previously trained medical residents must include acknowledgment that new residents rotating at these sites will trigger the CMS resident FTE cap building period.

## Attachment 4: Staffing plan and job description

Required – Counts toward page limit.

See Section 3.1.7 of the R&R Application Guide.

Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications.

For key personnel, attach a one-page job description including their role, responsibilities, and qualifications.

## Attachment 5: Eligible Resident/Fellow FTE Chart

Required – Counts toward page limit.

Upload a copy of the completed Eligible Resident/Fellow FTE Chart. The chart must include the total resident training numbers from the five previous academic years (AY 2022-2023 through AY 2026-2027) and planned total resident training numbers for AY 2027-2028 through AY 2028-2029. THCGME Program-supported resident FTEs documented in this chart may not exceed the number stated in your most recent HRSA THCGME Program Resident FTE Approval Letter. Requests for resident FTEs beyond this number will not be considered through this announcement.

## Attachment 6: THCGME Program Assurances

Required – Counts toward page limit.

Appendix A provides THCGME Program information on resident FTE time that qualifies to receive THCGME payments. You must submit a signed THCGME Program Assurances document confirming that you have reviewed and will comply.

Please see Appendix A for instructions.

## Attachment 7: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 8: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 9: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 10: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 11: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 12: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 13: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 14: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

## Attachment 15: Other relevant documents

As Applicable – Counts toward the page limit.

Include here any other documents that are relevant to the application.

# Other required forms

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

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

## Form instructions

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

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

This is your application for federal assistance. Follow the instructions in Step 3 section of the How to Apply – Application Guide.

**Important: public information**

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

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

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

See instructions and examples.

**Project abstract summary form**

Does not count toward the page limit

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include any needs you plan to address, the proposed services, and the population groups you plan to serve compared to your previous application. For more information, see section 3.1.2 of the R&R Application Guide.

The abstract must also include:

- Name of the graduate medical residency training program.
- Discipline of the graduate medical residency training program.
- Eligible entity type:
  - State the type and name of the community-based ambulatory patient care center as described in the eligibility section.
  - State whether the community-based ambulatory patient care center operates the residency program alone or as part of a GME consortium.
- The year the program first began training residents.

- A brief overview of the graduate medical residency training program that includes the name of the accredited sponsoring institution (as designated by ACGME or CODA) and a description of the main primary care training location, including populations served.
- Resident FTE positions requested under this program for AY 2027-2028, including:
  - The total number to be funded in AY 2027-2028.
  - The number to be funded in AY 2027-2028 by Post Graduate Year (PGY) (e.g., X-X-X).
- Rotation sites:
  - State if residents within your program will perform rotations at any new rotation site(s) that have not provided resident training in any prior AY.

**Research & related other project information**

In addition to the requirements in the project narrative section, you will provide some additional information in this form.

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

# Research & related senior/key person profile (expanded)

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

- Try to use no more than two per person.
- Do not include non-public personally identifiable information.
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in the Research & Related Senior/Key Person Profile form.
- Include:
  - Name and title
  - Education and training – for each entry include Institution and location, degree and date earned, if any, and field of study.
  - Section A, Personal Statement. Briefly describe why the individual's experience and qualifications make them well-suited for their role.

- Section B, Positions and Honors. List in chronological order previous and current positions. List any honors. Include present membership on any federal government public advisory committee.
- Section C, Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and responsibilities of the person.
- Other information. If they apply, include language fluency and experience working with populations that are culturally and linguistically different from their own.

# R&R subaward budget attachment(s) form

The THCGME Program is a formula-based payment program that does not require submission of a formal budget with subaward attachments.

# Project/performance site location(s)

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

# Disclosure of lobbying activities (SF-LLL) form

Follow the form instructions in Grants.gov Forms.

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# Application review

## Initial Review

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

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

This program is formula-based. We review your application on its technical merit.

We will distribute funds among eligible organizations with complete applications. We use the data supplied in applications to calculate award amounts.

We will fund existing HRSA-funded THCGME Program payment recipients, previously awarded under HRSA-23-013, that meet eligibility requirements and validate the number of resident FTEs requested for continued THCGME Program support.

## Risk review

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

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

We may ask you to submit additional information.

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

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

For more details, see 2 CFR 200.206.

# Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- The results of reviewing the progress report submitted with a competing continuation application that seeks a new period of performance.
- Alignment with HRSA Mission and Strategic Priorities.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Choose to fund no applications under this NOFO.

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

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

# Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See "how we make awards" in Step 4 of the How to Apply – Application Guide for more information.

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

# Step 5:
# Submit Your Application

**In this step**

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# Application submission and deadlines

Your organization's authorized official must certify your application. Make sure you have everything you need. See Step 5 in the How to Apply – Application Guide for more detailed information on submitting your application.

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

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

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

**Size:** 12-point font
Footnotes, charts, graphics, and budget tables may be 10-point or higher.

**Ink color:** Black

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

**Alignment:** Left

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

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

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

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

**Page numbering:**

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

**File names**: You can find guidance for naming your files in the How to Apply – Application Guide.

# Application deadline

**You must submit your application by 12/11/2026, at 11:59 p.m. ET.**

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

If you need a deadline extension, see "requesting a deadline waiver" in Step 5 of the How to Apply – Application Guide.

# Submission method

## Grants.gov

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

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

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

If you want to know more about correcting errors or tracking your application, you can refer to Step 5 in the How to Apply in the Application Guide.

**Have questions?** Go to Contacts and Support.

# Other submissions

# Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

# Step 6: Learn What Happens After Award

### In this step

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# Post-award requirements and administration

## Administrative and national policy requirements

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

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

## Required Alignment with HRSA Mission and Strategic Priorities

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

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

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.

- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by

moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

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

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

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

# Cybersecurity

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

Successful applicants under this NOFO agree that:

| Where award funding involves: | Recipients and subrecipients are required to: |
|---|---|
| Implementing, acquiring, or upgrading health IT for activities funded by any entity | Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity.<br><br>Visit to 45 CFR 170, Subpart B learn more. |
| Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act | Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.<br><br>Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more. |

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards

identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isp/.

# Reporting

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

You must also follow these program-specific reporting requirements:

- All HRSA recipients must collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRMA) and the Foundations for Evidence-Based Policymaking Act of 2018.
- **Annual Performance Report:**
  - The Annual Performance Report (APR) collects data on all academic year activities from July 1 to June 30. It is due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the grant, HRSA may require a Final Performance Report (FPR) to collect the remaining performance data. The FPR is due within 120 calendar days after the period of performance ends.
  - You can find details on the performance measures and the Annual Performance Report (APR) forms used last year by your grant program in the THCGME reporting manual also available at Report on Your Grant on the HRSA website. Performance measures and reporting forms may change each academic year. HRSA will provide additional information in the Notice of Award (NOA).
  - The THCGME Program has additional annual reporting requirements under 42 U.S.C.§ 256h(h) (Title III, § 340H(h) of the Public Health Service Act Act). Recipients must submit these reports through the EHBs. Recipients must report information required by the statue, including:
    - The number of patients treated by residents.
    - The number and percentage of residents who enter primary care practice after completing the program.
    - Recipients must also submit National Provider Numbers (NPIs) for residents training in their program in order to track provider activity after program completion. HRSA uses these NPIs to track provider activity after residents complete the program.

- **Final Report**: If the award is not continued, the Final Report is due within 120 calendar days after the period of performance ends.
    - The Final Report is designed to provide HRSA with information required to close out a project after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report must be submitted online at HRSA EHBs and must include the following sections:
        - Project Objectives and Accomplishments – Description of major accomplishments on project objectives.
        - Project Barriers and Resolutions – Description of barriers/problems that impeded the 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 because of the payment. Changes to the objectives from the initially approved payment.
- **Annual Report or T91 Information Request**:
    - Recipients must submit an annual report that describes how you have used the THCGME funding to further HRSA's mission during the reporting period. The report highlights the residency program along with significant program activities and accomplishments during the reporting period. The report includes documentation to verify continued THCGME eligibility, continued accreditation status, rotation schedules, and inpatient training partner information.
- **Annual Reconciliation Tool:**
    - The recipient must submit an annual reconciliation tool that provides actual resident FTEs trained in the budget period AY. The reconciliation tool reporting occurs immediately following the budget period AY. Any FTE overpayments will be recouped by HRSA. THCGME award recipients may be subject to an FTE Assessment to verify accurate FTE reporting.
- THCGME recipients may also be required to provide additional information–such as FTEs request for AY, letters or other official documentation–related to resident training and graduates within their program, as requested by HRSA.
- If a recipient fails to provide complete and accurate information required by the statute, HRSA may reduce the payment by at least 25%. Prior to imposing any such reduction, the recipient will be provided notice and an opportunity to provide the required information within 30 days, beginning on the date of such notice.

# Contacts and Support

## In this step

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# Agency contacts

## Program and eligibility

**Xiomara Santana, MPH**

Project Officer, Division of Medicine and Dentistry

Bureau of Health Workforce

Health Resources and Services Administration

xsantana@hrsa.gov

Telephone: 301-480-2777

## Financial and budget

**Kim Ross**

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

kross@hrsa.gov

Telephone: 301-443-2353

## HRSA Contact Center

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

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

**TTY:** 877-897-9910

Electronic Handbooks Contact Center

# Help with systems

## Grants.gov

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

## SAM.gov

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

# Helpful websites

- How to Apply – Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Frequently Asked Questions
- Applicant Training
- Bureau of Health Workforce Glossary

# Appendices

## Appendix A

### Assurances Document

### Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines

THCGME Program recipients are required to have the necessary policies, procedures, and financial controls in place to ensure that their organization complies with all federal funding requirements. The effectiveness of these policies, procedures, and controls is subject to audit.

THCGME Program recipients are required to follow applicable provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (2 CFR Part 200).

THCGME recipients are also required to abide by the following policies and reporting guidelines. A signature on the final page of this appendix is required to ensure THCGME recipients are aware of their responsibilities. **The signature page must be submitted in Attachment 6 of your application.**

### THCGME Program payments relationship to other federal GME payment programs

Under 42 U.S.C. § 256h(e) (Title III, § 340H(e) of the Public Health Service Act), recipients must coordinate THCGME payments with other federal GME programs. Recipients must ensure that the same resident full-time equivalent (FTE) training time is not supported by more than one federal payment for direct medical education (DME). If a THCGME-affiliated teaching hospital claims a resident's FTE training time to receive federal DME payments, that same time is not eligible for THCGME payment. Recipients must not report that time as THCGME-supported FTE.

Federal indirect medical education (IME) payments are not considered duplication. They do not affect THCGME payment eligibility.

Recipients must coordinate closely with affiliated teaching hospitals to ensure that resident FTE training time is assigned accurately across funding sources. Inaccurate reporting, including over-reporting of THCGME-supported will result in the recoupment of funds through the reconciliation process.

Under Section 340(h)(2) of the Public Health Service Act (42 U.S.C. 256h), HRSA may conduct an FTE Assessment audit at any time during the period of performance. Recipients must maintain documentation that supports the accuracy of all FTE data reported to HRSA. All THCGME recipients are subject to an FTE Assessment audit and review, including recipients that do not report residents FTEs to Medicare.

## 2 CFR Part 200, Subpart F - Audit Requirements

The THCGME program is excluded from coverage under 2 CFR Part 200, Subpart F - Audit Requirements. However, the program may be included in a single audit for other (non-THCGME) federal grant funding that a THCGME recipient may also receive.

## Annual resident FTE reconciliation

All THCGME payments are subject to annual reconciliation and any funds awarded for resident FTEs not utilized during the academic year will be recouped by HRSA. If adequate funds are not available in the Payment Management System (PMS) for recoupment, the recipient is responsible for repaying funds within a timely manner and may be subject to future penalties such as withholding of future funding or drawdown restrictions.

## THCGME resident FTE

42 U.S.C. § 256h(c)(1)(B) (Title III, § 340H(c)(1)(B) of the Public Health Service Act) refers to 42 U.S.C. § 1395ww(h)(4) (Title XVIII, §1886(h)(4) of the Social Security Act) in determining eligible resident FTE for THCGME payments. Therefore, the following limitations apply to the resident FTE that qualify for THCGME payments:

- **International Medical Graduates.** Graduates with international medical or dental degrees are eligible for THCGME support. However, these graduates must have passed the United States Medical Licensing Examination (USMLE) Parts I & II or dental equivalent and must be eligible for licensing following completion of residency.
  - **Initial Residency Period (IRP) – Weighting.** The IRP is the minimum number of years of formal training necessary to satisfy the requirements for initial board eligibility in the particular specialty for which the resident is training. Payment for trainees may be subject to weighting based on their initial residency period (IRP). However, IRP weighting for THCGME is currently under HRSA review and paused at this time. THCGME recipients will be notified prior to implementation of any new policy.
  - **Research Time.** Resident time spent conducting research not associated with the treatment or diagnosis of a particular patient cannot be submitted for THCGME payments. HRSA does not consider quality improvement or public or population health projects that are essential in the training of high-quality

primary care providers to be research. Resident rotation schedules will be submitted annually to HRSA, and awardees should ensure to delineate between any research and non-research time on all schedules and in all reports.

**THCGME Additional Program Guidance.** THCGME recipients are required to notify HRSA within five business days of receipt of their applicable accrediting body's correspondence, including citations, accreditation, and other topics.

- Additionally, THCGME recipients are required to notify HRSA within 30 days of any changes within the program that may affect the number of FTEs funded by the THCGME Program. This includes those related to resident FTE training levels and organizational structure. HRSA will reevaluate a program's THCGME eligibility status based on this information and may change or redistribute THCGME-supported FTEs accordingly.

## Off-Cycle Residents

- Residents are permitted to begin their training off-cycle of the academic year (AY), after July 1. In addition to reporting this information to the assigned HRSA Project Officer, recipients are required to report the amount of time that the resident was not training in the program on the Reconciliation Tool (OMB 0915-0342) at the end of each AY, by June 30.
- If the resident does not meet the training requirements to progress to the next program graduate year (PGY), additional training to complete the PGY is applied using funding for the following AY, if approved.
- The total number of FTEs supported by the THCGME Program cannot exceed the number of FTEs that the recipient is HRSA approved to train for off-cycle residents. Funding for off-cycle training is subject to approval by HRSA.

## Extended absences

- Extended absences for maternity leave, long-term illness, etc. are required to be reported on the Reconciliation Tool if the resident does not meet the training requirements to progress to the next PGY. Any additional training time required due to an extended absence may be funded during the next AY. Funding for any extended absences is subject to approval by HRSA.

## Remediation

- The THCGME Program will provide payments for residents in remediation only if the total number of FTEs requested for a budget period (for example, an academic year) does not exceed the number of FTEs that the recipient is HRSA approved to train.

- Funding for remediation is subject to approval by HRSA; therefore, this information should be promptly communicated to the assigned HRSA Project Officer promptly.

## Resignations

- The THCGME recipient is required to inform HRSA of any resident resignations. This information should be reported to the assigned HRSA Project Officer and on the annual report, reconciliation tool, and performance measure report.
- THCGME funding for the resident that left the program will be adjusted to reflect the time the resident spent training in the program. Any overpayments will be recouped.
- The recipient is permitted to replace a resident that resigned. However, the total number of the FTEs requested is subject to approval by HRSA.

## Resident Moonlighting

- Resident moonlighting time may not be supported by THCGME Program funding when additional financial compensation is provided for clinical service.

## THCGME Fund Allocation

- THCGME funds allocated for a budget period (for example, an academic year) must be utilized for training expenses occurring during that academic year (July 1 to June 30). Drawdowns for these expenses can occur until 90 days after the budget period ends, which is September 30. However, the funding must be used for expenses that occurred during the prior academic year for which they were allocated.

## Allowable Expenses

- THCGME funds may not be used for a prospective trainee's travel costs to or from the recipient organization for the purpose of recruitment. However, other costs incurred in connection with recruitment under training programs, such as advertising, may be allocated to the THCGME project according to the provisions of the applicable cost principles. Refer to cost principles in 2 CFR 200.403 and 200.420 – 200.475 for more information about allowable expenses.

## Prior Approval Requests

- HRSA regulations (2 CFR Part 200) require that the awardee formally request prior approval from HRSA before initiating certain actions. The most common actions that require Prior Approval Requests for the THCGME Program include changes to the sponsoring institution and change of Project Director. The requests must be submitted via the Electronic Handbooks (EHBs).

# Signature Page

Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines

Please print out, sign, scan, and include this page as Attachment 6 of your application.

By signing this we acknowledge that we have read and agree to follow the Teaching Health Center Graduate Medical Education (THCGME) Program Recipient Policies and Guidelines provided in this document as a condition of award.

Project Director Name:

Project Director Signature:

Date:

Chief Financial Officer/Other Authorized Official Name:

Chief Financial Officer/Other Authorized Official Signature:

Date:

# Appendix B

## Eligible Resident/Fellow FTE Chart

**Program Name:**

| Number of Eligible Resident/Fellow FTEs in Program | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Academic year (July 1 to June 30) | Funding year | PGY-1 FTEs | PGY-2 FTEs | PGY-3 FTEs | PGY-4 FTEs | PGY-5 FTEs | Aggregate Number of FTEs in program | Aggregate Number of THC FTEs |
| 2022-2023 | | | | | | | | |
| 2023-2024 | | | | | | | | |
| 2024-2025 | | | | | | | | |
| 2025-2026 | | | | | | | | |
| 2026-2027 | | | | | | | | |
| 2027-2028 | Year 1 | | | | | | | |
| 2028-2029 | Year 2 | | | | | | | |
| | | | | | | | | |

OMB0915-0367 | Expiration date: 01/31/2029

Instructions for completing the Eligible Resident/Fellow FTE Chart are in the section about Attachment 5.

More details are in the following subsection:

| Number of Eligible Resident/Fellow FTEs in Program | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Academic year (July 1 to June 30) | Funding year | PGY-1 FTEs | PGY-2 FTEs | PGY-3 FTEs | PGY-4 FTEs | PGY-5 FTEs | Aggregate Number of FTEs in program | Aggregate Number of THC FTEs |
| 2022-2023 | | A | A | A | A | A | C | D |
| 2023-2024 | | A | A | A | A | A | C | D |
| 2024-2025 | | A | A | A | A | A | C | D |
| 2025-2026 | | A | A | A | A | A | C | D |
| 2026-2027 | | A | A | A | A | A | C | D |
| 2027-2028 | Year 1 | B | B | B | B | B | C | D |
| 2028-2029 | Year 2 | B | B | B | B | B | C | D |
| | | | | | | | | |

## A. Prior training years – indicated by the letter A in the chart in this section.

The baseline year is the number of resident/fellow FTEs your program trained in AY 2023-2024 through AY 2026-2027. In the columns labeled as "Number of Resident/ Fellow FTEs," list the number of Post Graduate Year (PGY)-1, PGY-2, PGY-3, PGY-4 and PGY-5 full-FTEs enrolled in the resident/fellow program during the previous five academic years.

- If the residency program is three years, input zeros (0) in the PGY-4 and PGY-5 columns.
- If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5. Include four decimal places for any partial FTEs.
- If your program did not train any resident/fellow FTEs during the previous five academic years, enter zero FTEs in the applicable columns that list the PGY-1, PGY-2, PGY-3, PGY-4 and PGY-5 training years.

## B. Future academic years – indicated by the letter B in the chart in this section.

In the columns labeled as "Number of Resident/Fellow FTEs," list the **number** of PGY-1, PGY-2, PGY-3, PGY-4, and PGY-5 FTEs you plan to train over the next two academic years, starting with AY 2027-2028 through AY 2028-2029.

- If the residency program is three years, input zeros in the PGY-4 and PGY-5 columns.
- If the program is a geriatric fellowship, input the fellow FTEs as PGY-4 or PGY-5.
- These columns should include any planned THCGME-supported FTEs during the indicated academic years.

## C. Aggregate number of FTEs in the program – indicated by the letter C in the chart in this section.

- In the column labeled as "Aggregate Number of FTEs in the Program," document the **aggregate number** of resident FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. This column should be equal to the sum of the numbers listed in the "Number of Resident/Fellow FTEs" PGY columns and should include resident/fellow FTEs supported by **all** funding sources.

## D. Aggregate numbers of THC FTEs – indicated by the letter D in the chart in this section.

- In the column labeled as "Aggregate Number of THC FTEs," document the **aggregate number** of THCGME-supported resident/fellow FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years. **Please note that your projections do not guarantee funding.**
- Public Burden Statement: The purpose of this information collection is to obtain information through the THCGME Program Eligible Resident/Fellow FTE Chart, where applicants provide data related to the size and/or growth of the residency program, resident enrollment, and projections for program expansion. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0367 and it is valid until January 31, 2029. Public reporting burden for this collection of information is estimated to average
- 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:
    - HRSA Reports Clearance Officer 5600
      Fishers Lane Room 13N82
    - Rockville, Maryland, 20857

# Endnotes

[1] Phillips RL, Petterson S, Bazemore, A. Do residents who train in safety net settings return for practice? Academic Medicine. 2013; 88(12): 1934–1940. Retrieved on May 9, 2025 from https://journals.lww.com/academicmedicine/fulltext/2013/12000/do_residents_who_train_in_safety_net_settings.38.aspx ↑

[2] Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Academic Medicine. 2016; 91(9): 1313–1321. Retrieved on May 9, 2025 from https://pmc.ncbi.nlm.nih.gov/ articles/PMC5007145/ ↑