

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Health Workforce

Division of Health Careers and Financial Support

Centers of Excellence (COE) - Historically Black Colleges and Universities

Funding Opportunity Number: HRSA-23-005

Funding Opportunity Type(s): Competing Continuation

Assistance Listings Number: 93.157

Application Due Date: February 27, 2023

MODIFIED on January 26, 2023 to extend the Application Due Date to February 27, 2023 and add the Standardized Work Plan (SWP) to the Application Package

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: December 7, 2022

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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, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 COE Program. The purpose of this program is to strengthen the national capacity to produce a quality health care workforce whose diversity is representative of the U.S. population.

Funding Opportunity Title:	Centers of Excellence – Historically Black Colleges and Universities
Funding Opportunity Number:	HRSA 23-005
Due Date for Applications:	February 7, 2023
Anticipated FY 2023 Total Available Funding:	\$12,000,000
Estimated Number and Type of Award(s):	Up to 4 grants
Estimated Annual Award Amount:	Up to \$3 million per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023, through June 30, 2028 (5 years)
Eligible Applicants:	<p>The four (4) Historically Black Colleges and Universities designated by PHS Act section 736(c)(2)(A):</p> <ul style="list-style-type: none">a) Meharry Medical College School of Dentistryb) Meharry Medical College School of Medicinec) Tuskegee University School of Veterinary Medicined) Xavier University of Louisiana School of Pharmacy

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFONOFO and in [HRSA's SF-424 R&R Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

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 – Historically Black Colleges and Universities (HBCU). This NOFO solicits applications from the four HBCUs that are specifically designated in statute to receive COE Program awards, under Public Health Service Act section 736(c)(2).

The COE Program funds innovative resource and education centers to assist health professions schools in supporting programs of excellence in health professions education for under-represented minority (URM) individuals. Specifically, the COE Program is part of a national strategy to improve the public's access to quality, culturally appropriate health care by supporting programs that assist URM students and faculty.

Program Goals

- 1) Strengthen the national capacity to produce a quality health care workforce by supporting programs of excellence in health professions education for under-represented minority individuals.
- 2) Serve as innovative education resource centers to recruit, train, and retain URM students and faculty at health professions schools.
- 3) Improve clinical education and cultural competence for minority health issues and social determinants of health.
- 4) Facilitate faculty and student research on health issues particularly affecting URM groups, including research on issues relating to the delivery of health care.

Program Objectives

- Develop a large competitive applicant pool for health professions schools and establish an education pipeline by linking partners such as institutions of higher education, local school districts, community-based entities, community colleges, and minority serving institutions (MSIs).
- Strengthen or expand programs of excellence in health professions education to enhance URM student academic performance.
- Improve the capacity of such schools to recruit, train and retain URM health care faculty.
- Improve information resources, curriculum, clinical education, and cultural competency of graduates relating to minority health issues.

- Facilitate faculty and student research on health issues particularly affecting URM groups and issues relating to the delivery of health care.

[For more details, see Program Requirements and Expectations.](#)

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 recipients can continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You 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 experiential and clinical training.

2. Background

The Centers of Excellence program is authorized by 42 U.S.C. § 293 (PHS Act Section 736, as amended)).

The 2019 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 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

Data demonstrates diversity of health professions graduates has remained stagnant among some groups, “While Black male medical students accounted for 3.1% of the national medical student body in 1978, in 2019 they accounted for just 2.9%. Without the contribution of historically Black medical schools, just 2.4% would be Black men. The number of Native American students also declined, accounting for just a fraction of

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>

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>

1% of the nation's roughly 22,000 medical students in 2019.”⁴ Dental and physician assistant schools have experienced a decline in the enrollment of URM over the last decade.⁵ Moreover, most of the health fields that increased in minority representation tend to be entry or junior level positions with few opportunities for advancement.⁶

Socioeconomic status, family dynamics, lack of mentorship, high tuition costs, standardized tests, and inadequate representation are among the most influential determinants causing consistently slow enrollment of URM students into undergraduate and graduate health programs, and related lower numbers of URM becoming health professionals.^{7,8} According to a national study, 31 percent of college students who worked and received financial aid still reported food and housing insecurities.⁹ Such insecurities can propose challenges 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 participation of URM students.¹⁰ However, less than 10 percent of faculty in health professions schools and research programs identify as coming from URM backgrounds.^{11,12} Data shows health professionals identifying as URM or mentored by URM faculty are more likely to practice primary care and serve in underserved communities.¹³ Promoting a diverse health workforce through programs that enhance educational opportunities for URM students

⁴ McFarland, Usha L., (2021 April 28). After 40 years, medical schools are admitting fewer Black male or Native American students. *STAT*. <https://www.statnews.com/2021/04/28/medical-schools-admitting-fewer-black-male-or-native-american-students/>

⁵ 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>

⁶ Wilbur, K., et al. (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>

⁷ 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>

⁸ 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>

⁹ 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>

¹⁰ Baugh, A. D. et al., (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 Ajayi, A., Rodriguez, F., & Jesus Perez, V. (2021). Prioritizing Equity and Diversity in Academic Medicine Faculty Recruitment and Retention. *JAMA Health Forum*, 2(9):e212426. doi:10.1001/jamahealthforum.2021.2426.

¹² Wilbur, K. et al., (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>

¹³ Bonifacino E, Ufomata EO, Farkas AH, Turner R, Corbelli JA. Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review. *J Gen Intern Med*. 2021 Apr;36(4):1023-1034. <https://doi.org/10.1007/s11606-020-06478-7>.

improve access to care, strengthen patient-centered services, and reduce health disparities, including mental health disparities.¹⁴

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce GlossaryHealth Workforce Glossary](#).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$12,000,000 to be available annually to fund 4 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$3,000,000 annually (reflecting direct and indirect costs). Your request for each year of the period of performance cannot exceed your year 1 request. The average award is estimated to be \$3 million. If the total collective budget requests of all applicants are greater than \$12 million, budget adjustments may be made to each individual application based on the merits of the proposed activities, budget, and budget justification of each applicant. 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, 2023, through June 30, 2028 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for COE in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government, and annual approval by the Secretary of HHS. All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

¹⁴ *ibid.*

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

Eligible applicants are the four HBCUs designated in statute:

- Meharry Medical College School of Dentistry;
- Meharry Medical College School of Medicine;
- Tuskegee University School of Veterinary Medicine; and
- Xavier University of Louisiana School of Pharmacy.

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 funding ceiling amount of \$3,000,000
- 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 36736 (h)(3) of the Public Health Service Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort (MOE) information and submit as *Attachment # 7*.

HRSA will enforce statutory MOE requirements through all available mechanisms.

Beneficiary Eligibility Requirement

A trainee receiving support from grant funds under this program must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended.104-193, as amended

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.

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](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this NOFONOFO following the directions provided at [Grants.gov](https://www.grants.gov): [HOW TO APPLY FOR GRANTS](https://www.grants.gov). If you use an alternative electronic submission, see [Grants.gov](https://www.grants.gov): [APPLICANT SYSTEM-TO-SYSTEM](https://www.grants.gov).

Form Alert: For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO post as Apply “Apply Only” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-005 to receive notifications including modifications, clarifications, and/or republications of the NOFONOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFONOFO and your application. *You are ultimately responsible for reviewing the <http://apply07.grants.gov/search/spoExit.jsp?p=search-grants.html> <http://apply07.grants.gov/search/spoExit.jsp?p=search-grants.html> For Applicants page for all information relevant to this NOFONOFO.*

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, and certifications. You must submit the information outlined in HRSA [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 this NOFONOFO and HRSA's [SF-424 R&R Application Guide](#). 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 HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **50 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-005, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFONOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward for review.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-005 before 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. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment # 9: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\) website](#).

Program Requirements and Expectations

Strategic Partnerships, Recruitment and Retention

- Develop or expand strategic partnerships and collaboration with institutions of higher education, local school districts, and community-based entities to establish an education pipeline for health professions careers to advance and sustain the COE Program. Partners will support the recruitment and retention of URM students and faculty and provide clinical training opportunities in rural and underserved communities.

Academic and Financial Support

- Establish, strengthen, or expand structured programs to enhance URM student academic performance.
- Provide stipends for URM students participating in structured programs.

Faculty Development

- Develop structured programs to improve school's capacity to recruit, train, and retain URM faculty, including the payment of stipends and fellowships.

Didactic and Clinical Training

- Enhance didactic and clinical training to develop trainee competencies in behavioral health and integrate into primary care to develop and implement interdisciplinary training (i.e., two or more health disciplines).
- Develop didactic and experiential training activities, including distance learning and digital health literacy that address strategies for providing telehealth services.
- Create or enhance current, evidence-based inter-professional clinical education training programs for URM students and faculty.
- Develop structured programs to train URM students to provide health services to URM individuals at community-based settings away from the main teaching facility, including distance learning.

Data Collection and Program Evaluation

- Collect specified program and performance data and disseminate findings to internal and external stakeholders. Participate in program evaluations during and upon completion of the project period as outlined in the “Evaluation and Technical Support Capacity” section of this NOFO.

Faculty and Student Research

- Facilitate faculty and student research on health disparities disproportionately affecting URM groups, including issues relating to health care delivery and health equity.

Inter-Institutional Resource Network

- Sustain an Inter-Institutional Resource Network among the four designated HBCU institutions to create and maintain a consortium, working collaboratively to innovate and strengthen the COE Program. The Inter-Institutional Resource Network also serves to increase the number of African Americans entering the professions of dentistry, medicine, pharmacy, and veterinary medicine.
- The consortium must meet annually at the designated host institution to present committee developments, inter-institutional collaborations, and strategic initiatives based on COE programmatic goals and objectives.
- Recipients must submit an annual report on progress and outcomes of each focus area listed below as part of the annual Non-Competing Continuation Report. The Inter-Institutional Resource Network must focus on the following key areas and/or components of the COE Program:
 - Peer Tutoring
 - Publications
 - Website Development
 - Advancing Health Equity

- Cultural Competency
- Inter-professional Education

Program-Specific Instructions

Applicants are expected to develop and upload (in Attachment 8) a disparities impact statement.

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:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See [Form Alert](#) in Section IV.1 of this NOFO. 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:

- A brief project overview
- Specific, measurable objectives that the project will accomplish
- Proposed project description including "who, what, when, where, why, and how"
- School name and discipline of COE project
- URM student and faculty target audience

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project. Successful applications will contain the information below. Please use the following section headers for the narrative:

- **PURPOSE AND NEED --**
 - This section should briefly describe the purpose of the proposed project consistent with the statutory requirements of the COE Program. This section outlines the needs of your community and/or organization. The needs assessment must have been completed no later than July 1, 2022. You must cite current, publicly 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 within the Purpose and Need section:

Community Need:

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

Student Need:

- Evidence of URM student academic performance, enrollment, graduation rates, and socioeconomic needs in the targeted area.
- Barriers existing along the educational pipeline ultimately affecting a student's competitiveness to successfully enter and graduate from a health profession school, including difficulties encountered by URM students in taking academic and standardized exams, such as the United States Medical Licensing Examination and North American Pharmacists Licensure Examination.
- Challenges in expanding student-initiated research.
- Obstacles in preceptor/mentor programs for URM students, such as lack of URM preceptors, and shortage of clinical sites.

Faculty Development:

- Evidence of a formal faculty development training program to prepare for the tenure and promotion of URM faculty. Provide the number of URM faculty in tenured track and tenured positions in your health professions school and information regarding the positions they currently hold.
- Barriers to building capacity to recruit, train, and retain URM faculty.
- Barriers in preceptor/mentor programs for URM faculty and challenges in integrating the faculty mentor program with student research. 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.
- Include a **Disparities Impact Statement (DIS)** which is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

Please note that elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections. See Section IV.2.vii Attachment 8 of this NOFO for further details.

- *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

You must complete the Standardized Work Plan (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 SWP 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, the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.
- Develop a longitudinal student and trainee tracking system, to include post-graduation and/or employment data for graduates and program completers.
- If funds will be subawarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

(b) METHODOLOGY/APPROACH --

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. Highlight your innovative approaches in meeting the goals and objectives of the COE Program, including recruitment and retention of URM students and faculty, clinical training and curriculum development, and cultural competency related to minority health issues. Your proposal must include strategies to increase the number of URM students who will receive clinical training in high need areas, including health professional shortage areas, medically underserved communities, and rural areas. This must include development of HRSA-branded

models of excellence entitled “HBCU COE Pioneers”. The program must include the following:

- Describe the clinical settings, including any community-based settings and whether they serve a significant number of under-represented minority individuals.
- Implement cutting edge technology and innovative opportunities for inter-professional training among students and health professionals.
- Facilitate new faculty-student research centered on minority health issues in the United States.
- Maintain an Inter-institutional Resource Network including the four HBCUs collaborating to develop a joint needs assessment to address the focus areas of the Inter-institutional Resource Network stated in the Program Requirements section. **A Letter of Agreement is required among all institutions with signatures to indicate full participation.** The Letter of Agreement must describe proposed roles/responsibilities of each institution relating to the goals and objectives of the Inter-institutional Resource Network. Include this letter within Attachment 2.
- Increase dissemination of program results through publications and presentations at national and regional meetings over the five-year project period. This must include at least three (3) publications in peer-reviewed journals and presentations at least three (3) national and regional conferences.
- Maintain a Faculty Development Leadership Institute Program. This must include development of a formal training program that culminates with a professional portfolio to prepare for the tenure and promotion process.

(c) *RESOLUTION OF CHALLENGES* – Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches employed to resolve such challenges.

- *IMPACT -- This section includes two sub-sections: (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability*
 - (a) *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion) 3 (a)*
- Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of the funded activities. Attachment 1 should include a complete staffing plan and job

descriptions for key personnel. Biographical 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 management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>.
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to accurately collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation 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 one year.
- Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.

▪ *(b) PROJECT SUSTAINABILITY --*

Propose a 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.

(d) ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES –

- Succinctly describe your organization's current mission, structure, and scope of current activities.
- Describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart (requested in Section IV.2.vi., *Attachment 3*.)
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.
- Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 1 (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 diverse 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 them particularly well-suited for their 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 your 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.

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the R&R Subaward Budget Attachment(s) Form.

The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments."

These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), "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, COE HBCU requires the following:

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.

Post-Baccalaureate Conditional Acceptance Program: Stipends may be used to support COE Post-Baccalaureate Conditional Acceptance Programs, which

allow students to become stronger applicants for health professions programs (e.g., medical, dental, pharmacy, and veterinary schools) by strengthen their knowledge base, completing pre-requisite courses, and improving test taking skills. These 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. 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). **(Only applies to programs that include a Post-Baccalaureate Conditional Acceptance Program)**

Consultant Services: If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services they 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 Post-Baccalaureate Conditional Acceptance Program 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. 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](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: 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 2: Letters of Agreement, Memoranda of Understanding

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 3: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 4: Underrepresented Minority Student Enrollment and Graduation Tables (Table should include enrollment and graduation figures)

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 5: 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 6: Underrepresented Minority Full-Time and Part-Time Faculty and Administrative Positions

Provide the number of URM faculty in tenured track and tenured positions in your health professions school and information regarding the positions they currently hold.

Attachment 7: Maintenance of Effort Documentation

You must 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	
<p style="text-align: center;">FY 22 (Actual)</p> <p>Actual prior FY22 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$_____</p>	<p style="text-align: center;">Current FY 23 (Estimated)</p> <p>Estimated current FY23 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$_____</p>

Attachment 8: Disparities Impact Statement

A DIS is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

Please note that **elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections.** Please include any relevant information from those sections into this attachment.

- 1.) The efforts your organization will make to prepare trainees to address the social determinants of health, including but not limited to access barriers to health services, and health literacy.
 - For example: after considering data about the percentage of non-English-speaking residents of the local geographical area, design training related to overcoming language barriers to service utilization.
- 2.) The strategies your organization will engage to improve trainee cultural competence to meet the needs of underserved communities by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
 - For example: In order to improve cultural and linguistic competence, our trainings will utilize the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include a focus on:
 - a. Diverse cultural health practices
 - b. Preferred languages/language translation services
 - c. Training and integration of CLAS Standards, health literacy and other communication needs of the disparity sub-populations identified
- 3.) Measure and report where graduates (completers of training programs) are 1 year following completion and how many of them align demographically with the community and/or disparity sub-populations they are serving, such as graduates/program completers from rural areas now practicing in a rural area.

Project activities must comply with the non-discrimination requirements described in [Section VI](#).

Attachment 9: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI (SAM), a new, non-proprietary identifier assigned by [SAM](#), has replaced the UEI Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use DUNS and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active 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 you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will 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 the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM)
(<https://www.sam.gov/https://www.sam.gov/https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov
(<http://www.grants.gov/http://www.grants.gov/https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

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 application due date under this NOFONOFO is **February 7, 2023 at 11:59 p.m. ET**. HRSA suggests you submit your application 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 in HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

COE HBCU Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 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 \$3,000,000 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, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these and 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.

You cannot use funds under this notice for the following purposes:

- **Construction**
- **Foreign travel**
- **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, as it is not classified as a fringe benefit but as a trainee related expense.)
- **Accreditation Costs** - Accreditation costs (i.e., Renewals, annual fees, etc.) of any kind are not allowable under this program

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 R&R Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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](#).

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](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO. HRSA will calculate FY 2023 award amounts based on the following: If the total collective budget requests of all applicants are greater than \$12 million, budget adjustments will be made to each individual application based on the merits of the proposed activities, budget, and budget justification of each applicant.

2. Review and Selection Process

HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's SF-424 R&R Application Guide for more details.

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 § 75.20545 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.

Include the following paragraph IF the award made will be greater than the simplified acquisition threshold (currently \$250,000) over the period of performance

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, 2023. 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 an 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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. 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>.

- 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 providing program access, reasonable modifications, and to provide effective communication, 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 project 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>.

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR Guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), 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 NOA 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 NOA. 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 NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

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 by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to 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	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. 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 utilize 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/isa/>.

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 Electronic Handbooks (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.

More information will be available in the NOA.

- 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) **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](#).

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.

VI. Agency Contacts

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

William Weisenberg
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-8056
Email: WWeisenberg@hrsa.gov

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

Lorener Brayboy, DHSc, MSW, LICSW
Public Health Analyst, Division of Health Careers and Financial Support
Attn: Centers of Excellence HBCU
Bureau of Health Workforce
Health Resources and Services Administration
Phone: (301) 287-0036
Email: LBrayboy@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting 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
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).