

Notice of Funding Opportunity

**Application due 07/08/2026**

# HRSA

Health Resources & Services Administration








Office for the Advancement of Telehealth  
Telehealth Innovation and Services Division

# Technology-enabled Collaborative Learning Program (TCLP)

Opportunity number: HRSA-26-053



# Contents

Before you begin	<u>3</u>
 <b>Step 1: Review the Opportunity</b>	<u>4</u>
Basic information	<u>5</u>
Eligibility	<u>7</u>
Program description	<u>9</u>
Award information	<u>13</u>
 <b>Step 2: Get Ready to Apply</b>	<u>17</u>
Get registered	<u>18</u>
Find the application package	<u>18</u>
Application writing help	<u>19</u>
 <b>Step 3: Build Your Application</b>	<u>20</u>
Application checklist	<u>21</u>
Application contents and format	<u>23</u>
 <b>Step 4: Understand Review, Selection, and Award</b>	<u>37</u>
Application review	<u>38</u>
Selection process	<u>47</u>
Award notices	<u>48</u>
 <b>Step 5: Submit Your Application</b>	<u>49</u>
Application submission and deadlines	<u>50</u>
Other submissions	<u>50</u>
 <b>Step 6: Learn What Happens After Award</b>	<u>51</u>
Post-award requirements and administration	<u>52</u>
Reporting	<u>56</u>
 <b>Contacts and Support</b>	<u>57</u>
Endnotes	<u>60</u>



# 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 07/08/2026.



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.

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



# Step 1:

# Review the Opportunity

## In this step

Basic information	<a href="#">5</a>
Eligibility	<a href="#">7</a>
Program description	<a href="#">9</a>
Award information	<a href="#">13</a>

# Basic information

## Health Resources and Services Administration

Office for the Advancement of Telehealth

Telehealth Innovation and Services Division

This program supports the use of technology-enabled learning models to train health care providers and other professionals, with the goal of retaining providers and improving access to care.

## Summary

The Health Resources and Services Administration (HRSA) is accepting applications for the Technology-enabled Collaborative Learning Program (TCLP) (HRSA-26-053).

The program supports the evaluation, development, and expanded use of technology-enabled collaborative learning and capacity building models, to improve retention of health care providers and increase access to health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas and for medically underserved populations or Native Americans.<sup>[1]</sup>

Your project must:

- Develop and acquire instructional programming.
- Train health care providers and other professionals who provide or help provide services.
- Conduct information collection and evaluation activities to study impact on patient outcomes and health care providers.
- Identify and include training on best practices related to care delivery and collaborative learning.

HRSA will collect data on program outcomes.

You are encouraged to propose new and innovative learning models that:

- Use technology to support learning communities.
- Are affordable, high-quality.
- Emphasize collaboration among health care providers.



Have questions?

Go to [Contacts and Support](#).

## Key facts

**Opportunity name:**

Technology-enabled Collaborative Learning Program (TCLP)

**Opportunity number:**

HRSA-26-053

**Announcement version:**

Initial

**Federal assistance listing:**

93.482

## Key dates

**NOFO issue date:**

06/05/2026

**Informational webinar:**

[See Join the webinar](#)

**Application deadline:**

07/08/2026

**Expected award date:**

08/03/2026

**Expected start date:**

09/01/2026

See [other submissions](#) for other time frames that may

# Program objectives

You will:

- Expand the use of technology-enabled collaborative learning and capacity building models.
  - Evaluate, develop, and expand technology-enabled collaborative learning and capacity building models.
- Train health care providers and professionals.
  - Provide training on best practices for patient care.
  - Use clear methods to collect and evaluate data on the impact on patient outcomes and providers.
- Support the health care workforce and improve access to care.
  - Improve retention of health care providers.
  - Increase access to health care services, including services for:
    - Chronic disease prevention and management.
    - Alzheimer's disease.
    - Infectious diseases.
    - Mental health and substance use disorders.\*
    - Prenatal and maternal health.
    - Pediatric care.
    - Pain management, palliative care and other specialty care.
- Evaluate and share results.
  - Evaluate how these models affect patient outcomes and providers.
  - Identify best practices for expanding and using the models.

## Funding details

**Application types:** New

**Expected total available funding in FY 2026:** \$4,275,000

**Expected number and type of awards:** 9 cooperative agreements

**Funding range per award:** Up to \$475,000

We plan to fund awards in three 12-month budget periods for a total three-year period of performance from 09/01/2026 to 08/31/2029.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

# Eligibility

You can apply if you are an organization that provides, or supports the provision of, health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas, or to medically underserved populations or Native Americans, including Indian Tribes, Tribal organizations, and urban Indian organizations.

## Types of eligible organizations

**These types of domestic organizations may apply:**

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and State controlled institutions of higher education.
- Native American tribal governments (Federally recognized).
- Native American tribal organizations (other than Federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations other than small businesses.
- Faith-based organizations.
- Small businesses.

“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

To be eligible, an entity must provide, or support the provision of, health care services in rural areas, frontier areas, health professional shortage areas, or medically underserved areas, or to medically underserved populations or Native Americans, including Indian Tribes, Tribal organizations, and urban Indian organizations.

Individuals are not eligible applicants under this NOFO.

## Completeness and responsiveness criteria

Also, we will not consider an application from an organization that does not lead, or is not capable of leading, a technology-enabled collaborative learning and capacity building model or engaging in technology-enabled collaborative training of participants in such model.

## Application limits

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

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 this program is to improve retention of health care providers and increase access to health care services in rural and frontier areas, health professional shortage areas, and medically underserved areas, and for medically underserved populations and Native Americans.

## Funding opportunity goals

- HRSA will support innovative, technology-enabled learning and capacity-building models that connect health care professionals, especially specialists, with providers serving the target populations.
- Recipients will expand where and how services are delivered by using technology to strengthen learning models and reach more providers, especially in underserved areas.
- Recipients will use telehealth-based treatment approaches within these technology-enabled models to address the diseases and conditions listed in the Summary and improve access to quality care.

## Background

The Office for the Advancement of Telehealth (OAT) improves access to quality health care through integrated telehealth services. We work across the Department of Health and Human Services (HHS) and with other federal partners. Together, we use telehealth to:

- Improve access to care.
- Enhance health outcomes.
- Support health care providers and patients.

In February 2019, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) released a report titled, “Impact of Participation in Technology-Enabled Collaborative Learning and Capacity Building (ECHO) Models on Provider Retention.”<sup>[2]</sup> This report describes collaborative learning and capacity building models as “ECHO and ECHO-like models” (EELM). It found that providers who participate in EELM programs are more likely to stay and work in Health Professional Shortage Areas (HPSAs).

## Ongoing challenges

Many people in the United States still have trouble getting health care:

- There are approximately 3,486 Medically Underserved Areas and Populations.
- There are 7,877 Primary Medical Health Professional Shortage Areas.<sup>[3]</sup>

Health gaps remain, even though overall health has improved. Chronic diseases like heart disease, stroke, Alzheimer's disease and diabetes are still the leading causes of death.<sup>[4]</sup>

Maternal health is also a concern. From 2022 to 2023:

- The percentage of mothers receiving prenatal care in the first trimester decreased by 1%.
- The percentage of mothers receiving no prenatal care increased 5%.<sup>[5]</sup>

HRSA expects this program will help providers overcome barriers to delivering effective, team-based care.

## Program goals

Through this opportunity, HRSA will support innovative technology-enabled collaborative learning and capacity building models that:

- Connect health care professionals, especially specialists, with others serving target populations.
- Expand where and how services are delivered.
- Increase the reach of existing learning models.
- Develop new technology strategies, methods, or tools.
- Use telehealth-based treatments for diseases listed in the [Summary](#).

Activities should advance one or more of the Make America Healthy Again (MAHA) priorities. Strategies to consider include:

- Address root causes of poor health.
- Improve access to primary care, behavioral health, preventive care, or developmental services.
- Expand nutrition programs or chronic disease prevention.
- Support early childhood development or autism services.
- Prepare systems for value-based care.
- Partner with tribal health systems.

## Resources

You are encouraged to look at the National Consortium of Telehealth Resource Centers, including:

- Regional Telehealth Resource Center (TRCs).
- Two National Telehealth Resource Centers.

You can also contact the HRSA Telehealth Centers of Excellence at:

- University of Mississippi Medical Center.
- Medical University of South Carolina.

These serve as national hubs for telehealth research and resources and provide Technical Assistance (TA).

## Program requirements and expectations

### Develop and deliver training

You must:

- Create training programs.
- Train health care providers and other professionals who provide or help provide services.
- Include training on best practices for data collection.

### Provide support through technology

You must support providers and professionals through technology-enabled collaborative learning and capacity-building models. Examples include:

- Telementoring models such as Project ECHO and ECHO-like models.
- Distance learning.
- Clinical decision support.
- Other emerging models in telehealth.

### Collect and evaluate data

You must:

- Collect and evaluate information on how these models affect patient outcomes and health care providers.
- Identify best practices for expanding and improving these models.

## Required focus areas

You must address at least two of the following focus areas:

- Chronic disease prevention and management.
- Alzheimer's disease.
- Infectious disease.
- Mental health and substance use disorders.
- Prenatal and maternal health.
- Pediatric care.
- Pain management, palliative care, and other specialty care.

## Statutory authority

42 U.S.C. § 254c-20 (§ 330N of the Public Health Service Act)

# Award information

## Cooperative agreement terms

### Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Review project activities and give input on plans and approaches.
- Join conference calls and meetings.
- Review and give feedback on the final work plan.
- Help identify key academic medical centers and centers of excellence to share free tools and resources.
- Set common measures that all recipients must report.
- Help plan and carry out meetings, training and workgroups.
- Help share information about TCLP programs across the country.
- Review and approve materials (such as documents or training content) before they are shared or used.

### Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Planning and providing training and technical assistance for health care providers.
- Making sure training fits communities in different regions
- Sharing best practices that help TCLP programs succeed in different areas.
- Helping evaluate programs and improve them over time.
- Giving providers tools to collect and understand data for evaluation.
- Following HRSA rules for acknowledging federal funding on all materials.
- Completing all activities in the approved work plan, including evaluation and data collection.
- Helping build evidence about what works in technology-enabled and collaborative learning programs.
- Networking with telehealth partners and stakeholders.
- Taking part in HRSA-led webinars and meetings.
- Sharing findings with HRSA and/or sharing findings externally through presentations or publications.
- Working with HRSA on ongoing reviews of activities and budgets.

- Sharing information about policy issues related to telehealth learning programs.
- Making sure resources created with HRSA funds are free and publicly available.
- Following all HHS policies, including accessibility requirements (Section 508).
- Responding on time to HRSA requests for information or data.

## Funding policies and limitations

### Changes in HHS regulations

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

### Policies

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

### General limitations

- For guidance on some types of costs we do not allow or restrict, see
  - Project Budget Information in Section 3.1. of the [Application Guide \[PDF\]](#).
  - [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.

## Program-specific statutory or regulatory limitations

### Use of funds

In general, grants awarded shall be used for:

- The development and acquisition of instructional programming, and the training of health care providers and other professionals that provide or assist in the provision of services through models described in 42 U.S.C. § 254c-20(b), such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity-building models.
- Information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models.
- Other activities consistent with achieving the objectives of the grants awarded under 42 U.S.C. § 254c-20, as determined by the Secretary.

### Other uses

In addition, grants awarded may be used for:

- Equipment to support the use and expansion of technology-enabled collaborative learning and capacity building models, including for hardware and software that enables distance learning, health care provider support, and the secure exchange of electronic health information.
- Support for health care providers and other professionals that provide or assist in the provision of services through such models.

See [Manage Your Grant](#) for other information on costs and financial management.

## Indirect costs

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

To incur indirect costs, you can select one of two methods:

**Method 1 – Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

**Method 2 – *De minimis* rate.** If you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate, in accordance with [2 CFR § 200.414](#). If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

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

## Program income

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



# Step 2:

# Get Ready to Apply

## In this step

Get registered	<a href="#">18</a>
Find the application package	<a href="#">18</a>
Application writing help	<a href="#">19</a>

# Get registered

## SAM.gov

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

To register:

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

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

Once you register:

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

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

## 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-26-053.

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

# Application writing help

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

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

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

FAQs will be posted on Grants.gov Related Documents tab.

## Join the webinar

Webinar information will be posted to the Related Documents tab on Grants.gov. We recommend that you “Subscribe” to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar. Please contact [Mwilliams1@hrsa.gov](mailto:Mwilliams1@hrsa.gov) to request playback information after the live event.



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



# Step 3:

# Build Your Application

## In this step

Application checklist [21](#)

Application contents and format [23](#)

# 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

Component	Grants.gov form	Included in page limit**?
<input type="checkbox"/> <a href="#">Project narrative</a>	Project Narrative Attachment form.	Yes
<input type="checkbox"/> <a href="#">Budget narrative</a>	Budget Narrative Attachment form.	Yes

## Attachments

Insert each in the Attachments form in this order.

Component	Included in page limit**?
<input type="checkbox"/> 1. Work plan	Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions	Yes
<input type="checkbox"/> 3. Biographical sketches	No
<input type="checkbox"/> 4. Project organizational chart	Yes
<input type="checkbox"/> 5. Indirect cost rate agreement	Yes
<input type="checkbox"/> 6. Letters of support	Yes
<input type="checkbox"/> 7. Maps	Yes
<input type="checkbox"/> 8-15. Other relevant documents	Yes

## Other required forms

Upload using each required form in Grants.gov.

Forms	Submission requirement
<input type="checkbox"/> Application for Federal Assistance (SF-424)	With application.
<input type="checkbox"/> Project Abstract Summary form	With application.
<input type="checkbox"/> Grants.gov Lobbying form	With application.

\*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

# Application contents and format

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

**Application page limit:** 60

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

## Required format

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

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

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

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .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 [Application Guide \[PDF\]](#).

## Project narrative

### Introduction

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

- Describe the purpose of the proposed technology-enabled collaborative learning and capacity building model.
- Explain how the model will meet the health care needs of your target population.
- Describe your partner sites. State who they are and where they are located.
- Explain how the partner sites will help meet the health care needs of the people you serve.
- List the health care focus areas you will address in your service area.
- Clearly and briefly describe:
  - The partner site members involved.
  - The expected outcomes of the program.
  - The expected impact on the community.

### Need

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

- Describe your target population. Include people with disabilities and people with limited health literacy.
- Describe the health care needs that are not being met.
- Explain how your project will address these needs.
  - This is the population you will monitor and track if you receive funding.
  - When possible, use national state, and local data to show the level of need in the community. Include data such as:
    - Health status indicators and unmet health needs related to your primary focus area
    - Health insurance coverage in the target population

- Type of health insurance used by the population (for example, Medicare, Medicaid, private insurance, or no insurance)
- The share of uninsured people who may qualify for coverage
- The share of people living below the federal poverty level
- Identify the service area or areas you will serve.
  - Describe the health services currently available in the service area.
  - Identify gaps in service.
  - Describe challenges in recruiting and keeping providers.
- Describe the health care providers and networks located in and near the service area.
  - Explain how they relate to the project.
  - Describe current mentoring and training opportunities.
  - Describe any gaps in training or learning for providers.
- Describe the needs and challenges that affect your ability to carry out the project.
- Describe barriers to long-term success.
- Describe broader community challenges related to recruiting, training and retaining health care providers.
- Use data to explain the need for technology-enabled collaborative learning and capacity-building models.
- Describe your organization's role in supporting provider retention and increasing access to care.
- Identify key stakeholders.
  - Explain how they will serve health care providers.
  - Describe how the project will affect them.
  - Explain how you will involve them in planning and implementation.

## Approach

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

- Define your goals and objectives.
  - They must be measurable, align with the program's intent, and fit within the period of performance.
  - These goals should connect directly to the [Need](#) section.
- Explain how you will deliver the technology-enabled collaborative learning and capacity building model.
  - Describe the modality of your model.

- Include the telecommunications infrastructure (such as equipment and bandwidth) required to support service delivery.
- Describe how your project promotes these models.
  - Include a detailed and clear explanation of how you will use technology-enabled collaborative learning and capacity building models.
  - Demonstrate your understanding of their intricacies.
- Explain how you will address the unmet health needs of the service population.
  - Propose methods to reduce disparities in your targeted disease(s), or in two of the following areas:
    - Chronic disease prevention and management.
    - Alzheimer’s disease.
    - Infectious diseases.
    - Mental health and substance use disorders.
    - Prenatal and maternal health.
    - Pediatric care.
    - Pain management, palliative care, other specialty care.
- Explain how you will maintain partner site and stakeholder commitment throughout the project.
- Show your experience.
  - Show how you have supported the collection, review, selection, compilation and sharing of best practices with medical educators and professionals.
  - Explain how you will provide high-quality continuing training in these models of care.
- Identify an evidence-based model.
  - Select an evidence-based or promising practice model that has been effective in serving the target population.
  - Describe how that model is appropriate and how it will meet the population’s needs.

## High-level work plan

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

- Describe your planned activities.
  - Explain the steps you will take to complete each proposed activity during the project period.
- Describe how you will do the work.

- Show how you will carry out the activities in your methodology section.
- Show that you have a clear plan to:
  - Train health care providers and other professionals.
  - Collect and evaluate information on how these models affect patient outcomes and providers.
  - Identify best practices for expanding and using these models.
- Provide timeframes, deliverables, and key partners for each activity.
  - Identify which partners are required to carry out each activity.
- Show stakeholder support and collaboration.
  - Describe how you will involve key stakeholders in:
    - Planning the project.
    - Designing activities.
    - Carrying out the work.
    - Completing this application.
- Give examples of collaboration, such as webinars or meetings that are open to a broad group.
- Describe how your work plan goals fits within the overall grant timeline.

You will also include a more detailed work plan table in your [attachments](#).

## Resolving challenges

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

- Describe challenges you may face when building technology-enabled collaborative learning and capacity building models for health care providers.
- Examples of challenges include:
  - Recruiting participants.
  - Creating partnerships.
  - Expanding partnerships.
- Explain how you will address each challenges.
- Describe technology challenges.
- Explain issues such as:
  - Limited or unreliable internet access.
  - Software problems.
  - Audio and video equipment needs.
- Describe organizational challenges.

- Identify internal issues such as staff capacity or resources.
- Identify external issues such as policy, funding, or partner limits.
- Explain how these challenges could affect your ability to complete the project.
- Describe the steps you will take to resolve these issues.
- Propose clear and realistic measures of success.
  - These should evaluate your technology-enabled collaborative learning and capacity building model.
  - Include both process and outcome indicators to show:
    - If activities are being carried out as planned.
    - If activities are achieving the short and long-term results you expect.
- Describe your past experience.
  - Include your skills and knowledge.
  - Include individuals on staff, materials published, and previous work of a similar nature.
- Describe your evaluation plan.
  - Describe how you will collect and evaluate information on the impact of your models on patient outcomes and health care providers.
  - Identify best practices for expanding and using these models.
  - Describe how you will collect patient outcome data.
- Describe your data strategy.
  - Explain your staffing, workflow, and schedule for collecting, analyzing, and tracking data.
  - Show how you will use this data to improve your program.
- Set benchmarks.
  - Identify clear benchmarks of success for each year.
  - Use recognized industry standards, such as those from the Centers for Medicare & Medicaid Services (CMS).
  - If no standards exist, justify the benchmarks you select.
- Describe your capacity.
  - Show that you can effectively manage the programmatic, fiscal, and administrative parts of the project.
  - Demonstrate that you have the knowledge, skills, and expertise to run a technology-enabled collaborative learning and capacity building model.

- Demonstrate that you have the knowledge, skills, and expertise to build coalitions with stakeholders to expand these models in your service area.
- Describe your materials plan.
  - Describe how you will develop relevant materials for health care providers.
  - Cite specific subject matter knowledge and experience in creating tools to:
    - Develop new technology-enabled collaborative learning and capacity building programs.
    - Improve existing programs.
    - Evaluate the proposed program successfully

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

## Performance reporting and evaluation

See merit review criterion 2: [Performance reporting and evaluation](#)

- Propose clear and realistic measures of success.
  - These should evaluate your technology-enabled collaborative learning and capacity building model.
  - Include both process and outcome indicators to show:
    - If activities are being carried out as planned.
    - If activities are achieving the short and long-term results you expect.
- Describe your past experience.
  - Include your skills and knowledge.
  - Include individuals on staff, materials published, and previous work of a similar nature.
- Describe your evaluation plan.
  - Describe how you will collect and evaluate information on the impact of your models on patient outcomes and health care providers.
  - Identify best practices for expanding and using these models.
  - Describe how you will collect patient outcome data.
- Describe your data strategy.
  - Explain your staffing, workflow, and schedule for collecting, analyzing, and tracking data.
  - Show how you will use this data to improve your program.

- Set benchmarks.
  - Identify clear benchmarks of success for each year.
  - Use recognized industry standards, such as those from the Centers for Medicare & Medicaid Services (CMS).
  - If no standards exist, justify the benchmarks you select.
- Describe your capacity.
  - Show that you can effectively manage the programmatic, fiscal, and administrative parts of the project.
  - Demonstrate that you have the knowledge, skills, and expertise to run a technology-enabled collaborative learning and capacity building model.
  - Demonstrate that you have the knowledge, skills, and expertise to build coalitions with stakeholders to expand these models in your service area.
- Describe your materials plan.
  - Describe how you will develop relevant materials for health care providers.
  - Cite specific subject matter knowledge and experience in creating tools to:
    - Develop new technology-enabled collaborative learning and capacity building programs.
    - Improve existing programs.
    - Evaluate the proposed program successfully.

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

## Sustainability

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

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

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

# Organizational information

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

Briefly describe your organization's mission, how it is set up, and what activities it currently does. Explain how this helps you meet the program requirements. You'll include a [project organizational chart](#) in your attachments.

- Describe your organization's experience with federal funding.
- Explain how you have successfully managed and completed federally funded projects.
- Describe your ability to run a technology-enabled collaborative learning and capacity building model either at your organization or in collaboration with an academic medical center.
- Describe how your organization:
  - Uses evidence-based training materials.
  - Supports practice-based care.
  - Builds the skills of health care workers.
- Describe your past experience.
  - Include published materials, if available.
  - Include examples of similar projects you have completed.
- Describe how your organization manages and oversees its technology-enabled collaborative learning and capacity-building models.
- Explain how you holds partner sites accountable.
  - Include data reporting and other duties.
- Explain how the [project organizational chart](#) shows your ability to meet [program requirements and expectations](#) .
- For partner site, describe:
  - Clear roles and responsibilities.
  - Support from new and current health care providers.
  - Support and involvement from leadership and clinicians.
  - Clinicians' understanding of project challenges and their ability to address them.
- Link staffing needs directly to your project narrative and budget.
- HRSA recommends:
  - At least 0.25 full-time equivalent (FTE) for the Project Director.

- At least one permanent staff at the time of award.
- A total of at least 2.0 FTE across project staff, including the Project Director.
- If you do not have a permanent Project Director at the time of the award:
  - Describe your plan and timeline to hire one.
- Ensure that project staff do not exceed 1.0 FTE across all federal awards.

## Budget and budget narrative

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

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

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

Use of Award Funds 42 U.S.C. § 254c -20 (§ 330N of the Public Health Service Act):

Grants awarded shall be used for:

- The development and acquisition of instructional programming, and the training of health care providers and other professionals that provide or assist in the provision of services through technology-enabled collaborative learning and capacity building models, such as training on best practices for data collection and leading or participating in such technology-enabled activities consistent with technology-enabled collaborative learning and capacity building models.
- Information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to identify best practices for the expansion and use of such models.

- Other activities consistent with achieving the objectives of the grants awarded under this section, as determined by the Secretary.

To create your budget narrative, see budget narrative detailed instructions in the [Application Guide \[PDF\]](#).

## Attachments

**Place your attachments in this 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: Work plan

- Attach the project's work plan. Make sure it reflects all the activities that were included in the [Project Narrative](#) section.
- Describe the activities or steps that will be used to achieve each of the activities proposed during the entire period of performance in this section.
- Use a timeline that includes each activity and identifies responsible staff.
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.
- Provide a clear and coherent work plan that aligns with the project's goals and objectives.
- Present a matrix that illustrates the project's goals, strategies, activities, and measurable process and outcome measures (it is recommended to provide this information in a table format).
- The work plan must outline the individual and/or organization responsible for carrying out each activity and include a timeline for all three years of the award.

### Attachment 2: Staffing plan and job descriptions

- Include a staffing plan that shows the staff positions that will support the project, and key information about each.
- Justify your staffing choices, including their education and experience.
- Explain your reasons for the amount of time you request for each staff position.
- Include the role, responsibilities, FTE, and qualifications of proposed project staff.
- Include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

- If the Project Director serves as a Project Director for other federal awards, please list the federal awards and the percent FTE for each federal award.
- For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

## Attachment 3: Biographical sketches

- Include biographical sketches for each person in a key position listed in [Attachment 2](#).
- Each biographical sketch must be no more than two pages per person.
- If the person has not yet been hired, include a letter of commitment with the biographical sketch.
- Each biographical sketch must include:
  - Name of the senior or key staff member.
  - Position Title.
  - List education starting with the first professional degree (such as a bachelor's or nursing degree) and include postdoctoral or residency training, if applicable.
  - For each degree or training, include:
    - School name and location.
    - Degree earned.
    - Date degree was earned (MM/YY).
    - Field of study.
- **Section A (required) Personal statement:**
  - Briefly describe why the person is well-suited for his/her role (e.g., PD/PI).
  - Description of experience and skills related to managing a technology-enabled learning and capacity-building program.
- **Section B (required) Positions and honors:**
  - List past and current jobs in date order, ending with the current position.
  - List any honors or awards.
  - List any current membership on any Federal Government advisory committee.
- **Section C (optional) Other support:**
  - List selected current projects and projects completed in the last 3 years.
  - Include both federal and non-federal support.
  - Start with projects related to this application.

- Briefly describe:
  - Project goals.
  - The person's role in the project.

## Attachment 4: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure.

## Attachment 5: Indirect cost rate agreement

If you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 15 percent of modified total direct costs (MTDC)\*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to negotiate for a rate at any time.

## Attachment 6: Letters of support

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

## Attachment 7: Maps

Include a map of the service area that details the location of the technology-enabled collaborative learning and capacity building model partner sites and the area(s) that will be served by the program.

## Attachment 8-15: Other relevant documents

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

## Other required forms

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

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application
Project Abstract Summary form	With application
Grants.gov Lobbying form	With application

## Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

## Project abstract summary form instructions

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. Your Project Abstract must identify which focus areas from the Program Requirements and Expectations section that your project will address. For more information, see Section 3.1.2 of the [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.](#)



# Step 4: Understand Review, Selection, and Award

## In this step

Application review	<u>38</u>
Selection process	<u>47</u>
Award notices	<u>48</u>

# Application review

## Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded. If your application does not meet other criteria, we will not fund it.

## Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide \[PDF\]](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	20 points
2. Response	25 points
3. Performance reporting and evaluation	15 points
4. Impact	10 points
5. Resources and capabilities	25 points
6. Support requested	5 points

## Criterion 1: Need (20 points)

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

The panel will review your application for how well it:

- Describes the problem and what causes it.
- Gives a short overview of the target population and service area.
- Explains why you chose the target population and service area.
- Describes the health care needs of the service area.
- Explains how you will use the technology-enabled collaborative learning and capacity building models.
- Shows how your approach addresses the required focus areas.
- Describes the purpose of the project.
- Explains how it meets healthcare needs of the target population.
- Clearly describes:
  - The partner sites and team members.
  - The expected results.
  - The impact on the community.
- Explains why federal funding is needed to support the project.
- Uses data from local, state, federal sources.
- Uses the data to describe:
  - The target population.
  - The size of the population.
  - Health care needs that are not being met.
- Shows the data supports the need for the proposed model and services.
- Explains how the technology-enabled collaborative learning and capacity building model will help partners work together to meet the health needs.
- Shows how working together does more than any one site could do alone.
- Describes policy and technology challenges and barriers faced by educators and participants.
- Provides numbers or facts about current services and programs.
- Explains how the project will fill gaps in learning models and existing services.

## Criterion 2: Response (25 points)

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

The panel will review your application for how well it:

### Methodology (10 Points)

- Shows that you understand technology-enabled collaborative learning and capacity building models.
  - Include distance learning and clinical decision support through telehealth.
- States clear goals and objectives that can be measured and match the intent of the program.
  - These should promote the proposed technology-enabled collaborative learning and capacity building model.
- Describes how your project will address at least two of the following focus areas:
  - Chronic diseases prevention and management.
  - Alzheimer's disease.
  - Infectious diseases.
  - Mental health and substance use disorders.
  - Prenatal and maternal health.
  - Pediatric care.
  - Pain management, palliative care, and other specialty care.
- Addresses how you will build and keep partner sites during the project period.
- Shows how the technology-enabled collaborative learning and capacity building model supports professional education.
- Shows that the model:
  - Has improved health outcomes
  - Can be used in other locations.
- Explains how the project supports long-term success.
- Describes how you will measure success.
- Describes possible limitations or risks.
- Describes a realistic approach to provide:
  - Technical Assistance.
  - Training.
  - Ongoing support for health care providers and other professionals.

## Work plan (10 Points)

- Describes a realistic plan to work with health care providers.
- Explains how you will:
  - Plan activities.
  - Design activities.
  - Carry out activities.
- Shows how partners reflect the needs of the people and areas served.
- Shows that the activities match the needs you identified.
- Describes how you will create training and teach providers and other professionals using technology-enabled collaborative learning and capacity building models such as:
  - Project ECHO.
  - ECHO-like models.
  - Distance learning.
  - Clinical decision support.
  - Other new models.
- Includes a clear work plan with:
  - Timeline.
  - Activities.
  - Goals.
  - Staff responsible.
- Describes challenges that could affect:
  - Project success.
  - Long-term sustainability.
- Describes larger community challenges in:
  - Recruiting providers.
  - Training providers.
  - Keeping providers.
- Identifies all partners.
- Describes each partner's role and experience.
- Describes outreach strategies to involve all partners.
- Explains how you will track progress toward goals.

## Resolution of Challenges (5 Points)

- Clearly describes the challenges identified in the [Resolving challenges](#) section.
- Explains how you will address each challenge.
- Shows that you can work with partners to:
  - Solve problems.
  - Overcome internal and external barriers.
  - Meet project goals.

## Criterion 3: Performance reporting and evaluation (15 points)

See the project narrative [Performance management](#) section.

The panel will review your application for:

### Evaluation (10 points)

- The ability to identify and use measures that align with goals, objectives, and work plan activities.
- The effectiveness of the proposed methods to monitor and evaluate project results.
- The appropriateness of methods (including staffing and workflow) to collect, monitor, and analyze quantitative and qualitative data, for process and outcome indicators.
  - This includes the extent to which the proposal shows how health care providers and other professionals will receive tools to collect and interpret data, so they can evaluate the proposed models.
- The extent to which it is a realistic approach to collect information and conduct evaluation activities.
  - This should include assessing:
    - The impact of the models on patient health outcomes.
    - Access to health care.
    - Quality of health care.
    - Cost-effectiveness.
    - Retention of health care providers in underserved communities, target populations, and service areas.
    - Best practices for expanding and using such models.

- Patient health outcomes must be collected in cooperation with HRSA's direction that may include working with the Telehealth Research Center or other data collection platforms.
- The extent to which the applicant describes relevant experience, including published materials on telementoring evaluation.
- The extent to which the applicant will use HRSA's evaluation measures to collect evidence-based data.

## Performance measurement (5 points)

- Your organization's ability to collaborate (including data sharing) with HRSA.
  - Collaborating on program evaluation/analyses designed to contribute to the telementoring health evidence base.
  - HRSA may collaborate with the Telehealth Research Center and award recipients to set required measures at the start of the period of performance.
- The quality of the applicant's experience and proposed strategies for sharing and disseminating lessons learned from existing or emerging technology-enabled collaborative learning and capacity building models and services.
- The extent to which the proposed project describes a plan and relevant experience studying the impact of such models on patient outcomes and health care providers.
- The extent to which the proposed project describes a plan and relevant experience developing materials to improve access to quality health care for:
  - Rural areas.
  - Frontier areas.
  - Health professional shortage areas.
  - Medically underserved areas.
  - Medically underserved populations.
  - Native American communities.
- The extent to which the applicant provides evidence that their leadership will promote program success. This includes:
  - Meeting program goals.
  - Aligning proposed benchmarks with industry standards from recognized sources.
  - Moving the learning model and member organizations towards population health management.
  - Encouraging collective decision making.
  - Promoting program sustainability.

## Criterion 4: Impact (10 points)

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

The panel will review your application for:

- The extent to which the applicant demonstrates a cohesive sustainability plan to sustain the impact of the program and services created with federal funding. This plan should be detailed and appropriate, and should:
  - Assess the continuing needs of the program members and the target community.
  - Sustain and maintain relationships and activities created by the proposed project.

## Criterion 5: Resources and capabilities (25 points)

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

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

### Existing federal support and subject matter expertise (15 points)

- The applicant has a history of federal support and effective implementation of federally funded activities.
- The application demonstrates the integration and implementation of a robust telementoring initiative at, or in collaboration with, an academic medical center.
- The application includes technology enabled delivery of evidence-based curricula, offering of practice-based care, and advancing the skill set of health care workers.

### Organizational resources and capabilities (10 Points)

- Organizational resources and abilities are appropriate and to standard, to meet program requirements and expectations, including implementation, documentation, and monitoring.
- The application shows the capability to implement and fulfill the requirements of the project based on available resources and staff qualifications.
- The staffing plan is justified, includes necessary personnel, aligns with the proposed structure and work plan, and ensures staff have adequate time for the project.

- The applicant shows experience in developing telementoring and providing leadership to providers, including experience establishing telementoring programs.
- The application shows extensive experience in developing and acquiring instructional programming, and training health care providers and other professionals using technology-enabled collaborative learning and capacity building models.
  - Evidence may include program size, years of experience in providing services, governance of collaborative partners, and publications or documents.
- The application clearly describes the structure of the proposed program and shows that it supports the overall mission of this program.

## Criterion 6: Support requested (5 points)

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

The panel will review your application to determine:

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

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

## Risk review

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

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

We may ask you to submit additional information.

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

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

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

# Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.
- [Alignment with HRSA Mission and Strategic Priorities](#)

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.
- Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

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

## Special considerations

This program includes special considerations based on HRSA priorities. This program includes a special consideration to prevent significant overlap of service areas. We may give your application special consideration if it addresses the following focus areas:

- Proposes new programs in a target service area not currently served by a previously or currently funded TCLP recipient in the same specialty as the proposed program.

**and/or**

- Is the highest ranked application of two or more applicants that propose to train providers in the same focus area and service area.

Qualifying for special consideration does not guarantee that you will receive funding.

To achieve the distribution of awards as stated, we may need to fund out of rank order.

# Award notices

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

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



# Step 5: Submit Your Application

## In this step

Application submission and deadlines	<u>50</u>
Other submissions	<u>50</u>

# Application submission and deadlines

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

## Application deadline

**You must submit your application by 07/08/2026, at 11:59 p.m. ET.**

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

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

## Submission method

### Grants.gov

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

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

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

If you want to know more about correcting errors or tracking your application, you can refer to the [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

Post-award requirements and administration	<a href="#"><u>52</u></a>
Reporting	<a href="#"><u>56</u></a>

# 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 (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- 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.
- 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.
- Collaborate with HRSA's Telehealth Centers of Excellence, Telehealth Resource Centers, the Telehealth Research Centers and with the Telehealth Technology-Enabled Learning Program recipients.

## Required alignment with HRSA mission and strategic priorities

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

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

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

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

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve

wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

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

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

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

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

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

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

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

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

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

**Promoting public safety, lawful use of federal funds, and national health priorities:**

To the extent permitted by law, HRSA will align funding with administration priorities by:

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

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

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

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

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

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR, part 200](#) and the terms and

conditions of this award. This includes termination under [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](#).

## Health IT

Successful applicants under this NOFO agree that:

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

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](#).

# Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide \[PDF\]](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- **Performance Measures.** A performance measures report is required for continued funding after the end of each budget period. Upon award, recipients will be notified of specific performance measures required for reporting.
- **Institutional Review Board (IRB) Review and Approval.** To assess the effect of technology-enabled collaborative learning and capacity building models on patient outcomes and healthcare providers, award recipients may need to have an Institutional Review Board (IRB) review and approve the award recipient’s plans. This may involve the award recipient establishing data transfer and use agreements. It is the award recipient’s duty to confirm whether its plans to assess the effect of technology-enabled collaborative learning and capacity building models on patient outcomes and healthcare providers would qualify as human subjects research to which 45 CFR Part 46 would apply.
- **Integrity and Performance Reporting.** The NOA will contain a provision for the All Responsibility and Integrity Records report that includes all government-entered responsibility/qualification records required by Federal Acquisition Regulation (FAR) Subparts [9.105-2 \(opens in new window\)](#), [9.406-3 \(opens in new window\)](#), and [42.1503 \(opens in new window\)](#) Defense FAR Supplement (DFARS) 209.105-270.



# Contacts and Support

## In this step

Agency contacts [58](#)

Help with systems [59](#)

# Agency contacts

## Program and eligibility

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## HRSA contact center

**Open Monday through Friday, 7 a.m. to 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

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

# Endnotes

1. In this NOFO, the term "technology-enabled collaborative learning and capacity building model" means a distance health education model that connects health care professionals, and particularly specialists, with multiple other health care professionals through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning, disseminating best practices, and evaluating outcomes.

The term "rural area" means a geographic area designated by HRSA as rural in accordance with the Rural Health Grants Eligibility Analyzer at <https://data.hrsa.gov/tools/rural-health>.

The term "frontier area" means a frontier county, as defined in 42 U.S.C. 1395ww(d)(3)(E)(iii)(III).

The term "health professional shortage area" means a health professional shortage area designated under 42 U.S.C. 254e.

The term "medically underserved area" has the meaning given the term "medically underserved community" in 42 U.S.C. 295p(6).

The term "medically underserved population" has the meaning given the term in 42 U.S.C. 254b(b)(3).

The term "Native Americans" has the meaning given the term in 42 U.S.C. 293 and includes Indian Tribes and Tribal organizations.

The terms "Indian Tribe" and "Tribal organization" have the meanings given the terms "Indian tribe" and "tribal organization" in 25 U.S.C. 5304.

The term "urban Indian organization" has the meaning given the term in 25 U.S.C. 1603. [↑](#)

2. Office of the Assistant Secretary for Planning and Evaluation (ASPE). Impact of Participation in Technology-Enabled Collaborative Learning and Capacity Building (ECHO) Models on Provider Retention (Sept 22,2019). <https://aspe.hhs.gov/reports/report-congress-current-state-technology-enabled-collaborative-learning-capacity-building-models> [↑](#)
3. Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services (2024). <https://data.hrsa.gov/topics/health-workforce/shortage-areas> [↑](#)
4. National Vital Statistics Report; Deaths: Final Data for 2022, vol. 74, no. 4, June 2025. Jiaquan Xu, M.D., Sherry L. Murphy, B.S., Kenneth D. Kochanek, M.A., and Elizabeth Arias, Ph.D <https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-04.pdf> [↑](#)
5. Births in the United States, 2023, NCHS Data Brief No 507, August 2024. Joyce A. Martin, M.P.H., Brady E. Hamilton Ph.D., and Michelle J.K. Osterman, M.H.S. <https://www.cdc.gov/nchs/products/databriefs/db507.htm> [↑](#)