

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Health Careers and Financial Services

***Area Health Education Centers (AHEC) - Simulation Education Training (SET)
Competitive Supplement***

Funding Opportunity Number: HRSA-21-103
Funding Opportunity Type: Competing Supplement

Assistance Listings (CFDA) Number: 93.107

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: June 15, 2021

*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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: May 14 2021

Candace Nalls, MPH
Public Health Analyst
Division of Health Careers and Financial Support
Telephone: (301) 443-8951
Email: cnalls@hrsa.gov

Authority: 42 U.S.C. § 294a 296p and 42 U.S.C. § 296p-1 (Public Health Service Act, Section 751 and the Consolidated Appropriations Act, 2021 (P.L. 116-260))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Area Health Education Centers (AHEC) Simulation Education Training (SET) Competitive Supplement to fund activities and equipment purchases by existing AHEC recipients to expand experiential learning opportunities through simulation labs.

The purpose of this program is to establish or enhance simulation labs that will provide realistic, clinical environments and scenarios designed to educate and train healthcare professionals serving rural, medically underserved communities, develop and enhance education and training networks within communities, academic institutions, and community-based organizations through the expansion of experiential learning opportunities. It includes expanding experiential learning through the use of innovative simulation-based technology and equipment to strengthen the capacity of community-based training. The use of simulation technology will enhance the traditional AHEC program activities, including the AHEC Scholars Program, to increase diversity and distribution among health professionals, enhance health care quality, and improve health care delivery to rural and underserved areas and populations. In addition, this program may include education and training related activities designed to address the COVID-19 pandemic from multiple strategic methodologies. For additional information, see the Program Goals section of this Notice of Funding Opportunity (NOFO). The AHEC-SET Program intends to enhance the capacity of health professions students to address the complex health care needs of those living in rural and medically underserved areas as authorized in Section 751 of the Public Health Service (PHS) Act.

Funding Opportunity Title:	Area Health Education Centers (AHEC) - Simulation Education Training (SET) Competitive Supplement
Funding Opportunity Number:	HRSA-21-103
Due Date for Applications:	June 15, 2021
Total Annual Available FY 2021 Funding:	\$2,000,000
Estimated Number and Type of Award(s):	Up to eight cooperative agreement(s)
Estimated Award Amount:	Up to \$500,000 (no less than \$250,000 per award)
Cost Sharing/Match Required:	Yes
Period of Performance:	September 1, 2021 through August 31, 2022 (1 year)
Eligible Applicants:	Eligible applicants are limited to the current 48 AHEC recipients funded under HRSA-17-071. See Section III.1 of this Notice of Funding Opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Area Health Education Centers (AHEC)-Simulation Education Training (SET) Competitive Supplement.

Program Purpose

The purpose of this program is to establish or enhance simulation labs that will provide realistic, clinical environments and scenarios designed to educate and train healthcare professionals serving rural, medically underserved communities. The AHEC-SET Program Competitive Supplement will develop and enhance education and training networks within communities, academic institutions, and community-based organizations through the expansion of experiential learning opportunities, including the use of simulation-based technology, as well as equipment.

Program Goals

The AHEC-SET Competitive Supplement seeks to expand the use of experiential learning and innovative simulation-based technology, including technology-enhanced gamification to strengthen the capacity of the community-based experiential training and optimize the learning environment in health and allied health professions schools. In addition, the simulation education and training may include COVID-19 education and related activities, such as simulation preparedness and paraprofessional training on topics such as COVID-19 contact tracing, vaccine education, and vaccine hesitancy.

Program Objective

The objective of the AHEC-SET Competitive Supplement is to strengthen the capacity of the AHEC Program to utilize simulation technology to enhance health workforce education and training.

2. Background

Originally established by Congress in 1971, the AHEC Program is authorized by Section 751 of the Public Health Service Act (42 U.S.C. § 294a).

AHECs play a major role in the development of interprofessional collaboration, and utilize evidence-based recruitment and retention strategies to build a well-prepared, diverse, and culturally competent primary care workforce. Michael A. Rosen et. al highlighted the significant role that team-based care will play in a rapidly changing health care environment. The report states, "Health care delivery systems exemplify complex organizations operating under high stakes in dynamic policy and regulatory environments. The coordination and delivery of safe, high-quality care demands reliable

teamwork and collaboration within, as well as across, organizational, disciplinary, technical, and cultural boundaries.”¹

Interprofessional collaborative practice and education are essential elements to achieving health equity for underserved and populations that face a variety of health disparities, while also meeting the critical objectives of the Institute for Healthcare Improvement’s Triple Aim: (1) Improve patients’ care experience; (2) Improve the health of patient populations; and (3) Reduce the per capita cost of health care. Research supports that interprofessional, collaborative practice can produce improved outcomes for populations that suffer from disparities and inequities in health care.² Cultivating a setting where health professionals and students from different disciplines can learn together how to provide care in as a team-based environment is important to ensuring the development of a competent, interprofessional health workforce that is ready to serve in rural and other underserved settings. Utilizing simulation-based education and training, in conjunction with other ongoing current AHEC activities, will provide a venue to support such effective education for health professionals and students and transform health care practice that will improve the health of rural and underserved communities.

Changes in the U.S. health care system have placed emphasis on improving the quality of patient care. This shift has led to a team-based approach to health care. Multidisciplinary health care teams deliver a multitude of services today. However, many organizations delegate care responsibilities based on an individual’s technical skills, which can leave practitioners inadequately prepared to enter complex team-based settings and perform effectively with a team whose members may all have relevant competencies.³ As a result, there have been significant changes in the education and training of health professionals and students. In the past two decades, and increasingly due to the COVID-19 pandemic, academic institutions and medical training facilities have introduced or leveraged simulation training in order to allow health professionals and students from different health-related disciplines to learn skills and procedures together in a safe and protected environment.^{3,4}

Simulation-based education and training has become an essential part of educating health professionals and students. The goal of simulation-based training is to enable the accelerated development of expertise, both in individual and team skills, by bridging the gap between classroom training and real-world clinical experiences in a relatively low-risk environment. When applied properly, simulation-based training provides the opportunity for team members to learn new skills, engage in deliberate practice, and receive focused and real-time feedback.⁵ In addition, simulation training can help reinforce nontechnical skills such as task management, leadership, teamwork,

¹Rosen, Michael & DiazGranados, Deborah & Dietz, Aaron & Benishek, Lauren E. & Thompson, David & Pronovost, Peter & Weaver, Sallie. (2018). Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist*. 73. 433-450. 10.1037/amp0000298.

² Evaluation of Team-Based Care in an Urban Free Clinic Setting. (2015). *Nursing Administration Quarterly*, 254–262. Retrieved from https://journals.lww.com/nagjournal/fulltext/2015/07000/evaluation_of_team_based_care_in_an_urban_free.10.aspx.

³ Aebersold, M., (April 3, 2018) "Simulation-Based Learning: No Longer a Novelty in Undergraduate Education" *OJIN: The Online Journal of Issues in Nursing* Vol. 23, No. 2.

⁴ Ingrassia, P. L., Capogna, G., Diaz-Navarro, C., Szyld, D., Tomola, S., & Leon-Castelao, E. (2020). COVID-19 crisis, safe reopening of simulation centres and the new normal

⁵ Simulation Training | PSNet. (2019, September 8). Retrieved January 29, 2021, from <https://psnet.ahrq.gov/primer/simulation-training>. <https://psnet.ahrq.gov/primer/simulation-training>. <https://psnet.ahrq.gov/primer/simulation-training>.

collaboration, situational awareness, and decision-making, all of which are vital to patient safety.⁶ Altogether, simulation-based training with deliberate practice provides an opportunity to achieve safe and effective patient safety in healthcare.⁷ Expanding the use of simulation-based education and training, including gamification techniques, for health professionals and students can bring similar benefits to a variety of health disciplines. Utilizing simulation and tools, such as technology-enhanced gamification, can also provide opportunities for improved learner engagement, problem solving and cooperative teamwork. These skills assist all students in preparing for their future roles in health care delivery.⁸

The COVID-19 pandemic has presented unique challenges for the health workforce. As a result, faculty and health educators have had to shift the manner in which they prepare health professionals and students for practice. AHEC provides an opportunity for the development and implementation of innovative strategies to address identified workforce needs and enhance the health care workforce in underserved areas and health disparity populations.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the AHEC-SET Competitive Supplement:

Coronavirus Disease 2019 (COVID-19): COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019.⁹

Gamification techniques: incorporation of gaming scenarios for teaching and training purposes, and/or game-based learning aims to use games to make learning more engaging and motivating.

Simulation-based learning: the use of simulation-based technology for an array of structured activities that represent actual or potential situations in education and practice. These activities allow trainees to develop or enhance knowledge, skills, and ability to analyze and respond to realistic situations in a simulated environment.

⁶ Green, M., Tariq, R., & Green, P. (2016). Improving Patient Safety through Simulation Training in Anesthesiology: Where Are We? *Anesthesiology Research and Practice*, 2016, 1–12. <https://doi.org/10.1155/2016/4237523>.

⁷ Abas, T., & Juma, F. Z. (2016). Benefits of simulation training in medical education. *Advances in medical education and practice*, 7, 399–400. <https://doi.org/10.2147/AMEP.S110386>.

⁸ Singhal S, Hough J, Cripps D. Twelve tips for incorporating gamification into medical education. MedEdPublish Available online: <https://www.mededpublish.org/manuscripts/2678>

⁹ Coronavirus Disease 2019 (COVID-19) | Disease or Condition of the Week | CDC. (n.d.). Retrieved April 1, 2021, from <https://www.cdc.gov/dotw/covid-19/index.html#:~:text=COVID%2D19%20is%20a%20respiratory,coughs%2C%20sneezes%2C%20or%20talks>

II. Award Information

1. Type of Application and Award

Type of applications sought: Competing Supplement

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Provide ongoing input in all phases of the project to accomplish the goals;
- Review and approve project information prior to dissemination;
- Provide guidance concerning the content, structure, and format of required reports;
- Participate, as appropriate or needed, in meetings or site visits conducted during the one-year period of the cooperative agreement;
- Provide information resources; and
- Support and direct the dissemination of promising and effective clinical and/or community practice models that emerge from the AHEC-SET Competitive Supplement and identify opportunities to expand best practice models to diverse populations.

The cooperative agreement recipient's responsibilities will include:

- Fulfilling program requirements as detailed in Section IV.2 of this NOFO;
- Developing, implementing, and conducting an impact evaluation of their proposed project to ensure that they meet the goals outlined in Section I of this NOFO;
- Engaging, collaborating, and communicating with HRSA staff for input on project activities, quality improvement, and dissemination of lessons learned and effective practice models;
- Participating in HRSA-provided training and technical assistance as appropriate;
- Engaging with relevant stakeholders to ensure project success and sustainability;
- Interacting, collaborating, and communicating with other AHEC-SET Competitive Supplement awardees in a learning community to share practice innovations and leverage resources;
- As applicable, ensuring that equipment purchases, supported all or in part by AHEC-SET Competitive Supplement will be maintained, tracked, and disposed of in accordance with 45 CFR Part 75.302; and
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the SF-424 R&R Application Guide (Acknowledgement of Federal Funding).

2. Summary of Funding

HRSA estimates approximately \$2,000,000 to be available, for one year, to fund up to eight recipients. You may apply for a ceiling amount of up to \$500,000 total cost, at no less than \$250,000 (includes both direct and indirect, facilities and administrative costs) with a one-year period of performance. The period of performance is September 1, 2021 through August 31, 2022 (1 year).

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

Limitations on indirect cost rates. Indirect costs under training awards to organizations other than state, local or Indian tribal governments 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 sub-awards 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 limited to the current AHEC recipients awarded under HRSA-17-071.

2. Cost Sharing/Matching

Cost sharing/matching is required for this program. The recipient shall provide documentation that it will make available (directly or through contributions from state, county, or municipal government, or the private sector) recurring non-federal contributions in cash or in-kind equal to not less than 50 percent of the operating costs of the AHEC Program (base award and supplemental award). Thus, the matching ratio for AHEC awards is one to one, federal funds to non-federal contributions. At least 25 percent of the total required non-Federal contributions shall be in cash. If the recipient fails to provide some or all of the required matching, the Grants Management Officer will make a downward adjustment in the federal award.

Examples of match include:

- 1) Other contributions providing 75 percent of the total match may include:
 - In-kind time and effort (provided by a third-party, non-salaried, individual).
 - Unrecovered indirect costs. Allowable/allocable third party donated items of value or services.
 - Program Income (if expressly permitted by the Notice of Award).

3. Other

Ceiling Amount

HRSA will not consider any application that exceeds the ceiling amount of \$500,000 over the one-year period of performance non-responsive and will not consider it for funding under this notice. An award shall be no less than \$250,000 annually. You may apply for an amount no less than \$250,000, up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) with a one-year period of performance.

Deadline

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

Maintenance of Effort (MoE)

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by 42 U.S.C. § 295n-2 (Public Health Service Act, §§ 797(b).)). Applicants should complete the MoE document and submit as Attachment 6.

Multiple Applications

Multiple applications from current AHEC recipients are not allowable. Therefore, one application per current AHEC recipient is allowed.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to 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](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

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

2. Content and Form of Application Submission

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

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **40 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in the HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form “Project_Abstract Summary.” Standard OMB-approved forms that are included in the workspace application package do not count in the page limit.

Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-103, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Proof of non-profit status (if applicable) does not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachments 10-15: Other Relevant Documents*.

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

Program-Specific Instructions

Program Requirements

AHEC-SET Competitive Supplements will establish or enhance simulation labs that will provide realistic, clinical environments and scenarios designed to educate and train healthcare professionals serving rural, medically underserved communities. (Please reference Notice of Funding Opportunity HRSA-17-071 for program requirements).

Applicants are required to perform the following activities:

- Develop or enhance simulation labs to supplement education and training programs, leverage evidence-supported (effective) methodologies/approaches that include provisions with a clear focus on addressing the needs of rural or medically underserved populations. Programs should integrate six (6) core topic areas: inter-professional education, behavioral health integration, social determinants of health, cultural competency, practice transformation, and current/emerging health issues. Simulation must include:
 - AHEC Scholars Program, including paraprofessionals, such as Community Health Workers (CHW);
 - Training access for all current participants in the AHEC program;
 - Community-based experiential training; and
 - COVID-19 education and training related activities, as applicable.
- Allocate a Full-Time Equivalent (1.0 FTE) coordinator to both identify and implement promising approaches and best practice models for utilizing simulation scenarios;
- Use evidence-based evaluation approaches and tools to measure the impact of the AHEC-SET Competitive Supplement;
- Enhance or implement strategic academic, practice, community-based and multi-sector partnerships to inform the focus of health and social interventions focused on simulation scenarios created/implemented to address them;
- Provide longitudinal community-based clinical experiences as part of the simulation curriculum for health profession, allied health, and paraprofessional students in rural and medically underserved populations, focusing on the public health needs of rural and medically underserved populations, with the aim of advancing, health equity by addressing the social determinants of health; and
- As appropriate, utilize technology-enhanced gamification to make learning fun, memorable, and more effective.

Important Note: All AHEC Program requirements in the FY2017 AHEC Notice of Funding Opportunity are applicable to the AHEC-SET Competitive Supplement. See FY2017 AHEC NOFO.

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

i. Project Abstract

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

The Abstract must include:

1. Name of the School
2. Department (submitting application)
3. State
4. A brief overview of the project as a whole
5. Specific, measurable objectives that the project will accomplish
6. How the proposed project for which funding is requested will be accomplished, i.e., the “who, what, when, where, why and how” of the project.

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

ii. Project Narrative

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **PURPOSE AND NEED** -- Corresponds to Section V's Review [Criterion #1](#)

Briefly describe the purpose and need for the proposed AHEC-SET project using a numerical data supported response to the extent possible.

In this section, you must:

- Describe the background of the health workforce demand, along with the demand/unmet need (needs for this workforce on a regional, state, and/or local level) that this project proposes to address, as appropriate.

- Identify the population(s)/community(s) served by this segment of the health workforce, as well as the relevant health status indicators that impact the population or communities served and/or that suggest their unmet needs (e.g., socio-cultural determinants of health and health disparities).
 - Identify barriers to accessing simulation training programs for students in rural and underserved areas.
 - Identify the types of simulation-based training needed, including what specific simulation training equipment will be necessary for this training.
 - Identify and describe gaps in the current use of simulation-based learning technology, education, and training of health professions faculty and preceptors.
 - Identify simulation-based training needed for COVID-19-related education, as applicable.
 - Describe the need for COVID-19 education and training and current gaps resulting from (e.g., virtual learning) and related to the COVID-19 pandemic (e.g., training around vaccine education), as applicable.
- *RESPONSE TO PROGRAM PURPOSE – This section includes three sub-sections — (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V’s Review [Criteria #2](#) (a), (b), and (c).*
 - *METHODOLOGY -- Corresponds to Section V’s Review Criterion #2 (a)*

You must show how your project will address the needs highlighted in the Purpose and Need section as well as the requirements and expectations of the program. You must:

- Identify/propose activities that will establish or expand simulation-based training;
 - If applicable, propose activities for COVID-19 education and training related to the COVID-19 pandemic;
 - Describe the simulation resources and equipment that will be used to achieve the program objectives, following your institutional procurement policies and in accordance with requirements in 45 CFR 75;
 - Describe the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose and Need Section;
 - Identify any other meaningful support and collaboration with key stakeholders (including community, academic and organizational partners) in planning, designing and implementing all program activities; and
 - Include a description of any innovative methods that you will use to address the stated needs, and provide any available evidence for supporting the effectiveness of your proposed activities (e.g. reports, studies, and/or peer-reviewed literature).
- *WORK PLAN -- Corresponds to Section V’s Review Criterion(a) #2 (b)*

Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan template can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.)

You must:

- Describe the activities and steps you will take to achieve each of the program requirements during the one-year period of performance.
- Describe project objectives and sub-objectives, activities, resources and personnel responsibilities for program activities, timeframes and milestones, and evaluation outcome measures (chart encouraged).
- Describe simulation-based technology and equipment that will be utilized, including technology and equipment to be purchased, if applicable.
- Describe how it will be used to promote a COVID-19 educational response, as applicable.

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

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

Include in this section, your approaches to challenges such as:

- Barriers to COVID-19 education and training related activities related to the COVID-19 pandemic, as applicable;
 - Obstacles to educating and training with simulation-based technology and obtaining/using relevant equipment; and
 - Resources and plans available to resolve and overcome these challenges/obstacles.
- *IMPACT – This section includes 2 sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review [Criteria #3](#) (a) and (b).*

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

Describe the plan for program performance evaluation and how this will meaningfully and measurably contribute to continuous quality improvement in the program. The program performance evaluation must monitor ongoing processes and progress toward meeting goals, objectives, and outcomes of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; proposed outcomes including the number of health professionals and students who will receive training; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. The proposed plan should describe:

- Specifics about the impact evaluation plan (e.g., description of inputs, variables measured, and evidence-based methods/tools to be used);

- The extent to which the proposed simulation-based training program should improve outcomes;
- The extent to which the proposed COVID-19 education and training related activities related to the COVID-19 pandemic should improve outcomes; and
- The extent to which the proposed program has made progress toward training health professions students and health professionals serving rural and medically underserved communities.

Describe your plan to use evidence-based evaluative tools to measure the impact of the project.

The evaluation and reporting plan should also 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.

b. PROJECT SUSTAINABILITY – Corresponds to Section V's Review Criterion #3 (b)

Provide a clear plan for project sustainability after the period of federal funding ends. Please include a description of specific actions you will take to:

- Highlight key elements of your projects (e.g., training methods or strategies), which have been effective in improving practices;
- Obtain future sources of potential funding, if needed for sustainability – or the reasons this will not be necessary;
- Demonstrate commitment to support, to the extent possible, the use of simulation-based technology implemented through this funding opportunity beyond the period of federal funding to sustain key elements of your projects; and
- Discuss how the proposed COVID-19 education and training related activities related to the COVID-19 pandemic will be sustained beyond the period of federal funding, if applicable.

▪ *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review [Criterion #4](#)*

Succinctly describe your capacity to effectively, manage the programmatic, fiscal, and administrative aspects of the proposed AHEC-SET project. Provide information on your organization's current mission and structure, organizational chart, relevant experience, and scope of current AHEC-SET activities. A project organizational chart is required in **Attachment 4**.

The job descriptions are for new key personnel only, and must be included in **Attachment 2**. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed new staff.

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 Applicant Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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.

The AHEC-SET Competitive Supplement will add the use of simulation technology and equipment as an allowable cost. This requires the following:

Equipment is defined as a unit cost of \$5,000 or more and a useful life of one or more years. See SF-424 R&R Application Guide for details.

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

Indirect costs under training awards to organizations other than state, local or Indian tribal governments 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 sub-awards 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](#).

In addition, the AHEC-SET Competitive Supplement requires the following:

- **Personnel Costs:** A description documenting personnel costs associated with this funding opportunity showing how you will comply with the federal standards.
- **Travel:** The budget should include the travel expenses associated with participating in meetings and other proposed trainings or workshops.
- **Equipment:** A detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).
- **Consultant Services:** For applicants that are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

Applicants should complete sub-recipient budget(s) in accordance with the R&R fed/Non-fed budget instructions and attach them to the R&R Subaward Budget Attachment(s) Form included with the application kit. In the budget justification, include a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Letters of Agreement, Memorandum of Agreement/Understanding (MOAs/MOUs) and/or existing or proposed contracts should be included in Attachment 3.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested – the budget section should include sufficient justification to allow

	reviewers to determine the reasonableness of the support requested.
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v. 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.** Proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.**

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

Attachment 2: Job Descriptions for New Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the roles, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of this NOFO.

Attachment 4: Project Organizational Chart

- Applicant Organization Chart that highlights the office that will manage the AHEC-SET award.
- Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators (not the applicant organization).

Attachment 5: Tables, Charts, etc. (as applicable)

- To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: Maintenance of Effort Documentation

Applicants 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	
FY 2020 (Actual) Actual FY 2020 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	FY 2021(Estimated) Estimated FY 2021 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Attachments 7–12: 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. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

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

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 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.

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 15, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **three (3) calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The AHEC Program is not a program 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 one year, at no more than \$500,000 (inclusive of direct **and** indirect costs) over the one-year period of performance.

The following funding requirements apply to the AHEC Program (base and supplement):

- a) *75 Percent Allocation*: Not less than 75 percent of the total amount provided to an AHEC Program/award recipient shall be allocated to the area health education centers participating in the program.
- b) *Carryover Funds*: An entity that receives an award under this section may carry over funds from one fiscal year to another without obtaining approval from the Secretary. The recipient must notify the Grants Management Specialist and Project Officer in writing of the intended use of the carryover funds, and must report the amount carried over on the Federal Financial Report for the period in which the funds remain unobligated.

Matching Funds: With respect to the costs of operating a program through an award under section 751, to be eligible for financial assistance under section 751, an entity shall make available (directly or through contributions from state, county or municipal governments, or the private sector) recurring non-federal contributions in cash or in kind toward such costs. The matching ratio for AHEC awards is not less than 50 percent of the operating costs of the AHEC Program. At least 25 percent of the total required non-federal contributions shall be in cash.

- c) Indirect costs under training grants to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the next fiscal years, as required by law.

Funds under this announcement may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, funds may not be used for the following purposes:

- Patient supplies, incentives, medications, transportation costs, vouchers, or gift cards
- Construction, major alternations or renovations
- Provision of child care/child care costs
- Honoraria
- Foreign travel
- Accreditation, credentialing, membership dues, certification exam fees, continuing education fees, and franchise fees and expenses
- Preadmission costs including college entrance exam costs
- Promotional items and memorabilia; food and drinks, and animal laboratories

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be 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 to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The AHEC-SET Competitive Supplement has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

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

Reviewers will consider the quality and extent to which you demonstrate how simulation-based training will help to:

- Decrease the gaps in the current use of simulation-based learning technology training;
- Increase the number of health professionals and students trained on simulation- based training, including specific simulation training equipment;
- Address unmet public health education and training needs of faculty and/or preceptors in the use of technology-based simulation; and
- Improve COVID-19 education and training related activities, as applicable.

Criterion 2: [RESPONSE TO PROGRAM PURPOSE](#) (30 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Subsection (a) Methodology/Approach

The application will be evaluated on the extent to which you demonstrate an understanding of the program requirements and expectations, and the extent to which you demonstrate:

- The overall innovative approach is plausible and aligns with the stated purpose of the funding opportunity and program requirements;
- Use of simulation-based training experiences and equipment likely to yield graduates ready to practice in community-based interprofessional care teams, including duration, role/skill set, location, and team composition that demonstrate patient safety, prevention of errors, and facilitate engaged learning;
- Workforce model that enhances a student's ability to work to the full extent of their education and scope of practice in community-based settings; and
- A clear connection between identified gaps, needs, and proposed activities.

Criterion 2 (b): WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Work Plan

Reviewers will consider the quality of your response, including whether you propose goals, objectives, and a timeline to ensure successful implementation of the project. Reviewers will consider the extent to which you:

- Outline a clear, comprehensive, and specific set of goals and objectives with corresponding measures, activities, timeframes, deliverables, and key partners to ensure successful implementation of the project;
- Develop a work plan that accounts for all functions or activities identified in the application;
- Describe the simulation resources and equipment that will be used to achieve the objectives described in this NOFO;
- Describe in adequate detail the activities, timeframes, deliverables, and key partners required during the period of performance to address the needs described in the Purpose and Need section;
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall implementation timeline;
- Develop a plan for the dissemination of project structure,

- approach, outcomes, and lessons learned (e.g., conferences, presentations and publications);
- Describe how your organization will ensure the funds are properly documented, if funds will be sub-awarded or expended on contracts or consultants; and
- Based on supportive data, describe how simulation-based technology and equipment will be utilized for proposed disciplines and to address COVID-19 educational response, as applicable.

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

Reviewers will consider the extent to which you:

- Describe the full breadth of potential obstacles and challenges to be encountered during the design and implementation, evaluation and sustainability of activities described in the work plan; and
- Outline a reasonable and actionable plan and innovative approaches to address challenges identified.

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (25 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider the extent to which you are able to effectively report on the measurable outcomes requested. This includes both your internal program performance evaluation plan and HRSA’s required performance measures.

Specific criteria include:

- The overall quality of the impact evaluation plan (descriptions of the inputs, key processes, variables to be measured, identified evidence-based tools, expected outcomes of the funded activities, and how key measures will be reported);
- Demonstrated expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement;
- The extent to which the activities are defined by proposed objectives and will achieve measureable outcomes;
- The extent to which the impact evaluation plan uses evidence-based tools to assess effectiveness of program learning outcomes (Ensuring validity and reliability of instruments is integral to the process; instruments that lack validity and reliability should not be used);

- The strength of your plan to utilize both quantitative and qualitative data to accurately and promptly inform quality improvement efforts, periodically review program progress, and make adjustments in order to optimize program output;
- The extent to which the simulation-based equipment and training scenarios can be attributed to improving outcomes;
- Describe any potential obstacles in implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.

Criterion 3 (b): PROJECT SUSTAINIBILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

Reviewers will consider the extent to which you describe a reasonable and feasible plan for project sustainability after the period of federal funding ends, including:

- Demonstrate commitment to support, to the extent possible, the use of simulation-based equipment and related technology implemented through this funding opportunity beyond the period of federal funding;
- The ongoing engagement of current and future health professionals, paraprofessionals, and students to advance the goals of the program; and
- Challenges that are likely to be encountered in sustaining the program and resources that will be used to resolve such challenges.

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

Reviewers will consider the extent to which new project personnel are qualified by training and/or experience to implement and carry out the AHEC-SET project. Reviewers will also consider the extent to which:

- The quality and availability of facilities and personnel is reasonable and sufficient to fulfill the programmatic, fiscal, and administrative needs and requirements of the proposed project;
- The quality and availability of personnel (i.e., level of effort) is reasonable and sufficient to carry out the proposed activities; and
- The evidence of support from the institution and collaborating partners and practice sites is reasonable and sufficient.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget Narrative and SF-424 R&R budget forms

Reviewers will consider the reasonableness of the proposed budget for the one-year period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which the application follows the program-specific budget guidelines under Section IV and the [SF-424 R&R Application Guide](#), costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost;
- The extent to which simulation training cost, including but not limited to equipment, is fully itemized and justified.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

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 § 75.205](#)).

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

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

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal

awards when completing the review of risk posed 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 issue the Notice of Award (NOA) prior to the start date of September 01, 2021. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

If you are successful and receive a Notice of Award, 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 Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

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

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 sub-recipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded sub-recipients. 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 sub-recipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

Further information will be available in the NOA.

- 1) **Performance Reports.** The recipient must submit information related to this competitive supplement as part of their Area Health Education Centers Program report narrative. Please refer to HRSA-17-071 for additional details on the Non-Competing Continuation Renewal Submission.
- 2) **Final Program Report and Evaluation.** The recipient must submit information related to this competitive supplement as part of their Area Health Education Centers Program final program report. Please refer to HRSA-17-071 for additional details.
- 3) **Federal Financial Report.** The recipient must submit information related to this competitive supplement as part of their Area Health Education Centers Program Federal Financial Report. Please refer to HRSA-17-071 for additional details.
- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Curtis Colston
Grants Management Specialist
Division of Grants Management Operations, OFAM

Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3438
Email: ccolston@hrsa.gov

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

Candace Nalls, MPH
Public Health Analyst
Division of Health Careers and Financial Support
Attn: AHEC-SET Competitive Supplement
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N-128C
Rockville, MD 20857
Telephone: (301) 443-8951
Email: cnalls@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at

<https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

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

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

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

508 Compliance Disclaimer

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