U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY Fiscal Year 2024

Bureau of Health Workforce

Division of Policy and Shortage Designation

State Primary Care Offices

Funding Opportunity Number: HRSA-24-075

Funding Opportunity Type(s): New and Competing Continuation

Assistance Listings Number: 93.130

Application Due Date: 12/14/2023

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

Issuance Date: 09/14/2023

MODIFIED October 18, 2023: Eligibility clarified in Summary and Section III.1

Modified 10/31 – Updated Grants.gov links on page 8

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See Section VII for a complete list of agency contacts.

Authority: Sections 330(l), 330(m), and 333(d) of the Public Health Service Act (42 U.S. Code § 254b(l), 254b(m) and 254f(d)) as amended.

508 COMPLIANCE DISCLAIMER

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

SUMMARY

Funding Opportunity Title:	State Primary Care Offices
Funding Opportunity Number:	HRSA-24-075
Assistance Listing Number:	93.130
Due Date for Applications:	December 14, 2023
Purpose:	To assist states and/or territories in their efforts to improve outpatient primary care services, conduct a statewide Community Health Needs Assessment (CHNA), manage shortage designations, and assess the workforce availability to meet the needs of underserved populations
Program Objective(s):	To improve access to health care services for people who are uninsured, isolated, or medically vulnerable.
Eligible Applicants:	Eligible applicants include any state or territory, state or territory agency, or other statewide domestic public or nonprofit entity; state controlled (public) institutions of higher education; and non-profit, private institutions of higher education. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$11,000,000 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel*

	this program notice before award if funds are not appropriated.
Estimated Number and Type of Award(s):	Up to 54 competing continuation, new cooperative agreement(s)
Estimated Annual Award Amount:	Amount varies. Ranges from $150,800 to $550,500, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	April 1, 2024, through March 31, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Carolyn J. Cobb Grants Management Specialist Division of Grants Management Operations, OFAM Email: ccobb2@hrsa.gov **Program issues or technical assistance:** Alpha Bah Division of Policy and Shortage Designation Bureau of Health Workforce Email: abah@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in *HRSA R&R Application Guide (R&R Application Guide)*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

We will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar 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 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 State Primary Care Offices (PCOs) Program. The purpose of this funding opportunity is to support states and territories in undertaking the following overarching efforts:

1. Statewide Primary Care Needs Assessment
2. Technical Assistance and Collaboration
3. Shortage Designation Coordination

The funding will facilitate the coordination of activities within a state or territory that assess the need for primary care services and providers, promote the recruitment and retention of health care providers to help meet identified needs, and help reduce shortages of health care providers. These activities include working with other state or territorial agencies and organizations whose policies affect and are impacted by the availability of health care services.

Program Objective: This program's objective is to improve access to health care services for people who are uninsured, isolated, or medically vulnerable.

For more details, see Program Requirements and Expectations under section IV, Application and Submission Information.

2. Background

The State PCOs Program is authorized by sections §330(l), 330(m), and 333(d) of the Public Health Service Act as amended (42 U.S.C. § 254b(l), 254b(m) and 254f(d)).

Throughout the U.S., there are geographic areas, populations, and facilities with too few primary care, dental, and mental health providers, and services.[1] HRSA continues to work with state and territory partners to determine which of these areas qualify as "shortage designations," and therefore are eligible to receive certain federal resources. By statute, HRSA uses shortage designations to help prioritize and focus agency resources on the areas of highest need. PCOs play an integral role in the shortage designation process by conducting needs assessments and surveying the availability of providers in their states and territories, then using that firsthand knowledge to identify the highest need areas eligible for shortage designations. The Program has provided the agency—and individual PCOs—with opportunities to highlight, disseminate, and discuss innovative solutions and best practices to help address provider tracking and

[1] Pittman P, Chen C, Erikson C, Salsberg E, Luo Q, Vichare A, Batra S, Burke G. "Health Workforce for Health Equity." *Med Care*. 2021 Oct 1;59(10 Suppl 5):S405-S408. doi: 10.1097/MLR.0000000000001609.

recruitment and retention issues, with the aim of improving access to care and reducing disparities.

HRSA is committed to maintaining and strengthening partnerships to assist in expanding access to quality health care.

Funding levels for FY 2024 – FY 2029 will be detailed in the Summary of Funding section below.

Program Definitions

To better understand this NOFO, go to the dictionary of key program-related terms at Health Workforce Glossary. In addition, the following definitions apply to the State PCOs Program for Fiscal Year 2024:

National Plan and Provider Enumeration System (NPPES): The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the NPPES to assign these unique identifiers.

NPPES National Provider Identifier (NPI) Registry: Healthcare providers acquire a unique 10-digit NPI to identify themselves in a standard way throughout their industry. Individuals or organizations apply for NPIs through the CMS NPPES. After an NPI is supplied, CMS publishes the parts of the NPI record that have public relevance, including the provider's name, specialty (taxonomy), and practice address. CMS provides this service based on federal law (45 CFR Part 162).

II. Award Information

1. Type of Application and Award

Application type(s) Competing Continuation, New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

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

- Participating, as appropriate, in meetings conducted during the period of performance including but not limited to: PCO Monthly Calls, Mentoring, PCO National Committee convenings, as well as user testing and HRSA-sponsored conferences;
- Reviewing and approving National Health Service Corps (NHSC) Site Applications;

- Reviewing submitted data and auditing the accuracy of Health Professional Shortage Area (HPSA), Medically Underserved Area/Population (MUA/P) application requests and Statewide Rational Service Area (SRSA) Plans; and
- Evaluating Needs Assessments and all other activity required under this Cooperative Agreement and provide feedback and approval to funding recipients.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Completing activities proposed in response to the program requirements described in Section IV of this NOFO;
- Communicating and collaborating on shortage designation activities with the Project Officer in meetings, calls, and ongoing review of activities, audits, procedures, and budget items;
- Informing stakeholders of those designations which are moved into a "Proposed for Withdrawal" status and highlighting the potential impact of designation withdrawals on state and federal workforce programs;
- Conducting a statewide assessment to identify shortages of health care providers and health care services, unmet need, and disparities in health outcomes by areas and/or population groups, and health workforce concerns;
- Collecting data on elements such as the number of NHSC site applications reviewed, measuring the impact of state/federally obligated providers serving in HPSAs, tracking the number of technical assistance and outreach sessions provided to stakeholders, among other activities;
- Attending training on, responding to surveys about, and maintaining the capacity to accurately collect and record provider data;
- Coordinating the HPSAs and MUA/P designation processes within the state to ensure consistent and accurate assessment of underservice including data collection, verification, and analysis as applicable;
- Providing technical assistance and collaboration to expand access to primary care, including coordination of the NHSC and Nurse Corps programs and provider recruitment and retention;
- Collaborating with Health Center workforce planning and development including but not limited to scoring of HPSAs, and providing technical assistance on available federal and state recruitment and retention programs;
- Collaborating with other HRSA partners and organizations to support access to primary care services; and
- Developing statewide, long-term strategies to address identified shortages of health care providers.

2. Summary of Funding

We estimate $11,000,000 will be available each year to fund 54 recipients. Your request for each subsequent year of the period of performance cannot exceed your year 1 request.

The period of performance is April 1, 2024, through March 31, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

The amount of funding awarded will be determined according to the following methodology. Each awardee has a base annual funding amount of $150,000 per year plus workload funding amount so that:

Annual Funding Amount = Base Funding + [(*Total Workload Funding*) x (*Workload Units*/*Total Workload Units*)]

- *Base Funding is $150,000 x 54 recipients = $8,100,000*
- *Total Workload Funding is $11,000,000 – $8,100,000 = $2,900,000*
- *Workload Units* include the number of providers in eligible disciplines listed in the National Plan and Provider Enumeration System National Provider Identifier Registry in your state/territory as of April 02, 2023.
- *Total Workload Units* include the total number of all *Workload Units* for each of the 54 states and territories.

HRSA intends to make awards to cover every state and territory listed. HRSA aims to award one cooperative agreement to each individual state, territory, or group of states and/or territories to achieve this goal. Please note that if you are applying to represent a group of states and/or territories, you are eligible for the base annual funding amount of $150,000 in addition to the annual workload unit funding amount associated with the states and/or territories represented as shown in the chart below.

For example, using the stated funding methodology, a state/territory/consortium with 1000 *Workload Units* will request the following in annual funding:

$150,000 + [$2,900,000 x (1000/1,440,794)] = $152,747 Annual Funding

Workload Units by State/Territory

State/Territory	Workload units	Annual Workload Funding
Alabama	12,049	$24,252
Alaska	4,114	$8,281
Arizona	23,236	$46,769
Arkansas	9,710	$19,544
American Samoa*	76	$153
California	198,990	$400,521
Colorado	26,987	$54,319
Connecticut	24,921	$50,160
Delaware	4,394	$8,844
District of Columbia	8,829	$17,771
Florida	73,372	$147,681
Federated States of Micronesia*	4	$8
Georgia	29,974	$60,331
Guam*	241	$485
Hawaii	7,785	$15,669
Idaho	7,389	$14,872
Illinois	58,484	$117,715
Indiana	22,955	$46,203
Iowa	11,566	$23,280
Kansas	13,918	$28,014
Kentucky	17,205	$34,630

Louisiana	15,327	$30,850
Maine	9,146	$18,409
Maryland	32,844	$66,107
Massachusetts	56,546	$113,814
Marshall Islands*	1	$2
Michigan	58,610	$117,968
Minnesota	27791	$55,937
Mississippi	7,878	$15,857
Missouri	24,119	$48,546
Montana	4,776	$9,613
Northern Mariana Islands*	72	$145
Nebraska	7,234	$14,560
Nevada	10,809	$21,756
New Hampshire	6,800	$13,687
New Jersey	40,059	$80,629
New Mexico	11,125	$22,392
New York	125,572	$252,747
North Carolina	41,527	$83,584
North Dakota	3,716	$7,479
Ohio	53,410	$107,502
Oklahoma	13,231	$26,631
Oregon	21,630	$43,536
Pennsylvania	55,606	$111,922
Puerto Rico	15,381	$30,958
Republic of Palau*	12	$24
Rhode Island	7,397	$14,888
South Carolina	15,890	$31,983
South Dakota	3,088	$6,215

Tennessee	21,694	$43,665
Texas	75,049	$151,056
Utah	14,808	$29,805
Vermont	4,165	$8,383
Virgin Islands	220	$443
Virginia	33,098	$66,619
Washington	33,497	$67,422
West Virginia	6,812	$13,711
Wisconsin	23,007	$46,308
Wyoming	2,648	$5,330
Total for All PCOs	**1,440,794**	**$2,899,985.00**

* **For these territories, any territory or nonprofit organization that applies under this Notice of Funding Opportunity will be competing for a single award and will be responsible for all Pacific Basin territories.**

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States and is:

- A state or territory, state agency, or other statewide public or nonprofit entity that operates solely within a state or U.S. territories, including state controlled (public) institutions of higher education, and non-profit, private institutions of higher education.
    - In addition to the 50 states, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply.
    - Only one awardee will be selected and responsible for all Pacific Basin territories.
    - Institutions of higher education must be non-profits.

- Knowledgeable of state/territory-wide primary health care workforce availability challenges and opportunities
- Representative of or has relationships with a broad range of primary health care delivery systems and programs in the state.
- Public or private, non-profit.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

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

Multiple Applications

Multiple applications from an organization with the same Unique Entity Identifier (UEI) are not allowable.

We will only review your **last** validated application before the Grants.gov due date.

IV. Application and Submission Information

1. Address to Request Application Package

We ***require*** you to apply online through Grants.gov. Use the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

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

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-075 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also

be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *R&R Application Guide* and this program specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *R&R Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-075 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-075 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[2] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[3]

[2] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[3] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

- If you cannot certify this, you must include an explanation in *Attachment 7-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *R&R Application Guide*)

Program Requirements and Expectations

Successful recipients should address the following program expectations:

Statewide Community Health Needs Assessment: By year three of the period of performance, each recipient must conduct a statewide Community Health Needs Assessment that identifies the communities with the greatest unmet health care needs, disparities in health outcomes, poverty, health workforce shortages, and barriers to health care access. The Needs Assessment should provide:

1. A description of the target populations in your state or territory and their unmet primary, dental, and mental health needs, including:
    - An analysis of poverty rates using generally accepted measures (e.g., the Federal poverty rate or concentrations of individuals on Medicaid);
    - An analysis of standard mortality and morbidity rates among geographic areas and/or target populations at the county and subcounty level (applicants may include infant mortality or low-birth rates in addition to standard mortality rates, if relevant);
    - A description of unmet health needs, including updates or emerging challenges since the issuance of the previous awards under this title;
    - A description of disparities in health outcomes (e.g., disparities based on geography, socioeconomic status, race, ethnicity, disability, primary language, health literacy, sex, gender identity, sexual orientation, etc.); and
    - Citations to verifiable demographic data to support the information provided (e.g., data from a U.S. government agency or survey).
2. A discussion of any relevant barriers, by service area, that the project will work to overcome, including:
    - A description of infrastructure challenges (e.g., access to transportation, technological barriers, water fluoridation, etc.);
    - A description of challenges target populations face (e.g., socioeconomic factors, waiting time to receive care, linguistic barriers, etc.);
    - A description of challenges health care providers face (e.g., cultural competence, insufficient availability of training, etc.); and
    - A description of the state or territory's political and/or fiscal climate, or other possible issues that may affect your ability to achieve the project's goals.

3. A plan for ongoing collaboration with recipients or interested parties in your state or territory, including:

    - Partnership with at least two external interested parties (e.g., public health organizations, agencies or associations, health care facilities, local health departments, State Health Departments, or members of communities with higher levels of need) to effectively identify health needs;
    - A description of what input external interested parties will provide in the development of the Needs Assessment; and
    - A plan and/or timeline for meeting with external interested parties to review and update the Needs Assessment and conduct ongoing assessments.

Shortage Designation Coordination: Recipients are required to coordinate the HPSA and MUA/P designation process within the state/territory to ensure accurate assessment of underservice. The recipient will use the Shortage Designation Management System (SDMS) to manage health workforce data for their state/territory and apply for HPSAs and MUAs/Ps. Recipients must:

1. Provide technical assistance to interested parties about the designation process;
2. Assess the eligibility of new and existing HPSA and MUA/P designations;
3. Support designation applications with the most up-to-date and appropriate data by establishing systematic data collection methods such as state-wide provider surveys, or entering into agreements with state licensing boards, medical associations or societies, or other groups that collect up-to-date provider data in the state;
4. Proactively seek designations for areas and populations with barriers to care as demonstrated by primary care, dental, or mental health provider shortages or other high need indicators as detailed in the HPSA regulations;
5. Inform stakeholders of designations in Proposed for Withdrawal status and highlight potential impact of such withdrawal on workforce programs;
6. Maintain up-to-date knowledge of how to submit complete and accurate HPSA and MUA/P designation applications;
7. Participate in Shortage Designation Branch (SDB) training programs, recipient meetings, and distance learning training (web-based training modules, videoconferences, etc.) as deemed appropriate by SDB staff, including an annual Reverse Site Visit; and
8. Submit work products by the due date specified by SDB staff.

Please note that recipients may be required to revise rational areas previously identified in State Rational Service Area (SRSA) Plans.

Efforts to Expand Access to Primary Care. Recipients must engage in:

1) Recruitment and Retention Activities, including:

    - Provider outreach and education activities in underserved areas. Efforts may include, distributing BHW loan repayment and scholarship program information, or speaking about BHW programs at academic institutions, conferences, meetings, or other public events, among other activities;
    - Technical assistance, and application support to potential and current NHSC sites. Examples of technical assistance include:
        - Helping site's point of contact complete NHSC site applications and answering questions about their site's HPSA designations.
        - Contacting site points of contact with initiated applications, but unsubmitted applications.
        - Providing site applicants notice of any missing documentation and/or non-compliance with NHSC eligibility and application requirements and forwarding any revised or new documentation to the Division of Regional Operations for their review.
    - Maintaining up-to-date knowledge and capacity to review NHSC Site Applications for merit and completeness (Note: final decision on site approval rests with HRSA);
    - Coordinating and collaborating with other state agencies and recruitment efforts to incorporate resources including NHSC Scholars, Loan Repayors, J-1 Visa Waiver holders, and other program participants into the state's strategy to increase the number of providers in shortage areas.

2) Collaboration in Health Center Planning and Development; including:

    - Providing information to assist in the development of new and the expansion of existing health centers in the state or territory;
    - Serving as the point of contact for your state to the Primary Care Association (PCA) and other entities for access to and use of relevant data to support applications for new and expanded capacity of health centers;
    - Facilitating the ability of PCAs and other entities to work with various divisions of the State Health Department to obtain data needed to educate leaders about unmet needs and the role of health centers;
    - Partnering with PCAs, National Organizations of State and Local Officials (NOSLO) Program (which assists states and local authorities in: 1. preserving and improving public health, 2. building capacity to address other public health matters and support and enforce regulations intended to improve the public's health, and 3. preventing and suppressing communicable disease), State Offices of Rural Health (SORH), Area Health

Education Centers, State Health Departments, National Governor's Association (NGA), the Association of Clinicians for the Underserved (ACU) and other entities to maintain and strengthen the growth of health centers, and other community-based partners and training sites to encourage the provision of quality care; and

- Working with PCAs, SORHs, and other entities to develop reciprocal mechanisms of communication with organizations seeking information about Section 330 of the Public Health Service Act, creating, and authorizing the Health Center Program, and other funding opportunities.

3) Collaboration with Other HRSA Partners and Organizations to Support Access to Primary Care Services, including:

    - Partnering with other entities, (e.g., the state PCA, the SORH, Rural Health Clinics, Indian Health Service, Tribal Health, and Urban Indian Health Organizations, and/or other appropriate entities) to provide technical assistance to communities and organizations interested in expanding access to care and strengthening the health care safety net.
    - Establishing and maintaining an open line of communication with interested parties about provider availability and its effect on HPSA designations in the state.
    - Collecting, maintaining, and reporting on the number and practice location of J-1 visa waiver and other similar program clinicians in the state.

Long-term Plan to Address Shortages of Health Care Providers Recipients must provide a plan, with specific objectives and timetables, that details strategies to fill the gap of identified health professional shortages, by discipline, including outreach and utilization of federal and state recruitment and retention programs.

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

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *R&R Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *R&R Application Guide.*

The Abstract must include:

- A brief overview of the project as a whole;

- Specific, measurable objectives that the project will accomplish, and;
- How the proposed project will be accomplished (i.e., the "who, what, when, where, and why).

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	**Review Criteria**
Introduction and Purpose	*Criterion 1: PURPOSE AND NEED*
Organizational Information	*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES*
Need	*Criterion 1: PURPOSE AND NEED*
Approach - Work Plan	*Criterion 2a: RESPONSE TO PROGRAM PURPOSE*
Approach - Methodology	*Criterion 2b: RESPONSE TO PROGRAM PURPOSE*
Approach - Resolution of Challenges	*Criterion 2c: RESPONSE TO PROGRAM PURPOSE – Resolution of Challenges*
Evaluation and Technical Support Capacity	*Criterion 3 (a): IMPACT - EVALUATION AND TECHNICAL SUPPORT CAPACITY*
Sustainability	*Criterion 3 (b): IMPACT – PROJECT SUSTAINABILITY*
Budget and Budget Justification Narrative	*Criterion 5: SUPPORT REQUESTED*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction and Purpose – Corresponds to Section V's Review Criterion #1: PURPOSE AND NEED*

Briefly describe the purpose of the proposed project.

- *Organizational Information – Corresponds to Section V's Review Criterion #4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES*

  This section will help reviewers understand the organization:

  - Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
  - Include an organizational chart (requested in Section IV.2.v, *Attachment 4*). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.
  - Include a staffing plan and job descriptions for key staff in Attachment *1* (Staffing Plan and Job Descriptions for Key Personnel). Functional and program responsibilities should be specified in the narrative and position descriptions. A position description should not exceed one page in length but can be as short as one paragraph in length due to page limits.
  - Include biographical sketches for key personnel in the SF-424 RESEARCH & RELATED Senior Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." If a biographical sketch is included for an individual who is not yet hired, please include a letter of commitment from that person.

  Biographical Sketches

  - Provide a biographical sketch for key staff contributing to the project. The information must be current, indicating the individual's position and sufficient detail to assess the individual's qualifications for the position being sought and consistent with the position description. ***Each biographical sketch should be limited to one page as they count toward the overall page limit***. Include all degrees and certificates. The biographical sketch should include:

  - Senior/key personnel name
  - Position Title
  - Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study

- Section A (required) **Personal Statement**. Briefly describe why the individual's experience and qualifications make them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (required) **Positions and Honors**. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (optional) **Other Support**. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.
- When applicable, biographical sketches must include training, language fluency and experience working with populations that are culturally and linguistically different from their own.

▪ *Need - Corresponds to Section V's Review Criterion #1: PURPOSE AND NEED*

This section will help reviewers understand the needs of the communities served by the proposed project.

- Outline the needs for the State PCOs Program and how the cooperative agreement would assist in fulfilling those needs. You should include a discussion of the target populations that lack access to primary, dental, and mental health care and the availability of the appropriate health workforce.
- In addition, discuss the relevant social determinants of health and health outcome disparities impacting the population or communities served as well as their unmet needs. Use and cite demographic data whenever possible to support the information provided.

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

▪ *(a) WORK PLAN – Corresponds to Section V's Review Criterion #2 (a) WORK PLAN*
Provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. Applicants should include a brief narrative element outlined below, in addition to completing the SWP.

In your work plan (SWP and narrative section):

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

section.

- Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with that priority. Form instructions are provided along with the SWP form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA Electronic Handbooks (EHBs) once award is made, in order to review and finalize the completed SWP.**

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

  In your application, and consistent with the Program Requirements and Expectations in this NOFO:

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

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

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

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

  - Describe the systems and processes that will enable you to meet HRSA's performance measurement requirements for the State PCOs Program. This should include your strategy for collecting, managing, and reporting required performance data in an accurate and timely manner. Sample data elements that you may be required to collect include, but are not limited to, the following:
    - Number of NHSC site applications reviewed.
    - Changes in the number of state/federally obligated providers serving in HPSAs.
    - Number of technical assistance and outreach sessions provided to stakeholders, among others.

Note: Performance measures and data forms are subject to change each year.

- Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the workplan goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of the funded activities. Evaluations must adhere to HHS Evaluation Policy and evaluation standards and best practices described in OMB Memorandum M-20-12.
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous evaluation work. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

- Document the procedure for assuring accurate and up-to-date provider FTE data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for relevant providers in the state or territory.

- (b) *SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b) Project Sustainability*

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

iii. *Budget*

Budget - Corresponds to Section V's Review Criterion #5 Support Requested

The *R&R Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *R&R Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA 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 MOE, if applicable).

Additional Budget Instructions:

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the Subaward Budget Attachment(s) Form. NOTE: 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, as applicable.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), "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.

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

iv. *Budget Justification Narrative*

Budget Justification – Corresponds to Section V's Review Criterion #5 Support Requested

See Section 4.1.v. of the *R&R Application Guide.*

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

In addition, the State Primary Care Offices requires the following:

> *Consultant Services:* If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services they will perform, the total number of days, travel costs, and the total estimated costs.

v. *Standardized Work Plan (SWP) Form*

As part of the application package submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Attachments 1, 3, 5, and 6 are required and must be uploaded into the application. Reviewers will not open any attachments you link to.

Attachment 1: Staffing Plan and Job Descriptions for 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 role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts

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.

Attachment 3: Project Organizational Chart

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

Attachment 4: Tables, Charts, etc.

Use this section to give further details about your proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 5: Progress Report (REQUIRED FOR COMPETING CONTINUATIONS ONLY)

Past performance is a predictor of future applicant success, particularly within the same competitive program. Identify your current grant number, include the most important objectives from your prior approved application (including any approved changes), and document overall program accomplishments under each objective over the entire period of performance. Where possible, include the proposed and actual metrics, outputs, or outcomes of each project objective.

HRSA program staff will review the progress report after the Objective Review Committee reviews your competing continuation application.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered (dates).

(2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 6: Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 7 – 15: Other Relevant Documents, including Relevant Subcontracting Agreements (if used by applicant)

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

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[4]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)
- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

[4] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *R&R Application Guide.*

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *December 14, 2023, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *R&R Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The State PCOs Program does not need to follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *R&R Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of the *R&R Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following:

- acquire real property, for construction, or to pay for equipment costs not directly related to the purposes of this award.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *R&R Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance

services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. Our process helps you understand the criteria we use in our review. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use five review criteria to review and rank the State PCOs applications. Here are descriptions of the review criteria and their scoring points.

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

Reviewers will consider the extent to which the application:

- Describes the purpose of the proposed project.
- Demonstrates the problem and associated contributing factors to the problem, including the quality; and
- Clearly identifies vulnerable target population(s), location/community, and its unmet health needs, using data from a reliable and recent data source.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 points) – Corresponds to Section IV's Approach Response to Program Purpose Sub-section (a) Work Plan, Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

Reviewers will consider:

- The extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served; and
- As outlined in the Program Requirements section, the standardized work plan (SWP) should specifically address your proposals regarding:

  (1) a Statewide Community Health Needs Assessment;

  (2) shortage designation coordination;

  (3) specific efforts to expand access to primary care; and

(4) a strategic, long-term plan to address identified health provider shortages and shortage designations.

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

Reviewers will consider:

- The extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section;
- The strength of the proposed goals and objectives and their relationship to the identified project;
- The extent to which the activities described in the application can address the problem and attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs; and
- The extent to which the application provides a logical description of proposed activities and describes why the project is innovative and the context for why it is innovative.

Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

Reviewers will consider:

- The extent to which the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Criterion 3: IMPACT (30 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 (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider:

- The extent to which the application effectively reports on the programmatic measurable outcomes including both the internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include:
    - The extent to which the evaluation plan includes a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes;

- The extent to which the evaluation plan includes a procedure for assuring the accurate data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for eligible providers to support shortage designations;
- The extent to which the application incorporates data collected into program operations to ensure continuous quality improvement and the strength and effectiveness of the method proposed to monitor and evaluate the project results;
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project;
- The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles;
- The extent to which the feasibility and effectiveness of plans for dissemination of project results is described; and
- The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

Reviewers will consider the extent to which the application:

- Describes a solid plan for project sustainability after the period of federal funding ends; and
- Clearly articulates likely challenges to be encountered in sustaining the program and describes logical approaches to resolving such challenges.

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

Reviewers will consider:

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the attachments; and
- The capabilities of the applicant organization and the quality and availability of facilities and personnel, including in-kind, to fulfill the needs and requirements of the proposed project.

Criterion 5: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and *Budget Justification Narrative*

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results. Specifically, reviewers will consider:

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

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *R&R Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:
- Review past performance (if it applies)
- Analyze the cost of the project/program 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 (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

We review information about your organization in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may comment on anything that a federal awarding agency previously entered about your organization. We'll consider your comments, and other information in FAPIIS. We'll use this to judge your organization's

integrity, business ethics, and record of performance under federal awards when we complete the review of risk. We'll report to FAPIIS if we decide not to make an award because we have determined you do not meet the minimum qualification standards for an award (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *R&R Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *R&R Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect or started during the award period, with the exception of the termination provisions, which have been superseded by 2 CFR § 200.340(a)(1)-(4), effective on or after August 13, 2020.
- 2 CFR § 200.340(a)(1)-(4) apply to this award. No other termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award or started during the award period. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

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

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

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

If it applies, the NOA will address HRSA's rights regarding your award.

3. Reporting

Award recipients must comply with Section 6 of the *R&R Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA

2) **Progress Report**(s). The recipient must submit a progress report to us annually. The NOA will provide details.

   In addition, recipients must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The

QPU will be automatically generated and allows recipients to document progress on activities based on the information submitted in the SWP.

3) **Performance Reports.** Recipients must submit a Performance Report through the Electronic Handbooks (EHBs) annually. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

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

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

The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

5) **Federal Awardee and Integrity Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Carolyn J. Cobb
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: (301) 443-0829
Email: ccobb2@hrsa.gov

Program issues or technical assistance:

Alpha Bah
Public Health Analyst,
Division of Policy and Shortage Designation
Bureau of Health Workforce
Health Resources and Services Administration
Call: (301) 945-9653
Email: abah@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *HRSA R&R Application Guide (R&R Application Guide)*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. **(Do not submit this worksheet as part of your application.)**

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 R&R - Box 18)	SFLLL (Disclosure of Lobbying Activities)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 R&R - Box 21)	Cover Letter Attachment	*My attachment = ___ pages*
RESEARCH & RELATED Senior/Key Person Profile)	Biographical Sketch	*My attachment = ___ pages*
Project/Performance Site Location(s)	Additional Location(s)	*My attachment = ____ pages*
RESEARCH & RELATED BUDGET – A. Senior/Key Person	Additional Senior Key Persons	*My attachment = ____ pages*
RESEARCH & RELATED BUDGET – C. Equipment Description	Additional Equipment	*My attachment = ____ pages*
RESEARCH & RELATED BUDGET – L. Budget Related	Budget Justification	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	8. Project Narrative	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	*My attachment = ____ pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
RESEARCH & RELATED Other Project Information	11. Equipment	*My attachment* = ____ *pages*
RESEARCH & RELATED Other Project Information	12. Other Attachments	*My attachment* = ____ *pages*
Attachments Form	Attachment 1: Staffing Plan and Job Descriptions for Key Personnel	*My attachment* = ___ *pages*
Attachments Form	Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)	*My attachment* = ___ *pages*
Attachments Form	Attachment 3: Project Organizational Chart	*My attachment* = ___ *pages*
Attachments Form	Attachment 4: Tables, Charts, etc.	*My attachment* = ___ *pages*
Attachments Form	Attachment 5: Progress Report (for competing continuations only)	*My attachment* = ___ *pages*
Attachments Form	Attachment 6: Letters of Support	*My attachment* = ___ *pages*
Attachments Form	Attachment 7: Other Relevant Documents	*My attachment* = ___ *pages*
Attachments Form	Attachment 8:	*My attachment* = ___ *pages*
Attachments Form	Attachment 9	*My attachment* = ___ *pages*
Attachments Form	Attachment 10	*My attachment* = ___ *pages*
Attachments Form	Attachment 11	*My attachment* = ___ *pages*
Attachments Form	Attachment 12	*My attachment* = ___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 13	*My attachment* = ___ *pages*
Attachments Form	Attachment 14	*My attachment* = ___ *pages*
Attachments Form	Attachment 15	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-075 is 60 pages		**My total = ____ pages**