



Health Resources & Services Administration

Federal Office of Rural Health Policy
Policy Research Division








Rural Residency Planning and Development Technical Assistance (RRPD-TA) Program

Opportunity number: HRSA-25-008

Modified on 1/28/25
Updated TA Webinar
information



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

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

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 18, 2025.



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



Step 1:

Review the Opportunity

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Basic information

Health Resources and Services Administration (HRSA)

Federal Office of Rural Health Policy

Policy Research Division

Providing technical assistance to new, sustainable medical residency programs to improve access to health care in America's rural communities

Summary

This program will fund a technical assistance center to help create and sustain new rural residency programs, including [Rural Track Programs](#), that will expand the rural physician workforce. Rural residencies are physician residency programs that train residents primarily in rural clinical settings and focus on producing physicians who will practice in rural communities. This program aims to address physician workforce shortages and challenges faced by rural communities.

Funding details

Application types: Competing continuation, New

Expected total available funding in FY 2025: \$1,250,000

Expected number and type of awards: One [cooperative agreement](#)

Funding range per award: Up to \$1,250,000 per year

We plan to fund this award in five 12-month budget periods, for a total five-year period of performance from September 30, 2025, to September 29, 2030.

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



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Rural Residency Planning and Development Technical Assistance Program

Opportunity number:

HRSA-25-008

Announcement version:

Modification #1

Federal assistance listing:

93.155

Statutory authority:

[42 U.S.C. § 912\(b\)\(5\)](#)
 [\(§711\(b\)\(5\) of the Social Security Act\)](#)

Key dates

NOFO issue date:

January 17, 2025

Informational webinar:

See Webinar Section

Application deadline:

March 18, 2025

Expected award date is

by: August 31, 2025

Expected start date:

September 30, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

Eligibility

Who can apply

You can apply if you are a domestic public or private, non-profit or for-profit, entity.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education.
- Private institutions of higher education.
- Nonprofits with or without a 501(c)(3) IRS status.
- For-profit organizations, including small businesses.
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states.
- Independent school districts.
- Native American tribal governments.
- Native American tribal organizations.

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

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

If you have an active Rural Residency Planning and Development (RRPD) grant (HRSA-20-107, HRSA-22-094, HRSA 23-037, or HRSA-24-022) as of the closing date of this notice, you are not eligible to receive funding under this notice. Similarly, the recipient of this award will not be eligible for funding under the RRPD grant program in future funding opportunities during the period of performance of this award.

Entities must have the capability to be national in scope—that is, much broader than a local, multistate, or regional focus—to reflect the distribution of current and future rural residency programs. HRSA strongly encourages applicants to have partnerships or establish and sustain a [consortium](#) to carry out the full range of activities outlined in this notice. A consortium can contribute a broad range of expertise and experience in residency development and accreditation and extensive knowledge of the variety of residency program funding mechanisms.

Examples of potential collaborators or consortium members include:

- Academic health centers affiliated with rural residencies, including family medicine department chairs and medical school deans.
- State Offices of Rural Health.
- Area Health Education Centers.
- National graduate medical education organizations, such as the Accreditation Council for Graduate Medical Education and the National Resident Matching Program.
- Medical and professional associations involved in residency training, such as the American Osteopathic Association, the American Academy for Family Physicians, and the American College of Obstetricians and Gynecologists.
- Teaching Health Centers.
- National rural health care associations.

See the [organizational capacity section](#) for more information on the roles of consortium members.

Completeness and responsiveness criteria

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

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is [submitted after the deadline](#).
- Is non-responsive to the [purpose](#) of this notice of funding opportunity, which is to provide technical assistance to organizations to create and sustain new rural residency programs that will expand the rural physician workforce.
- Requests funding for activities prohibited in the [program-specific limitations](#).
- Is missing required sections of the application, such as the [project narrative](#) or [attachments](#).

Application limits

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

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during [merit review](#). We will hold you accountable for any funds you add, including through [reporting](#).

Program description

Purpose

HRSA's Rural Residency Planning and Development (RRPD) initiative improves and expands access to health care in rural areas by developing new, sustainable rural residency programs. This initiative comprises two programs: the RRPD grants program, which funds organizations to create new, sustainable rural residency programs, and this RRPD technical assistance (TA) program.

The purpose of this cooperative agreement is to provide TA to organizations to create and sustain new rural residency programs that will expand the rural physician workforce. If you receive this award, you will provide TA, tools, and resources to organizations developing rural residency programs, such as RRPD award recipients and applicants, to help overcome the significant challenges and barriers they face.

For this notice of funding opportunity (NOFO), rural residency programs:

- Are accredited physician residency programs.
- Train residents in rural training sites for greater than 50 percent of their time in residency.
- Focus on producing physicians who will practice in rural communities.

This includes programs that meet the [Accreditation Council for Graduate Medical Education \(ACGME\) Rural Track Program \(RTP\) designation](#), including both new programs seeking accreditation and existing programs that apply for a permanent complement increase to train additional residents at new rural training site(s).

Program objectives

- Promote the rural residency-to-rural workforce pathway by supporting the development of new rural residency programs in the following specialties:
 - Family medicine.
 - Internal medicine.
 - Psychiatry.
 - Obstetrics and gynecology.
 - General surgery.
 - [Preventive medicine](#).
 - Other specialties as determined by HRSA in future rural residency planning and development funding opportunities.

- Provide TA on topics, such as:
 - Residency curriculum development.
 - Faculty recruitment and development.
 - Clinical and community partnerships.
 - Program financial planning.
 - Program administration.
- Help organizations establish and maintain new rural residency programs and become accredited by the ACGME.
- Help rural residency programs identify, qualify for, and secure (as applicable) Medicare graduate medical education (GME) funding and/or other sustainable pathways for funding, such as Medicaid, state, or private funding.
- Identify, track, analyze, and translate key policy, regulatory, and programmatic issues to inform rural residency programs and other rural GME stakeholders and policy makers about changes, knowledge gaps, or other challenges impacting rural residency programs and rural GME funding.
- Analyze the impact of rural residency activities and funding on rural communities (such as effects on the rural physician workforce), in consultation with HRSA.
- Promote rural residency training to medical students.

Background

One in five Americans live in [rural communities](#). Compared to their urban counterparts, people living in rural communities have higher rates of chronic conditions and preventable hospitalizations.^[1] They also lack access to timely care.^[2] In fact, 70% of areas designated as [primary medical health professional shortage areas \(HPSAs\) \[PDF\]](#) are in rural or partially rural areas. At the same time, national trends show the demand for physicians will continue to grow, outpacing the projected supply. [Recent data from HRSA's Bureau of Health Workforce projects a shortage of 187,130 physicians](#) across primary care and non-primary care specialties by 2037. The maldistribution of the physician workforce contributes to these shortages. Urban areas have more physicians, while rural and underserved communities have the greatest unmet need for health care providers.

Recruiting and retaining physicians is a critical issue for rural communities. One proven strategy to address the problem is rural residency training. A recent study found that rural exposure during family medicine residency training is associated with a five- to sixfold increase in the likelihood of choosing rural practice.^[3] Another recent study found that rural training is more strongly associated with rural practice than having a rural background.^[4] Despite the demonstrated successes of rural training, research finds that opportunities for physician residents to train in rural areas remain limited.

According to the U.S. Government Accountability Office, only [2% of residency training occurred in rural areas](#) between 2014 to 2015 and 2019 to 2020. Instead, residency training is highly concentrated in urban areas, particularly in the southern and northeastern U.S.

Rural residency programs often face limited financial, human resource, and organizational capacity. These constraints include lack of sustainable financing, limited faculty support, and difficulties recruiting residents. Due to these challenges, few new residency programs started in rural areas in the past. However, recent experience shows that rural residency programs can overcome these challenges through strong partnerships, community champions, and start-up resources. Further, current Medicare GME payment policy includes several provisions to fund new residency programs in rural health care facilities. These Medicare GME payments can be an important part of a program's financial sustainability.

The urgent need to develop new rural training opportunities resulted in the [HRSA RRPD Initiative](#). We first funded this RRPD Technical Assistance Program in 2018 to create a technical assistance center to identify and share resources and support organizations to develop new, accredited, sustainable rural residency programs. Since then, we have also made [RRPD grant program awards](#) to organizations across 38 states and 1 territory to develop rural residencies. To navigate the complexities of accreditation and GME financing, RRPD grant program recipients are required to collaborate with you throughout their period of performance.

Award information

Cooperative agreement terms

The program requirements also include these terms.

Our responsibilities

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

- Providing consultation and technical assistance to you in planning, developing, operating, and evaluating activities, including technical guidance on key policy issues, projects, priorities, and topics for TA.
- Providing technical assistance to you on opportunities to share information on emerging policy issues affecting rural residency programs.
- Reviewing and providing feedback and recommendations on TA products, including presentations, program plans, work plans, budgets, contracts, key

personnel lists, and policy briefs, before they are printed, disseminated, or implemented.

- Using HRSA communications resources to support the cooperative agreement.
- Participating, as appropriate, in the planning and implementation of any meetings, webinars, or work groups that you conduct during the period of performance.

Your responsibilities

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

- Conducting any necessary support activities to ensure that you successfully complete work under the award, including:
 - Developing and managing a website and portal to house TA tools, assessments, and resources.
 - Developing, updating, and hosting TA products, tools, and learning activities, such as webinars.
 - Convening meetings with program participants, collaborating organizations, and key stakeholders.
 - Engaging with rural medical educators, rural health care providers, rural health researchers, policy makers, and medical students and potential residents interested in rural practice.
- Proposing and implementing a method to prioritize how you provide TA to targeted programs—those are developing and recently established rural residency programs.
- Providing direct TA to these programs. TA may include assistance in:
 - Achieving ACGME accreditation.
 - Recruiting, retaining, and developing faculty.
 - Recruiting residents.
 - Identifying sustainable pathways for funding individual rural residency programs, such as Medicare GME funding, Medicaid, state, or private funding.
 - Sharing successful strategies of other rural residency programs.
- Responding to TA recipients' requests, comments, and questions on a timely basis.
- Identifying, tracking, analyzing, and translating key policy, regulatory, and programmatic issues affecting rural residency programs and the creation of rural residencies to help targeted programs. Such issues include:
 - The changing landscape of rural hospitals eligible to receive Medicare support if they start new rural residency programs.
 - Regulatory changes that impact financial sustainability.

- Recruitment, development, and retention of high-quality physicians and residency faculty and staff to rural communities.
- Supporting TA strategies and addressing issues affecting rural residency programs, such as sustainable GME financing, rural health workforce, and recruitment and retention, in consultation with HRSA and other HHS agencies and external stakeholders.
- Evaluating and measuring the impact of TA activities, in consultation with HRSA.
- Evaluating and measuring the progress of developing rural residency programs, in consultation with HRSA.
- Assessing organizations' readiness to establish new rural residency programs and achieve their goals and objectives.
- Identifying and analyzing successful rural residency programs to help develop best practices models and strategies for TA tools and resources.
- Disseminating TA tools and resources to TA recipients and the broader public, such as through publication.
- Promoting rural residencies to medical students and working with rural residency programs to develop strategies to recruit medical school graduates.
- Managing the fiscal and administrative aspects of the proposed project.
- Including an acknowledgment and disclaimer on all products produced by HRSA award funds.
- Adhering to [Section 508 of the Rehabilitation Act of 1973, as amended](#).

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is \$225,700. This limitation may be updated.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for:

- Acquiring or building real property.
- Major construction or major renovation of any space.
- Direct provision of health care services.

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

Indirect costs

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

To charge indirect costs you can select one of two methods:

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

Method 2 – *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307](#).



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-008.

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

Application writing help

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

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

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

Join the webinar

More information on this NOFO's webinar will be posted at a later date to the related documents tab [here](#).

We recommend you “Subscribe” to the NOFO on Grants.gov to receive updates when documents are posted.

The Webinar will be recorded.

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



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

Applications include five main components. This section includes guidance on each.

Application page limit: 65 pages.

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

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the [Application Guide](#).

Project abstract basic information

First include the following items in list format, followed by the narrative content:

- Project title.
- Applicant organization name.
- Organization address.
- Funding amount requested.

- Organization website (if applicable).
- Consortium partners (if applicable).
- Program name and grant numbers of recent HRSA awards your organization has received that are relevant to the project (if applicable).

Project abstract narrative content

- Provide a brief overview of the project, describing your organizational capabilities and those of collaborators or consortium members (if applicable).
- Include goals and specific measurable objectives and expected outcomes of the proposed project.
- Describe how you will accomplish what you propose—the “who, what, when, where, why, and how” of the project.

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the [nondiscrimination requirements](#).

Use the section headers and the order listed.

Introduction

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

- Briefly describe the purpose of your project.
- Explain the conceptual framework for your project.
- Identify specific goals, objectives, and expected outcomes of your project.
- Summarize how the proposed project will meet the unmet needs of organizations developing rural residency programs and support the creation, vitality, and sustainability of those new programs.

Need

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

Describe the issues impacting the development and sustainability of rural residency programs, using and citing data (local, state, or federal) whenever possible to support the information provided. Specifically, you must:

- Use current information and data (within the last three years) to describe the shortages of primary care and specialist physicians in rural areas and the drivers of these shortages.
- Describe:
 - The health care delivery systems that host rural residency programs, such as urban-rural clinical partnerships, rural health care sites, and various health care payer systems.
 - The number and types of rural hospitals that are eligible to start new residency programs that could qualify for Medicare support.
 - These hospitals' need for TA to develop and sustain new rural residency programs, specifically in the [specialties described in the program objectives](#).
- Outline the needs of rural health care entities and academic partners for TA to strengthen collaborations and networks and recruit, train, and retain high-quality physicians.
- Discuss in detail the need for TA with the intricacies of residency program funding and how Medicare and Medicaid GME regulations affect the viability of rural residencies throughout the U.S.

Approach

See merit review criterion 2a: [Approach](#)

Provide an overall strategic vision and propose methods that you will use to meet the [program goals and objectives](#)—to provide TA on a national scale to organizations that are developing or have recently established rural residency programs to expand the rural physician workforce. You must:

- Discuss how you will prioritize your TA.
- Discuss how you will provide TA to meet the needs of these programs for the [targeted specialties](#).
- Outline the types of TA services and resources you will provide. They may include, but are not limited to:
 - Assessing organizations' readiness to establish a new rural residency program, or providing tools to help organizations assess their own readiness.

- Identifying and informing organizations developing rural residency programs of applicable resources and funding, including federal (such as HHS or HRSA grants and technical assistance) and nonfederal (such as state).
 - Collecting resources and developing training and tools to educate and promote best practices to programs and other key stakeholders through outreach, information sharing, and dissemination of tools and resources.
 - Ensuring that your TA supports rural residency programs across all stages of development, from planning through implementation and maintenance.
 - Promoting networking and collaboration among developing and established rural residency programs.
- Describe your plan to identify, track, analyze, and translate key policy and programmatic issues affecting the development of rural residency programs, such as those identified in the [program description](#) section.
 - Describe how you will help targeted programs understand Medicare GME funding and other financing options (such as Medicaid, state, or private funding) to support the sustainability of medical residency programs and provide successful strategies to secure funding.
 - Describe your plan to develop and manage a website and portal to house technical assistance tools, assessments, and resources.
 - Describe how you will develop, update, and host TA products, tools, and learning activities, such as webinars. Include information about the types of resources you plan to develop.
 - Describe a detailed plan to facilitate an annual convening in each year of the cooperative agreement for staff of targeted programs and other key stakeholders to foster collaborative networks and share learnings to inform program and policy development.
 - Describe a plan to engage with rural medical educators, rural health care providers, rural health researchers, policy makers, and medical students and potential residents interested in rural practice.
 - Describe your plan and proposed timeline that ensures that TA tools and services are promptly available for targeted programs after the project start date.
 - Identify how you will collaborate with key stakeholders to plan, design, and implement all activities.

High-level work plan

See merit review criterion 2b: [High-level work plan](#)

Provide a detailed work plan in [attachment 1](#) that describes the activities or steps you will use to achieve program objectives and implement a project of national scope. Additionally use [attachment 1](#) to illustrate your project's overall design and conceptual framework.

In your narrative, you must also:

- Describe the steps you'll take to achieve each of the objectives you identified in the [approach section](#).
 - Identify timeframes, deliverables, and person(s) responsible (faculty, staff, or key collaborators) for completing each activity.
 - **Note:** The key faculty and staff identified in the work plan must correspond with the staffing plan in [attachment 2](#) (Staffing plan and job descriptions). Key collaborators must correspond with [attachment 4 \(Agreements with other entities\)](#), [attachment 7 \(Consortium member list\)](#), and [attachment 8 \(List of supporting organizations\)](#), if applicable.
- Explain how the work plan is appropriate for the program design and is aligned with the project's conceptual framework, and how the targets fit into the overall timeline of the cooperative agreement.

Resolving challenges

See merit review criterion 2c: [Resolving 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. Clearly specify how the methods you propose in the [approach section](#) will overcome challenges and barriers identified. You must:

- Include the unique challenges in developing new rural residency programs as compared to urban programs, such as lack of sufficient subspecialty preceptors, low patient volume, and GME funding sustainability issues. Describe reasonable strategies to address these challenges.

- Discuss any anticipated internal and external challenges that may directly or indirectly affect successful completion of your project and provide details and strategies for how you would resolve them. These challenges might include:
 - Management of collaboration and expectations among collaborating organizations.
 - Engagement with new collaborators to support specialty rural programs.
 - Geographical limitations.
 - Regulatory changes.

Performance reporting and evaluation

See merit review criterion 3: [Evaluation measures and impact](#)

Describe how you will monitor ongoing processes and progress toward meeting project goals, objectives, and expected outcomes. You must:

- Describe a performance evaluation strategy that will contribute to continuous quality improvement. Propose clearly defined, viable metrics, including descriptions of the inputs, key processes, and meaningful project outcomes that you will use to measure your effectiveness in providing TA.
- Demonstrate evidence that the evaluative measures you select will be able to assess:
 - The extent to which the project objectives are met.
 - The extent to which these results can be attributed to the project.
- Describe the systems and processes that will support your organization's strategy to collect, manage, analyze, and track data to measure process, impact, and outcomes. Explain how you will use the data to inform program development and service delivery.
- Describe how you will measure the impact of newly developed rural residency programs on physician workforce shortages and access to care in rural communities. For example, you might compile data reported by the RRPD Program award recipients on:
 - Accredited programs.
 - Specialty type.
 - Residency positions.
 - Location of training.
 - Percentage of rural training.
 - Characteristics of residents.
 - Graduates' practice outcomes.

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

Organizational information

See merit review criterion 4: [Resources and capabilities](#)

Demonstrate that you have the necessary staffing, infrastructure, and capacity to provide TA at a national level, oversee program activities, and serve as the fiscal agent for the project.

Organizational Structure

Specifically, you must:

- Describe your organization's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project and provide TA to organizations developing new rural residency programs.
- Describe your organization's current mission, structure, scope of current activities, collaborations, and partnerships. Describe how these elements contribute to your organization's ability to implement [program requirements](#) and meet program expectations. You will include an organizational chart in [attachment 5](#).
- If you are applying on behalf of a consortium made up of multiple partner organizations, you must describe the capabilities of each member organization and their role in ensuring the success of the project. Discuss your organization's capability to manage the overall program.
 - If applicable, include a complete list of consortium members in [attachment 7 \(Consortium member list\)](#).
- If you are working with other non consortium organizations to implement your work plan, you must include a complete list of supporting organizations in [attachment 8 \(List of supporting organizations\)](#). Describe each listed organization's capabilities and role implementing the work plan and include letters of agreement or memoranda of understanding in [attachment 4 \(Agreements with other entities\)](#).
- If you will subaward or subcontract funds, explain how your organization will ensure these funds are properly used and monitored. Describe your policies and procedures regarding subrecipient monitoring and management. These must meet or exceed the requirements in [45 CFR part 75](#).

Experience conducting similar work

You must:

- Demonstrate your organization's past experience supporting organizations developing residency programs in rural and underserved areas. Include specific examples of:

- Expertise in graduate medical education, such as rural residency program funding and financing, including understanding Medicare, Medicaid, and other public and private funding sources.
 - Experience successfully linking rural residency programs with Medicare and Medicaid support to cover the costs of training.
 - Expert knowledge and experience helping organizations develop and establish new ACGME-accredited rural residency programs in the targeted specialties.
 - Supporting research and dissemination of best practices to medical educators on rural health models of care, including emerging patient care or health care delivery strategies that will support high-quality residency training.
 - Disseminating best practices and supporting programs in recruiting and retaining residency faculty, staff, and residents.
 - Publishing GME and GME policy-related research and policy briefs in peer-reviewed journals and presenting such research to key stakeholders and policy-making groups.
- Demonstrate your organization's existing collaborative long-term relationships with key rural constituencies, rural health care delivery sites, academic partners, accrediting organizations, and federal agencies that can enhance rural GME development and long-term success. If relevant, include in [attachment 8](#) a list of any nonconsortium organizations providing substantial support or resources to the project. See the [eligibility criteria](#) for examples of potential collaborators.
 - Provide evidence demonstrating experience and relationships with both developing and established rural residency programs. Tell us how long your organization has been consistently working with these entities.
 - Describe your organizations' capacity and readiness to implement proposed activities and provide TA to targeted programs as soon as possible after the start of the period of performance.
 - Describe in detail your experience working with rural medical educators, potential residents, and medical students interested in rural practice.
 - You will provide a staffing plan and job descriptions for key faculty and staff in [attachment 2 \(Staffing plan and job descriptions\)](#) and biographical sketches for each person occupying the key positions in [attachment 3 \(Biographical sketches\)](#).

Note: You are encouraged to form a consortium of entities with a broad range of expertise and experience in residency development and accreditation, and extensive knowledge of Medicare, Medicaid, and other long-term sustainable funding mechanisms for residency programs. The applicant organization is critical to ensuring the success of this project and must demonstrate extensive prior experience and documented results working with entities developing rural residency programs.

Budget and budget narrative

See merit review criterion 5: [Support requested](#)

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the [Application Guide](#) and the instructions listed in this section. Your budget should show a well-organized plan.

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

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

The **budget narrative** supports the information you provide in Standard Form 424-A. See [other required forms](#). It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

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

To create your budget narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

Attachments

Place your attachments in this order in the Attachments form. See the [application checklist](#) to determine if they count toward the page limit.

Attachment 1: Work plan

Attach the project's work plan. The work plan should include the overall goal of the project as well as the objectives that you have included in your project narrative. In a

table format, you should list the activities that you will take to achieve the goal and objectives you've identified. For each activity, identify timeframes, deliverables, and individuals who will be responsible for ensuring completion. We recommend that you include objectives, key tasks, person responsible, start date, and end date in your work plan.

In addition to the table, include a one-page graphic representation that demonstrates your project's theory of change—that is, how activities identified in the work plan will result in your proposed outcomes for the project. Use this graphic to help reviewers understand your project's overall design and conceptual framework.

Together the table of activities and the graphic representation of your theory of change should concisely illustrate what you plan to do and why you plan to do it.

Attachment 2: Staffing plan and job descriptions

See Section 3.1.7 of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

Describe your organization's timekeeping process to ensure that you will comply with the federal standards on documenting personnel costs.

Attachment 3: Biographical sketches

Include biographical sketches for people who will hold the key positions you describe in attachment 2.

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Biographical sketches should include the following information:

- Name.
- Position title.
- Education and 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.
- Experience working with a variety of rural organizations served by your TA program (if applicable).
- Section A (required): Personal statement. Briefly describe why the individual's experience and qualifications make them particularly well suited for their role in the project.
- Section B (required): Positions and honors. List previous positions in chronological order, ending with the present position. List any honors. Include current membership on any federal government public advisory committees.
- Section C (optional): Other support. List selected ongoing and completed projects from the past three years, federally supported or not. Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the person identified in the biographical sketch.

Attachment 4: Agreements with other entities

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

Attachment 5: Project organizational chart

Provide a one-page diagram that shows the project's organizational structure, including collaborations and/or consortium members. Your organizational chart must show the applicant organization that is responsible for the overall management of the program. You must also show the relationship of all other involved collaborating organizations.

Attachment 6: For multiyear budgets, fifth-year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this form in the page limit, but any related budget narrative does count. See Section 3.1.4 of the [Application Guide](#).

Attachment 7: Consortium member list (if applicable)

If applicable, provide a member list for the consortium. Provide the following information for each consortium member in a table:

- Member organization name.
- Member organization address.
- Primary point of contact information, including name, title, email address, and phone number.
- Organization employer identification number (EIN).
- Brief description of organization and project role.

Attachment 8: List of supporting organizations (if applicable)

If applicable, provide a clearly labeled list of any nonconsortium organizations that will provide substantial support or resources to the project. Provide the following information for each organization:

- Organization name.
- Organization address.
- Primary point of contact information, including name, title, email address, and phone number.
- Brief description of organization and project role, including the relevant support or resources being provided.

Note: Letters of agreement or memoranda of understanding for these nonconsortium organizations must be included in [attachment 4](#).

Attachments 9-15: Other relevant documents

You may use attachments 9 through 15 to add other relevant documents.

Other required forms

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

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application
Project/Performance Site Location(s)	With application.
Grants.gov Lobbying Form	With application.
Key Contacts	With application.



Step 4:

Learn About Review and Award

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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

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

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	35 points
3. Evaluation measures and impact	15 points
4. Resources and capabilities	30 points
5. Support requested	5 points

Criterion 1: Need (15 points)

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

The panel will review your application for how well it:

- Demonstrates a clear understanding of the purpose of the program and identifies specific goals, objectives, and expected outcomes that will meet the unmet needs of organizations developing rural residency programs.
- Cites current information and data to describe the shortages of primary care and specialist physicians in rural areas and the drivers of these shortages.
- Demonstrates in-depth understanding of the health care delivery systems that host rural residency programs and their unmet needs, including larger contextual issues facing the development of new rural residency programs in [the targeted specialties](#).
- Clearly outlines the needs of rural health care entities and academic partners for TA to strengthen collaborations and networks and recruit, train, and retain high-quality physicians.

- Expertly describes the need for TA related to the intricacies of residency program funding and the implications of Medicare and Medicaid regulations on the viability of rural residencies.

Criterion 2: Response (35 points)

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

2a: Approach (15 points)

The panel will review your application for how well it:

- Proposes methods to provide TA on a national scale to support the needs of current and future rural residency programs for the targeted specialties.
- Proposes a reasonable method for prioritizing how you will provide TA.
- Clearly outlines the types of TA resources that you will provide. The approach section contains a [list of potential services and resources](#).
- Describes a well-designed plan to identify, track, analyze, and translate key policy and programmatic issues affecting the development of rural residency programs.
- Describes an effective approach to help targeted programs understand financing options to support the sustainability of medical residency programs, such as Medicare GME funding, and successfully secure funding.
- Describes an effective approach to develop and manage a website and portal to house TA tools, assessments, and resources.
- Describes how you will develop, update, and host TA products, tools, and learning activities, such as webinars.
- Provides a detailed plan to facilitate an annual convening for staff of targeted programs and key stakeholders to foster collaborative networks and inform participants and policymakers.
- Describes a well-conceived plan to engage rural medical educators, rural health care providers, rural health researchers, policymakers, and medical students and potential residents interested in rural practice.
- Describes a plan that ensures TA tools and services are promptly available to targeted programs within a reasonably prompt timeframe after the project start date.
- Describes how you will collaborate with key stakeholders to plan, design, and implement all activities.

2b: High-level work plan (10 points)

See also [attachment 1 \(Work plan\)](#) and [attachment 2 \(Staffing plan and job descriptions\)](#).

The panel will review your application for how well it:

- Provides a detailed and logical work plan that demonstrates you can achieve program objectives and implement a project of national scope.
- Describes activities you will use to address the identified needs of developing and newly established rural residency programs in the targeted specialties.
- Identifies realistic timeframes, deliverables, and key faculty, staff, and collaborators required to complete each activity.
- Explains how the work plan is appropriate for the program design and is aligned with the project's conceptual framework, and how the targets fit into the project timeline.
- Demonstrates in a one-page graphic representation a clear and comprehensive theory of change.

2c: Resolving challenges (10 points)

The panel will review your application for how well it:

- Demonstrates a strong understanding of the potential challenges in your project and reasonable strategies to resolve them.

Criterion 3: Evaluation measures and impact (15 points)

See the project narrative [Performance reporting and evaluation](#) section.

3a: Evaluation measures (5 points)

The panel will review your application for how well it:

- Describes a performance evaluation plan that will contribute to continuous quality improvement and that proposes clearly defined, viable metrics that describe the inputs, key processes, and meaningful project outcomes that you will use to measure the project's effectiveness.
- Provides evidence that the evaluative measures will be able to assess to what extent the program objectives have been met, and to what extent these results can be attributed to the project.

3b: Impact (10 points)

The panel will review your application for how well it:

- Describes the systems and processes that will support your organization's strategy to collect, manage, analyze, and track data to effectively measure process, impact, and outcomes, and explains how you will use the data to inform program development and service delivery.
- Describes an evaluation plan that will effectively measure the impact of the developing rural residency programs on addressing physician workforce shortages and access to care in rural communities.

Criterion 4: Resources and capabilities (30 points)

See the project narrative [Organizational information](#) section.

4a: Organizational structure (10 points)

The panel will review your application for how well it:

- Describes your organization's capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project and provide high-quality TA to targeted programs.
- Describes your organization's current mission, structure, scope of current activities, and collaborations, and how these elements contribute to the organization's ability to implement the program requirements and meet program expectations.
- Includes a complete and coherent project organization chart in [attachment 5](#).
- Describes the capabilities and role each organization listed in the application will have in ensuring the success of the proposed project.
- Provides evidence of any subawardees' or subcontractors' experience and qualifications and explains how you will ensure that funds are properly used and monitored.

4b: Experience conducting similar work (20 points)

The panel will review your application for how well it:

- Demonstrates extensive experience supporting organizations developing new rural residency programs. This includes:
 - Expertise in rural residency program funding and financing.
 - Expert knowledge and extensive experience helping organizations achieve ACGME accreditation for new rural residency programs in the targeted specialties.

- Support for research and dissemination of best practices to medical educators on rural health models of care that will support high-quality training.
- Recruitment and retention of residency faculty, staff, and residents.
- Experience conducting research and publishing GME and GME policy-related research and policy briefs in peer-reviewed journals and presenting such research to key stakeholders and policy-making groups.
- Demonstrates collaborative long-term relationships with key rural constituencies, rural health care delivery sites, academic partnerships, accrediting organizations, and federal agencies that can enhance rural GME development and long-term success.
- Demonstrates extensive experience or relationships with both developing and established rural residency programs.
- Demonstrates extensive experience working with rural medical educators, potential residents, and medical students interested in rural practice.
- Demonstrates capacity and readiness to implement proposed activities and provide TA to targeted programs promptly after the start of the period of performance.
- Provides a staffing plan in [attachment 2](#) and biographical sketches of key personnel in [attachment 3](#) demonstrating the knowledge, skills, and expertise of the staff who will implement the project.

Criterion 5: Support requested (5 points)

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

The panel will review your application to determine:

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

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

Risk review

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

- Review any applicable past performance.

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

We may ask you to submit additional information.

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

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

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [Application Guide](#) for more information.

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



Step 5:

Submit Your Application

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Application submission and deadlines

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

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

You must submit your application by March 18, 2025, at 11:59 p.m. ET.

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

Submission method

Grants.gov

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

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

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

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in page limit*?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary Form.	No
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments Form in this order.	
<input type="checkbox"/> 1. Work plan		Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions		Yes
<input type="checkbox"/> 3. Biographical sketches		No
<input type="checkbox"/> 4. Agreements with other entities		Yes
<input type="checkbox"/> 5. Project organization chart		Yes
<input type="checkbox"/> 6. Multiyear budgets, fifth-year budget		No
<input type="checkbox"/> 7. Consortium member list		Yes
<input type="checkbox"/> 8. List of supporting organizations (if applicable)		Yes
<input type="checkbox"/> 9. - 15. Other relevant document		Yes
Other required forms*	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL), optional		No
<input type="checkbox"/> Project/Performance Site Location(s)		No
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Key Contacts		No

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



Step 6:

Learn What Happens After Award

In this step

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Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supply.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).

Health information technology interoperability

If you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- Compliance with [45 CFR part 170, subpart B](#). Make sure your activities meet these standards if they support the activity.
- Certified Health IT for Eligible Clinicians and Hospitals. Use only health IT certified by the [ONC Health IT Certification Program](#) for activities related to Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.
- Consider standards identified in the [ONC Interoperability Standards Advisory](#).

Nondiscrimination legal 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 [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

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. 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

The [Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand \(hhs.gov\)](#).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or

- An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress reports semi-annually.
- Annual performance reports through [Electronic Handbooks](#). The performance reports will address the cooperative agreement activities and impacts and outcomes during each year of the period of performance. The performance measures for this program will include those outlined in the project narrative [performance reporting and evaluation](#) section. Further information will be provided in the NOA.



Contacts and Support

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Agency contacts

Program and eligibility

Jason Steele

Public Health Analyst, Policy Research Division

Attn: Rural Residency Planning and Development Technical Assistance Program

Federal Office of Rural Health Policy

Health Resources and Services Administration

Email your questions to: ruralresidency@hrsa.gov

Call: 301-443-2203

Financial and budget

Eric Brown

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: ruralresidency@hrsa.gov

Call: 301-945-9844

HRSA Contact Center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

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

SAM.gov

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

Helpful websites

- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)

Appendix A: Glossary

consortium—An association or agreement of at least two separately owned and governed entities (such as health care providers, nonprofit or for-profit organizations, or educational institutions) formed to do work that any one member could not do alone.

new medical residency training program—Per [42 CFR 413.79\(l\)](#), the Centers for Medicare and Medicaid Services defines a new medical residency program as one that “receives initial accreditation by the appropriate accrediting body or begins training residents on or after January 1, 1995.” In determining whether a program is new, CMS will consider whether the accrediting body characterizes the program as new, whether the program existed previously at another hospital, and factors such as whether there are new program directors, new teaching staff, and new residents training in the program.

preventive medicine—[ACGME defines preventive medicine](#) as the medical specialty in which physicians focus on promoting health and preventing disease, disability, and premature death of individuals in defined populations. While preventive medicine has multiple focus areas, for this NOFO, only occupational and environmental medicine and public health and general preventive medicine are qualifying specialties.

rural—The HRSA Federal Office of Rural Health Policy (FORHP) accepts all nonmetropolitan counties as rural and uses an [additional method to determine rural census tracts](#) within metropolitan counties. FORHP considers census tracts inside metropolitan counties with the Rural-Urban Commuting Area (RUCA) codes 4 through 10 to be rural and makes additional adjustments for very large tracts with low population density, for counties with no population living in certain Census-defined Urban Areas, and for geographically isolated tracts due to rugged terrain. Use the [Rural Health Grants Eligibility Analyzer](#) to determine whether FORHP considers a geographical area to be rural.

- Note: HRSA’s definition of rural may differ from CMS, which is an important distinction to understand if developing a residency program financial sustainability plan based on Medicare GME funding.

rural residency programs—ACGME-accredited physician residency training programs that place residents in rural training sites for greater than 50 percent of their time in residency training and focus on producing physicians who will practice in rural communities.

Rural Track Program (RTP)—A type of rural residency program. Per [42 CFR 413.75\(b\)](#), CMS defines RTP as an ACGME-accredited program in which residents ... gain both

urban and rural experience with more than half of the education and training for a resident ... taking place in a rural area” as defined at [42 CFR 412.62\(f\)\(1\)\(iii\)](#) effective for cost reporting periods starting on or after October 1, 2022. [ACGME’s RTP designation](#) identifies RTPs “either with the approval of a permanent complement increase request and the addition/identification of at least one new rural participating site or at the time of program application for accreditation”.

Note: This residency program model used to be referred to as a Rural Training Track (RTT).

Endnotes

1. Streeter, R.A., Snyder, J.E., Kepley, H., Stahl, A.L., Li, T., et al. (2020). The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. *PLOS ONE* , 15(4), Article e0231443. <https://doi.org/10.1371/journal.pone.0231443> ↑
2. Streeter, R.A., Snyder, J.E., Kepley, H., Stahl, A.L., Li, T., et al. (2020). The geographic alignment of primary care Health Professional Shortage Areas with markers for social determinants of health. *PLOS ONE* , 24 April 2020 15(4): e0231443. <https://doi.org/10.1371/journal.pone.0231443> ↑
3. Russell, D.J., Wilkinson, E., Petterson, S., Chen, C., Bazemore, A. (2022). Family medicine residencies: How rural training exposure in GME is associated with subsequent rural practice. *Journal of Graduate Medical Education* , 14(4), 441–450. <https://doi.org/10.4300/JGME-D-21-01143.1> ↑
4. Patterson, D.G., Shipman, S.A., Pollack, S.W., et al. (2023). Growing a rural family physician workforce: The contributions of rural background and rural place of residency training. *Health Services Research* , 59(1), Article e14168. <https://doi.org/10.1111/1475-6773.14168> ↑