










Ruth L. Kirschstein National Research Service Award Institutional Research Training Grant (NRSA)

Opportunity number: HRSA-26-035



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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 July 10, 2026.

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



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 Services Administration

Bureau of Health Workforce

Advancing postdoctoral primary care research training.

Summary

The National Research Service Award (NRSA) program supports the training of postdoctoral researchers in biomedical, behavioral, and health services research. Funded by the National Institutes of Health (NIH) and administered in part by the Health Resources and Services Administration (HRSA), the program aims to develop a skilled research workforce to advance scientific knowledge in primary care.

Under HRSA, the NRSA program provides support to train postdoctoral health care professionals who are planning to pursue careers in biomedical, behavioral, and behavioral health research related to primary care. As the nation's population grows and ages, the need for well-trained primary care researchers to study the complex array of issues facing the primary care workforce gains greater importance. The NRSA Institutional Research Training Grants administered by HRSA are awarded to eligible institutions to develop or enhance postdoctoral research training opportunities for individuals who are planning to pursue careers in primary care research.

Funding details

Application Types: Competing continuation, New

Expected total available funding in FY2026: \$9,566,800

Expected number and type of awards: 20 G (Grant)

Funding range per award: \$134,653 - \$500,000

We plan to fund awards in five budget periods for a period of performance from September 30, 2026 to June 30, 2031.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Ruth L. Kirschstein

National Research Service

Award Institutional

Research Training Grant

(NRSA)

Opportunity number:

HRSA-26-035

Announcement version:

Initial

Federal assistance listing:

93.186

Key dates

NOFO issue date:

June 08, 2026

Informational webinar:

See [Join the webinar](#)

Application deadline:

July 10, 2026

Expected award date:

September 30, 2026

Expected start date:

September 30, 2026

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

Eligibility

Who can apply

You can apply if your organization is a domestic* public or private nonprofit institution of higher education.

For the purposes of this NOFO, eligible entities are programs that were funded between 2011 through 2025, under sections 736, 739, or 747 of the Public Health Service (PHS) Act. Section 736 includes the HRSA Centers of Excellence program; section 739 includes the Health Careers Opportunity Program; and section 747 includes the Primary Care Training and Enhancement programs. [Appendix A](#) includes a list of these eligible programs.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public and State controlled institutions of higher education.
- Private institutions of higher education.
- Native American tribal governments (federally recognized)
- Native American tribal governments (other than federally recognized)
- Other Native American tribal organizations.
- Others (see text field entitled “Additional Information on Eligibility” for clarification).

*“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

- Faith-based and community-based organizations, if otherwise eligible.

Trainee eligibility

To receive support under this program, a trainee must be one of the following:

- A U.S. citizen or non-citizen national.
- An individual lawfully admitted for permanent residence to the United States.

Additional details on citizenship, training period, and aggregate duration of support are available in the [NIH Grants Policy Statement](#).

Fellow appointments are limited to individuals who are committed to a primary care research career and who plan to remain in training for no less than two years. Refer to the [postdoctoral training section of the NIH Grants Policy Statement](#) for further guidance.

All fellows must pursue their research training full time. Full time is normally defined as 40 hours per week, or as specified by the sponsoring institution in accordance with its own policies.

- Fellow appointments are normally made in 12-month increments, and no fellow may be appointed for less than 9 months during the initial period of appointment. There may be exceptions to this rule with prior approval of the awarding unit, or when fellows are appointed to approved, short-term training positions.
- Postdoctoral fellows must have received, as of the beginning date of the NRSA appointment, a PhD, MD, DDS, or comparable doctoral degree from an accredited domestic or foreign institution.
 - Comparable doctoral degrees include but are not limited to: DMD, DC, DO, DVM, OD, DPM, ScD, EngD, DrPH, DNSc, DPT, PharmD, ND (Doctor of Naturopathy), DSW, PsyD, and doctoral degrees in nursing research.
- Fellows can also be individuals in postgraduate clinical training who wish to interrupt their formal studies (e.g. residency training) for a two or more years in order to engage in full-time research training before returning to complete their formal training.
 - Trainees may not accept NRSA support for clinical duties if such duties are part of residency, traineeship or fellowship training leading to clinical certification in a medical or dental specialty or subspecialty
- Fellows may not accept NRSA support for clinical duties if:
 - Such duties are part of residency, traineeship, or fellowship training leading to clinical certification in a medical or dental specialty or subspecialty.
 - They are clinical moonlighting activities.
- We encourage the engagement of non-NRSA-supported clinicians in NRSA-funded postdoctoral research training when such training can count toward certification by a specialty or subspecialty board.
- Documentation by an authorized official of the degree-granting institution certifying all degree requirements have been met prior to the beginning date of the training appointment is required.
- Fellows cannot lead independent clinical trials through this program. However, they may gain research experience in clinical trials led by a mentor or co-mentor.

Qualifications for principal investigator or project director

NIH uses the term Program Director rather than Project Director. For purposes of this NOFO, the terms are used interchangeably.

The NRSA research training project director will be responsible for the selection and appointment of fellows to the NRSA research training grant and for the overall direction, management, and administration of the program.

The Project Director must:

- Be an established researcher with a successful training record.
- Be able to provide both administrative and scientific leadership in the development and implementation of the proposed program.
- Have a PhD, MD, DO, DNP, PsyD, PharmD, or comparable doctoral degree and a minimum of three years practicing or teaching in primary care, so they understand the issues pertinent to primary care.
- Be employed by the applicant organization.

Qualifications for Mentors

Mentors, also referred to as **participating faculty**, are experienced researchers responsible for direct oversight of fellows' research and career development under the NRSA (T32) program.

Mentors must:

- Have strong records as researchers, including recent publications and successful competition for research support in the area of the proposed research training program. NIH expects mentors on NRSA (T32) faculty rosters to document **both current and former fellows going back approximately 5 years**.
- Have experience in specific methodologies and topics relevant to primary care, such as behavioral sciences, statistics, and clinical sciences
- Have a record of research training, including successful former fellows who have established productive careers.

NIH expects mentors on NRSA faculty rosters to have strong experience in mentoring and to document current and former research fellows going back approximately 5 years.

Completeness and responsive 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](#).

Application limits

You may submit more than one application under the same Unique Entity Identifier (UEI) if each proposes a distinct project. We will only review your last validated application for each distinct project before the deadline.

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. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

The purpose of NRSA program is to train and provide support to postdoctoral health care professionals who are planning to pursue careers in biomedical and behavioral health research related to primary care.

You can find definitions of terms used in this NOFO in the [program-specific definitions](#) section.

The primary goal of the NRSA program is to increase the number of highly qualified individuals capable of conducting rigorous primary care research.

Background

A persistent shortage of well-trained primary care researchers hinders the advancement of primary care, even though primary care plays a critical role in the U.S. health system.

At the same time, recent evidence confirms the importance of structured research training. A 2024 study in *Family Medicine* found family medicine had the lowest rates of federal awards for research training and career development compared to 9 other medical specialties.^[1] Research outcomes from structured training programs have included increased scholarly productivity, successful acquisition of competitive grant funding, and long-term retention of investigators in primary care research careers.^{[2],[3],[4]}

These findings underscore the value of sustained federal investments in primary care research training to ensure a robust pipeline of investigators prepared to address national priorities in access, quality, and cost efficiency. HRSA is uniquely positioned to cultivate the next generation of primary care researchers who are not only rigorously trained but also deeply committed to advancing primary care in community-based settings and among populations with limited access to services.

The NRSA program helps institutions recruit and train postdoctoral researchers in the systematic analysis and evaluation of primary medical care issues. These awards are designed to develop the next generation of investigators skilled in addressing problems, methods, and settings historically not addressed in U.S. research.

While funded by the National Institutes of Health (NIH), this program has been administered by HRSA since 1988.

Program goal and objectives

The primary goal of the NRSA program is to increase the number of highly qualified individuals capable of conducting rigorous primary care research. This research aims to generate essential knowledge that will improve the nation's health and address its critical needs in the field of primary care.

The objectives of this NRSA program are:

- Develop and enhance research training opportunities for individuals interested in careers in primary care research.
- Increase the number of researchers focused on primary care issues that transform health care delivery.
- Share fellow research findings to advance primary care.

Program requirements and expectations

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

Recipients of funding under the NRSA program must plan, develop, or enhance a program for training postdoctoral professionals who are planning to pursue careers in biomedical or behavioral health research related to primary care.

Mentorship

Funded training programs must support effective mentorship, including a clear mentorship approach, experienced mentor, oversight, and accountability systems.

Programs must include the following mentorship components and adapt them to program and fellow needs:

- Make sure fellows understand that the primary goal of the NRSA program is to train highly qualified individuals capable of conducting rigorous primary care research.
- Maintain effective communication between mentors and fellows to address fellows' concerns and provide solutions.
- Foster fellows' independence in primary care research, grant writing, and grant application.
- Assess fellows' understanding of scientific research, systematic analysis, and evaluation of primary medical care issues.
- Improve fellows' professional development, employment readiness, and access to employment opportunities.

Training-Related Expenses (TRE) funds can be used for the mentoring activities.

Research areas

HRSA has a particular interest in primary care practice and education. NRSA fellows are encouraged to advance research in one or more of the following areas to Make America Healthy Again:

- Ensuring access to primary care, particularly for tribal and rural communities and populations with limited access to services.
- Promoting preventive care.
- Supporting behavioral health services.
- Promoting nutrition and wellness.
- Reducing exposure to environmental toxins.
- Fighting the chronic disease epidemic.
- Other topics related to primary care.

Research topics must be reviewed and approved by HRSA prior to initiating the project.

Fellows are not permitted to lead clinical trials, and training grants are not designed to support participant costs, such as incentives.

Mandatory meetings

Attendance at several meetings is mandatory for this program:

- **Annual HRSA meeting:** Project directors and fellows must attend an annual HRSA meeting in Rockville, Maryland. Include the costs of attending this meeting in your budget.
- **Quarterly HRSA meetings:** Fellows must also attend quarterly online meetings with the HRSA Project Officer to provide feedback on the quality of the training program, mentorship, and overall fellowship experience, as well as to identify areas for improvement.
- **Quarterly HRSA webinars:** Project directors and fellows must attend online HRSA quarterly webinars.

Data collection

You must develop and execute a plan to collect post-graduation employment information from graduates from the NRSA program for at least one year after they complete the program.

You must require fellows with eligible qualifications to apply for a National Provider Identifier (NPI) number and collect the NPI numbers of fellows who already have them.

Statutory authority

[42 U.S.C. 288](#) (Section 487 of the Public Health Service Act); and [Sec. 217 of the Consolidated Appropriations Act, 2026, P.L. 119-75](#)

Award information

Funding policies and limitations

Changes in HHS regulations

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

Policies

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

General limitations

- For guidance on some types of costs we do not allow or restrict, see
 - Project Budget Information in Section 3.1.4 of the [R&R Application Guide](#).
 - You can also see [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Costs and Activities, in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable](#), necessary, [allocable](#) to the award, and adequately documented ([2 CFR 200.403](#)).

- You cannot earn profit from the federal award. See [2 CFR 200.400\(g\)](#).
- To promote objectivity in research, you cannot have a financial conflict of interest. See [42 CFR 50](#).
- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a rate higher than Executive Level II if the amount beyond the HHS SRL is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the application guide.

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.

Per [2 CFR 300.414](#), indirect costs for training awards cannot exceed 8% of modified total direct costs. To calculate the (MTDC), we exclude from the direct cost base:

- Direct cost amounts for equipment, tuition, fees, and participant support costs
- Subawards and subcontracts exceeding \$50,000.

For modified total direct costs, we use the definition at [2 CFR 200.1](#).

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

Program income

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



Step 2:

Get Ready to Apply

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Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

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

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-035.

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

For more information about this opportunity, Visit the [Bureau of Health Workforce's open opportunities](#) website. The webinar will be recorded.



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

FAQs will be posted on our TA webpage after the webinar.



Step 3:

Build Your Application

In this step

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Application checklist

There are two types of forms in Grants.gov.

- Some of forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

See the instructions for the [Project Abstract Summary form](#) and the [Budget and Budget Narrative](#).

Form	Included in page limit**?
<input type="checkbox"/> Research & Related Other Project Information	Yes*
<input type="checkbox"/> Research & Related Budget	Yes*

Attachments

See [instructions for attachments](#).

Form	Included in page limit**?
<input type="checkbox"/> 1. Project Organizational Chart	Yes
<input type="checkbox"/> 2. Letters of agreement, memorandum of understanding, and contracts	Yes
<input type="checkbox"/> 3. Staffing plan and job description	Yes
<input type="checkbox"/> 4. Tables and charts	Yes
<input type="checkbox"/> 5. Letters of support	Yes
<input type="checkbox"/> 6. Curriculum vitae	Yes
<input type="checkbox"/> 7. Relevant faculty peer-reviewed publications	Yes
<input type="checkbox"/> 8. Postdoctoral fellows mentored	Yes
<input type="checkbox"/> 9. Publications from training	Yes
<input type="checkbox"/> 10 to 15. Other relevant documents	Yes

Other required forms

See [form instructions](#).

Form	Included in page limit*?
<input type="checkbox"/> SF-424 (R&R)	No
<input type="checkbox"/> Project Abstract Summary form	No
<input type="checkbox"/> R&R Subaward Budget Attachment(s)	Yes*
<input type="checkbox"/> Research & Related Senior/Key Person Profile form	No
<input type="checkbox"/> Project/Performance Site Location(s)	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	No
<input type="checkbox"/> Standardized Work Plan (SWP) form	No

* Unless otherwise indicated, only what you attach to a form counts toward the page limit. The form itself does not count.

Application contents and format

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

Application page limit: 60

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

Required format

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

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

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format or .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming our files in the [R&R Application Guide](#).

Project narrative

Use the Research & Related Other Project Information form to attach the project narrative. In the project narrative, you will describe all aspects of your project.

Use the section headers and the order as listed.

Introduction

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

Briefly describe the purpose of your project.

Need

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

You must describe the purpose and need for the proposed project, including the following:

- Needs of the institution, the community, and the American public will be addressed by the proposed project.
- Need for primary care research that the proposed project will address and how it will enhance the health and well-being of all Americans.
- Shortages of and need for additional postdoctoral professionals focused on research in primary care capable of transforming health care delivery to deliver value-based care.
- The size and qualifications of the pool of fellow candidates, including information about the types of prior clinical and research training and career levels required for the program.

Approach

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

- Tell us how you'll address your stated needs and meet the program requirements and expectations described in this NOFO.
- Describe your objectives (specific, measurable, achievable, relevant, and time-framed) and proposed activities and provide evidence for how these link to the project purpose and stated needs.

Mentorship Philosophy and Oversight Plan

Provide a detailed plan describing the program's mentorship approach, mentor qualifications, oversight, and accountability systems. The plan should demonstrate alignment with the program's goals in primary care research training and the development of successful, independent investigators.

- Describe the overarching philosophy of mentorship in your program. Include expectations that mentors foster environments that promote professional and personal growth. Mentors must demonstrate a commitment to supporting fellows' development as independent primary care researchers.
- Describe required qualifications of mentors, including experience in primary care research, commitment to training, and a strong track record (at least 5 years) of successful mentorship, as evidenced by former fellows who have developed productive and impactful research careers.
- Describe how mentors and fellows will be matched, how match quality will be assessed, and how changes will be managed to ensure alignment with fellow goals and learning needs. Include plans for periodic evaluation of the mentor-mentee relationship.
- Describe how you will train participating faculty to use evidence-informed mentoring, teaching, and training practices. Include how these practices are tailored to support fellows and promote learning experiences.
- Describe how mentors and fellows will jointly develop, review, and update Individualized Development Plans (IDPs) to guide research, academic progress, and professional development. Explain how IDPs are integrated into regular evaluation and feedback.
- Describe the plan for ongoing monitoring of mentorship, including oversight mechanisms, evaluation tools, and periodic feedback from fellows.
 - Explain how you will assess the effectiveness of fellow/mentor pairings.
 - Describe what corrective steps will be taken if mentoring falls below program standards.

- Include your plan for reassigning or removing mentors who consistently demonstrate unacceptable mentorship practices.
- Describe how mentorship practices will evolve through feedback, training updates, and engagement with the latest research on effective mentorship.
- Provide evidence for how your program will develop, enhance, and operate a program for training postdoctoral fellows to advance research in primary care.
- Include a plan for sharing research findings produced by fellows.
- Provide a training chart that projects the number of fellows expected to be admitted and graduates from the program each year of the project.
- Describe how each fellow in the program will receive instruction and training in oral and written presentation, leadership skills, project management, and skills needed to apply for individual fellowship or grant support.
- Describe how your program will provide structured career development advising and employment and learning opportunities, such as workshops, discussions, and Individual Development Plans.

High-level work plan

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

- Describe how you'll achieve each of the objectives during the period of performance.
- Provide a timeline that includes each activity and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out all activities.
- Include the extent to which these stakeholders address the needs of the populations and communities served.
- You will also include a more detailed work plan in your Standardized Work Plan (SWP). See [Other required forms](#).

Resolving challenges

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

Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them.

Performance management

See merit review criteria 3: [Performance management](#) and 5: [Resources and capabilities](#)

Outcomes

- Describe the expected outcomes (desired results) of the funded activities.

Performance measurement and reporting

- See the [HRSA website's page on reporting](#) for performance measure requirements and examples of reporting forms.
 - Describe how you will collect, and report required performance data accurately and on time.
 - Describe how you will manage and securely store data.
 - Include how you will report and collect National Provider Identifier (NPI) numbers for fellows
 - Describe your process to track fellows after program completion for up to one year.
- Describe how you will monitor and analyze performance data to support continuous quality improvement.

Program evaluation

- The evaluation should examine processes and progress towards goals, program objectives, and expected outcomes. Evaluations must follow the HHS Evaluation Policy, as well as the standards and best practices described in [OMB Memorandum M-20-12](#). Describe your plan to evaluate the project. Include:
 - The evaluation questions, methods, data to be collected, and timeline for implementation.
 - The evaluation barriers and your plan to address them.
 - The evaluation capacity of your organization and staff. Include experience, skills, and knowledge.
 - How you will disseminate results, how you will assess whether your dissemination plan is effective, whether the results are national in scope, and the extent of potential replication.

See the reporting section for more information.

Sustainability

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

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

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

Organizational information

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

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Include a project organizational chart.
- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe how you'll assess the unique needs of the fellows you serve.
- Include a staffing plan and job descriptions for key faculty and staff in [Attachment 3](#).
- Describe the organizations you will partner with to fulfill the program goals and meet the training objectives. Include key agreements in [Attachment 2](#) and letters of support in [Attachment 5](#).
- Describe in detail the relevant experience, including primary care research areas, that are strengths of the project director and mentors that will train further health care providers in conducting research. The project director and mentors should have experience in primary care research, a commitment to training, and a strong track record (at least 5 years) of successful mentorship, as evidenced by former fellows who have developed productive and impactful research careers. Include:
 - [Attachment 7](#): A list of relevant peer-reviewed publications by the Project Director and faculty.
 - [Attachment 8](#): List the total number of postdoctoral fellows mentored in the past 10 years, along with how many fellows completed trainings and how many continued in research related careers
 - [Attachment 9](#): Include publications resulting from training over the past 10 years, showcasing the productive research outcomes of former fellows
- You will also include biographical sketches for key staff using the Research & Related Senior/Key Person Profile form. See [Other required forms](#).

Budget and budget narrative

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

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the [R&R Application Guide](#) and any specific instructions listed in this section.

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 activity or project. This includes costs charged to the award and nonfederal funds used to satisfy any matching or cost sharing requirement (which may include maintenance of effort, if applicable).

Reminder: Indirect costs for training awards cannot exceed 8% of modified total direct costs.

The **budget narrative** supports the information you provide in the Research and Related Budget form. The merit review committee reviews both. Your budget should show a well-organized plan.

The budget narrative includes an itemized breakdown and a clear justification of the requested costs. As you develop your budget, consider:

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

Include funding in your budget for project directors and fellows to attend the annual HRSA meeting in Rockville, Maryland.

To create your budget justification narrative, see budget narrative instructions in the [R&R Application Guide](#).

Participant and trainee support costs

Grant funds may be used for the cost of training-related expenses (TRE), including the cost of supplies, equipment, general research support, and mentor-related expenses.

Research-related expenses can be used for the following:

- **Research supplies:** Items necessary for conducting research, such as laboratory materials and consumables.
- **Equipment:** Limited research-related equipment required for the fellow's training. See the [Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment](#).

- **Books:** Educational materials relevant to the fellow's research.
- **Travel to scientific meetings:** Costs associated with attending conferences or workshops to present research or gain knowledge.
- **Health insurance:** Coverage for the fellow since they are often not classified as university employees.

In your budget narrative:

- List stipends, tuition, fees, and allowances (including travel and subsistence expenses and dependency allowances)
- Identify the number of participants and fellows.
- Separate these costs from others so we can identify them easily.
- Include a sub-total entitled "Total Participant and Fellow Support Costs" with the summary of these costs.

Institutional costs of up to \$12,400 per year per postdoctoral fellow may be requested to defray the costs of other research training expenses, such as health insurance, administrative staff salaries, consultant costs, equipment, research supplies, and faculty or staff travel directly related to the research training program.

Stipends

Stipends are subsistence allowance for fellows to help defray living expenses during the training experience. They are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program.

Stipend level is based on the number of full years of relevant postdoctoral experience at the time of appointment. Relevant experience may include research experience (including industrial), teaching, internship, residency, clinical duties, or other time spent in full-time studies in a health-related field following the date of the qualifying doctoral degree.

For appointments of less than a full year, the stipend will be based on a monthly or daily proration. The monthly stipend amount is calculated by dividing the current annual stipend by 12. The daily stipend is calculated by dividing the current annual stipend by 365. Appointments for less than one year must be justified.

Stipend amounts for fellows may be found at [Ruth L. Kirschstein National Research Service Award \(NRSA\) Stipends, Tuition/Fees and Other Budgetary Levels](#). Your budget must reflect a 2% annual increase in stipends for postdoctoral fellows for each budget year of the period of performance.

Tuition - fellow

The program supports postdoctoral individuals in formal degree-granting training. Up to \$16,000 per year is provided per fellow enrolled in a degree-granting program.

The allowable stipend, training-related expenses and tuition and fees may be adjusted annually.

Consultant services

Identify each consultant, the services they will perform, the total number of days, travel costs, and the total estimated costs.

Attachments

See section [3.2 of the HRSA R&R Application Guide](#).

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

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure. Include all aspects, not just the applicant organization.

Attachment 2: 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 3: Staffing plan and job descriptions

See Section 3.1.7 of the [R&R 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 education and experience qualifications and your reasons for the amount of time you request for each staff position.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

Attachment 4: Tables and charts

Provide tables or charts that give more detail about the proposal. These might be Gantt, PERT, or flow charts.

Annual training chart: Applicants must include an annual training chart that indicates the number of fellows the organization plans to train through the proposed activities. The chart must include information on the following:

- The number of fellows proposed to train each year.
- The number of fellows projected to complete the program each year.

Attachment 5: Letters of support

You may provide letters of support from other organizations or departments involved in the proposed project.

Letters of support can also be from individuals within your institution who hold the authority to speak for the organization or department such as a CEO or chair.

Recommenders should indicate an understanding of and commitment to the project, and what their contribution to the project will be. You should reference letters of support in the applicable section of the project narrative.

Recommenders must sign and date their letter of support for the document to be considered.

Attachment 6: Curriculum vitae (CV)

Describe in detail the primary care research areas that represent strengths of the Project Director and proposed mentors. Explain how these areas will support the training of future health care providers in conducting research. Attach current CVs for the Project Director and all mentors.

Attachment 7: Relevant key personnel peer-reviewed publications

Provide a list of relevant primary care research peer-reviewed publications by the Program Director and proposed faculty for the last ten years, not to exceed two pages. Do not include information that is in the bio sketch.

Attachment 8: Postdoctoral fellows trained

List the total number of postdoctoral fellows mentored in the past 10 years, along with how many completed trainings and how many continued in research related careers.

Attachment 9: Publications from training

Include publications resulting from training over the past 10 years, showcasing the productive research outcomes of former fellows.

Attachment 10 to 15: Other relevant documents

You may use attachments 10 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
SF-424 R&R (Application for Federal Assistance) form	With application.
Project Abstract Summary form	With application.
Research & Related Other Project Information	With application.
Research & Related Senior/Key Person Profile (Expanded)	With application.
R&R Subaward Budget Attachment(s) form	With application.
Project/Performance Site Location(s)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Standardizes Work Plan (SWP) form	With application.

Form instructions

In addition to the requirements for the [budget narrative](#), [project narrative](#), and [attachments](#), following are instructions for each of the other forms required by this NOFO. See the [application checklist](#) for a full list of all application requirements.

SF-424 (R&R) Application for Federal Assistance

This is your application for federal assistance. Follow the instructions in section 3.1.1 of the [R&R Application Guide](#). This is the application for Federal Assistance.

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)

Project Abstract Summary form

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 [R&R Application Guide](#).

Research & Related Other Project Information

In addition to the requirements in the [project narrative](#) section, you will provide some additional information in this form.

- Complete sections 1 through 6.
- Upload a blank document in item 7: Project Summary/Abstract to avoid a cross-form error with your Project Abstract Summary form.
- Upload your project narrative in item 8.
- Leave items 9, 10, and 11 blank.

Research & Related Senior/Key Person Profile (Expanded)

Include biographical sketches for people who will hold the key positions.

- Try to use no more than 2 pages per person.
- Do not include non-public [personally identifiable information](#).
- If you include someone you have not hired yet, include a letter of commitment from that person with their biographical sketch.
- Upload sketches in the Research & Related Senior/Key Person Profile form.
- Include:
 - Name and title.
 - Education and training – for each entry include Institution and location, degree and date earned, if any, and field of study.
 - Section A, Personal Statement. Briefly describe why the individual's experience and qualifications make them well-suited for their role.
 - Section B, Positions and Honors. List in chronological order previous and current positions. List any honors. Include present membership on any federal government public advisory committee.
 - Section C, Other Support. This section is optional. List selected ongoing and completed projects during the last three years. Begin with any projects relevant to the proposed project. Briefly indicate the overall goals of the projects and responsibilities of the person.
 - Other information. If they apply, include language fluency and experience working with populations that are culturally and linguistically different from their own.

R&R Subaward Budget Attachment(s) form

You will also complete the R&R Subaward Budget Attachment form for each subaward you propose. These include subcontracts. You will do this using the R&R Subaward Budget Attachment(s) form.

Use the following instructions:

- Once you open this form, you can select "Click here to extract the R&R Subaward Budget Attachment".
- Save the file and then open it to complete it.
- Once you save the file you can upload it within the form.
- Repeat the steps for each subaward.

If you have more than 10 subawards, you may upload the extra budget forms in the Research and Related Other Project Information form in Block 12 “Other Attachments”.

Project/Performance Site Location(s)

Follow the form instructions in [Grants.gov Forms](#). Use the “Next Site” option rather than “Additional Location(s)” to add more than one project/performance site location.

Disclosure of Lobbying Activities (SF-LLL) form

Follow the form instructions in [Grants.gov Forms](#).

Standardized Work Plan form

Does not count toward the page limit

In addition to the requirements in [project narrative, high-level work plan](#), follow these instructions:

- Submit your workplan through the SWP form. Provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope.
- Follow the instructions in the SWP form.
- Select your organizational priorities that best fit the objective.
- As specified on the NOFO, [program goal and objectives](#) must be copied as stated.

Certain program objectives might also need to be duplicated exactly as they are listed on the NOFO.



Step 4:

Understand Review, Selection, and Award

In this step

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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, we will not fund it. If this is the case, we will notify your authorized official.

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

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the R&R application guide. The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	35 points
3. Performance reporting and evaluation	10 points
4. Impact	20 points
5. Resources and capabilities	10 points
6. Support requested	10 points

Criterion 1: Need (15 points)

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

The panel will review your application for how well it:

- Describes a project purpose that aligns with the purpose of the funding opportunity.
- Describes health workforce needs that will be addressed by this project and the communities that will benefit from the project, if appropriate.
- Describes barriers faced by fellows to successfully completing educational programs.
- Describes the size and qualifications of the pool of postdoctoral fellow candidates, including information about the types of prior clinical and research training and career levels required for the program.

- Describes the needs of the institution, the community, and the public/nation that will be addressed by the proposed project.
- Describes the need for primary care research that the proposed project will address and how it will enhance the health and well-being of all Americans.
- Describes shortages of and needs for additional postdoctoral professionals focused on research in primary care.

Criterion 2: Response (35 points)

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

The panel will review your application for:

- How well it responds to the program's [purpose](#), strength of the proposed goals and objectives and how well they relate to the project.
- How well the activities describe and address the problem and meet project objectives during project design and implementation. This includes the quality of your plan to deal with them.
- How well it describes faculty and mentorship training to make sure they use evidence-informed teaching, training, and mentoring practices that promote the development of all postdoctoral fellows.
- How well it establishes and describes an effective process for matching fellows with mentors, assessing the quality of the mentor-mentee match, and making changes when needed to support fellow success.
- How well it describes the process by which mentors and fellows develop and utilize Individualized Development Plans (IDPs) to guide research progress, achieve academic milestones, and support professional development, including the methods for regular review and updating of these plans.
- How well it implements a robust system for monitoring and evaluating mentorship, including mechanisms for collecting and acting on feedback, assessing mentor effectiveness, and identifying and addressing situations where mentors do not meet program expectations.
- How well it provides evidence for how your program will develop, enhance, and operate a program for training postdoctoral fellows to advance research in primary care.

- How well it describes a training chart with projected number of fellows to be admitted and graduated from the program each year of the project.
- How well it explains how you will provide each fellow in the program with instruction and training in oral and written presentation, leadership skills, project management, and skills needed to apply for individual fellowship or grant support.

Criterion 3: Performance reporting and evaluation (10 points)

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

The panel will review your application for:

Evaluation

- Overall approach and methodology to evaluate project results against goals and objectives and gain insights into program outcomes and impact.

Performance measurement

- Evidence that the measures assess how well program objectives have been met and to what extent the results are attributed to the project.
- A clear plan to collect and manage data to ensure accurate and timely performance.
- A process to collect, manage, store, and report NPI numbers for eligible participants.
- The ability to track fellows after program completion for up to one year.

Criterion 4: Impact (20 points)

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

The panel will review your application for:

- How effective the proposed project is likely to be.
- How strong of a public health impact it is likely to have.
- How likely the project results could be national in scope.
- How easy it will be to replicate project activities.
- How likely the program will continue beyond the federal funding.
- How well it describes challenges related to meeting program objectives, carrying out the work plan according to the proposed timetable, and implementing the project.

- How well it describes challenges in recruiting postdoctoral fellows, faculty, and mentors for the NRSA program.
- Describes optional plans to resolve each challenge.

Criterion 5: Resources and capabilities (10 points)

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

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

- Project staff have the training or experience to carry out the project.
- Project staff have the training and experience to carry out performance reporting (and program evaluations, if applicable).
- You have the capabilities to fulfill the needs of the proposed project.
- You have quality facilities available to carry out the project.
- You have the capacity to gather, manage, and use data.
- The mission of the institution aligns with the NRSA program, particularly related to research in primary care.
- You include an adequate staffing plan as [Attachment 3](#) and a project organizational chart as [Attachment 1](#).
- You provide evidence of institutional support in [Attachment 2](#) and [Attachment 5](#).
- If funds are provided for some activities through subawards or expended on contracts, you describe how you will make sure that the funds are properly used and monitored, including policies and procedures that meet or exceed the requirements in [2 CFR part 200.331-200.332](#) regarding sub-recipient monitoring and management.
- You describe the planned strategy and administrative structure you will use to oversee the program.
- Your faculty will be available to serve as mentors and provide guidance and expertise appropriate to the level of fellows proposed in the application. You describe the complementary expertise and experiences of the proposed program faculty, including their active research and other scholarly activities, as well as their experience mentoring and training individuals at the proposed career stage.
- You describe in detail the experience and primary care research areas that represent strengths of the Project Director and proposed mentors. You explain how these areas will support the training of future health care providers in conducting research. You include a list of relevant peer-reviewed publications by the Project Director and faculty in [Attachment 7](#) and evidence of prior postdoctoral fellows and publications from training in Attachments 8 and 9.

- You discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.

Criterion 6: Support requested (10 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 are costs and well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.

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

Risk review

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

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

We may ask you to submit additional information.

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

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

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

Selection Process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with **HRSA Mission and Strategic Priorities**
- Merit review results. These are key in making decisions but are not the only factor.

We may:

- Consider the larger portfolio of agency-funded projects, including project type and geographic distribution.
- Consider the funding priorities, funding preferences, and special considerations listed.
- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

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

Special considerations

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

Award notices

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



Step 5: Submit Your Application

In this step

Application submission and deadlines

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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.

Application deadline

You must submit your application by **July 10, 2026, at 11:59 p.m. ET.**

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

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

Submission method

Grants.gov

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

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

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

If you want to know more about correcting errors or tracking your application, you can refer to the [R&R Application Guide](#).



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

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [45](#)

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR 300, and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- See the requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required alignment with HRSA mission and strategic priorities

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

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

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.
- **Biological and physiological integrity:** Recognizing the relevance of

biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

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

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are ^{(o)(b)}, medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

1. Review 2. Get Ready 3. Build 4. Understand 5. Submit **6. Award** Contacts

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

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

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

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

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

Child protections, biological integrity, parental rights, and lawful use of

funds: HRSA prioritizes safeguarding children's health and safety by:

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

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

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

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

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

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

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

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

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

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

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at [2 CFR. part 200](#) and the terms and conditions of this award. This includes termination under [CFR. 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

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

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

Reporting

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

- Progress reports each quarter.
- Annual performance reports.
- All HRSA recipients must collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRMA) and the Foundations for Evidence-Based Policymaking Act of 2018.
- The Annual Performance Report (APR) collects data on all academic year activities from July 1 to June 30. It is due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the grant, HRSA may require a Final Performance Report (FPR) to collect the remaining performance data. The FPR is due within 120 calendar days after the period of performance ends.
- You can find examples of APRs at [Report on Your Grant](#) on the HRSA website. Performance measures and reporting forms may change each academic year. HRSA will provide additional information in the Notice of Award (NOA).



Contacts and Support

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Agency contacts

Program and eligibility

Svetlana Cicale

Project Officer, Medical Training and Geriatrics Branch

Attn: Ruth L. Kirschstein National Research Service Award Institutional Research
Training Grant (NRSA)

Bureau of Health Workforce

Health Resources and Services Administration

HRSANRSA@hrsa.gov

Financial and budget

Shelia Burks

Grants Management Specialist Division of Grants Management Operations Office of
Financial Assistance and Acquisition Management (OFAAM) Health Resources and
Services Administration

sburks@hrsa.gov

(301)-443-6452

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](#)

Help with systems

Grants.gov

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

SAM.gov

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

Helpful websites

- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)
- [Bureau of Health Workforce Glossary](#)

Program-specific definitions

Behavioral health research is the scientific study of behaviors, psychological factors, and social influences that affect mental health, substance use, and overall well-being. It encompasses the investigation of prevention, diagnosis, treatment, and management of mental illnesses and addictive behaviors, as well as the promotion of positive behavioral changes to improve health outcomes.

Biomedical research means research that provides a comprehensive and detailed understanding of the mechanisms that underlie the development and normal function of humans and other living organisms and thereby grants insight into the pathological and pathophysiological mechanisms that cause disease.

Primary care research means research that informs a wide range of issues related to primary care practice and policy, including:

- The quality, costs, and outcomes of primary care.
- Patient-provider communication.
- Generalist-specialist issues.
- Workforce issues.
- Access to care.
- Systems of care.

Appendix

Appendix A

Programs that were funded between 2011 through 2020, under sections 736, 739, or 747 of the Public Health Service (PHS) Act

Program	NOFO Announcement #
Academic Administrative Units in Primary Care	HRSA-11-153
Academic Units for Primary Care Training and Enhancement	HRSA-16-041
Centers of Excellence	HRSA-12-008
Centers of Excellence	HRSA-15-043
Centers of Excellence	HRSA-17-065
Centers of Excellence	HRSA-18-009
Centers of Excellence	HRSA-22-042
Centers of Excellence	HRSA-23-005
Coordinating Center for Interprofessional Education and Practice	HRSA-12-184
Faculty Development in Primary Care	HRSA-11-154
Health Careers Opportunity Program	HRSA-11-065
Health Careers Opportunity Program	HRSA-14-144
Health Careers Opportunity Program	HRSA-15-042
Health Careers Opportunity Program	HRSA-18-087
Health Careers Opportunity Program: The National HCOP Academies	HRSA-23-003
Physician Assistant Training in Primary Care (PCTE)	HRSA-11-162
Physician Assistant Training in Primary Care (PCTE)	HRSA-12-024
Pre-Doctoral Training in Primary Care (PCTE)	HRSA-11-155
Primary Care Medicine and Dentistry Clinician Educator Career Development Awards	HRSA-17-072
Primary Care Training and Enhancement	HRSA-15-054

Program	NOFO Announcement #
Primary Care Training and Enhancement	HRSA-16-042
Primary Care Training and Enhancement - Integrating Behavioral and Primary Care	HRSA-19-086
Primary Care Training and Enhancement - Physician Assistant Training in Primary Care	HRSA-19-087
Primary Care Training and Enhancement-Community Prevention and Maternal Health (PCTE-CPMH)	HRSA-21-014
Primary Care Training and Enhancement – Residency in Street Medicine	HRSA-25-078
Primary Care Training and Enhancement – Physician Assistant Rural Training in Behavioral Health	HRSA-24-019
Primary Care Training and Enhancement – Language and Disability Access	HRSA-23-123
Primary Care Training and Enhancement – Residency Training in Mental and Behavioral Health	HRSA-23-099
Primary Care Training and Enhancement – Physician Assistant Rural Training	HRSA-22-044
Residency Training in Primary Care (PCTE)	HRSA-11-156
Residency Training in Primary Care (PCTE)	HRSA-20-008
Training in Primary Care Medicine-Interdisciplinary and Interprofessional Graduate Joint Degree Program (PCTE)	HRSA-12-025
Training Primary Care Champions	HRSA-18-013

Endnotes

1. Fiscella, K., & Cole, A. M. (2024). Underfunding of Family Medicine Research Training and Career Development. *Family Medicine*. Retrieved from <https://journals.stfm.org/familymedicine/2024/may/fiscella-0284> ↑
2. Azoulay, P., Greenblatt, W. H., & Heggeness, M. L. (2021). Long-term effects from early exposure to research: Evidence from the NIH "Yellow Berets". *Research Policy*, 50(9), 104332. <https://doi.org/10.1016/j.respol.2021.104332> ↑
3. Gottesman, M. M., & Azoulay, P. (2021). What medical researcher training can learn from the 'Yellow Berets'. *Wired*. Retrieved from <https://www.wired.com/story/what-medical-researcher-training-can-learn-from-the-yellow-berets> ↑
4. Hilder, J., Mickan, S., Noble, C., Weir, K. A., & Wenke, R. (2020). Outcomes of a funding initiative to promote allied health research activity: A qualitative realist evaluation. *Health Research Policy and Systems*, 18(1), 1–13. <https://doi.org/10.1186/s12961-020-00572-2> ↑