

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Policy and Shortage Designation

State Primary Care Offices

Funding Opportunity Number: HRSA-19-005
Funding Opportunity Type: New, Competing Continuation

Catalog of Federal Domestic Assistance (CFDA) Number 93.130

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: November 5, 2018

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

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Authority: Sections 330(l), 330(m), and 333(d) of the Public Health Service Act as amended

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 State Primary Care Offices (PCOs) program. The purpose of this program is to assist states and/or territories in their efforts to improve primary care service delivery, conduct a health provider needs assessment, manage shortage designation, and address workforce availability in the various states and/or territories to meet the needs of underserved populations.

Funding Opportunity Title:	State Primary Care Offices
Funding Opportunity Number:	HRSA-19-005
Due Date for Applications:	November 5, 2018
Anticipated Total Annual Available FY19 Funding:	\$11,000,000
Estimated Number and Type of Award(s):	Up to 54 cooperative agreements
Estimated Award Amount:	Formula awards, varies
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2019 through March 31, 2024 (5 years)
Eligible Applicants:	Eligible applicants include any State or territory, State or territory agency, or other statewide or territory-wide public or nonprofit entity that operates solely within a state or U.S. territory. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the State Primary Care Offices (PCOs) program.

Program Purpose

The State PCOs program is intended to facilitate the coordination of activities within a state or territory that assess the need for primary care services and providers, promote the recruitment and retention of health care providers to fulfill identified needs, and reduce shortages of health care providers. This includes working with other state or territorial agencies, as well as organizations outside of the state whose policies affect health care services.

Program Requirements

The State PCOs program is not intended to fund the direct delivery of services. The purpose of this funding opportunity is to support states and territories in undertaking the following overarching efforts:

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

2. Background

This program is authorized by sections §330(l), 330(m), and 333(d) of the Public Health Service Act as amended.

Throughout the U.S., there are geographic areas, populations, and facilities with too few primary care, dental, and mental health providers and services. HRSA continues to work with state and territory partners to determine which of these should be “shortage designations,” and therefore eligible to receive certain federal resources. Shortage designations help HRSA prioritize and focus agency resources on the areas of highest need. PCOs play an integral role in the shortage designation process by conducting needs assessments and tracking providers in their states and territories, then using that firsthand knowledge to identify the highest need areas that qualify for shortage designations. Since 2014, the PCOs worked diligently to stand up a new online system for conducting shortage designation work, leading to the first across-the-board update in November 2017 of 3,800 designations based on current standard national data sets. In addition, the program has provided the agency—and individual PCOs—with opportunities to highlight, disseminate, and discuss innovative solutions and best practices to help address provider tracking, recruitment, and retention issues, with the aim of improving access to care and reducing disparities.

The recipients of this funding will become vital partners in enabling HRSA to achieve the mission of improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA is committed to maintaining and strengthening partnerships to assist in expanding access to quality health care.

Funding levels for FY 2019 – FY 2023 will be detailed in the Summary of Funding section below.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the State PCOs program for Fiscal Year 2019:

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

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

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation

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

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program involvement will include:**

- Guidance and policy interpretation of authorizing statutes and implementing regulations that govern shortage designation;
- Participation, as appropriate, in workgroups conducted during the period of the Cooperative Agreement;
- Monitoring the activities of the work plan through progress review, meetings, and teleconferences;
- Serving as the final authority on National Health Service Corps (NHSC) Site Applications;

- Serving as the final authority on shortage designation applications; and
- Evaluating Needs Assessments and all other activity required under this Cooperative Agreement.

The cooperative agreement recipient’s responsibilities will include:

- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the [R&R Application Guide](#) (**Acknowledgement of Federal Funding**);
- Completing activities proposed in response to the program requirements described in Section IV of this NOFO;
- Maintaining communication with the Project Officer.
 - Participate in face-to-face meetings and conference calls with the federal Project Officer during the period of performance.
 - Collaborate with the federal Project Officer on ongoing review of activities, procedures and budget items;
- Conducting a statewide assessment to identify health care providers and health service shortages, unmet need and disparities in health outcomes by areas and population groups, and health workforce concerns;
- Coordinating the Health Professional Shortage Area (HPSAs) and Medically Underserved Area/Population (MUA/P) designation processes within the state to ensure consistent and accurate assessment of underservice including data collection, verification, and analysis as applicable;
- Providing technical assistance and collaboration to expand access to primary care, including: coordination of the NHSC and NURSE Corps programs and provider recruitment and retention; collaboration with Health Center planning and development; and collaboration with other HRSA partners and organizations to support access to primary care services; and
- Developing a statewide, long-term strategic plan to reduce health provider shortages and shortage designations.

2. Summary of Funding

HRSA expects approximately \$11,000,000 to be available annually to fund approximately 54 recipients. Ceiling amounts will vary (see below), and will include direct, indirect, facilities, and administrative costs. The period of performance is April 1, 2019 through March 31, 2024 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the State PCOs program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

As referenced in the Background section of the NOFO, the following is the funding methodology that will be applied. Each awardee has a base annual funding amount of \$150,000 per year plus workload funding amount whereas:

$$\text{Annual Funding Amount} = \text{Base Funding} + [(\text{Total Workload Funding}) \times (\text{Workload Units} / \text{Total Workload Units})]$$

- *Base Funding* is \$150,000 x 54 recipients = \$8,100,000
- *Total Workload Funding* is \$11,000,000 – \$8,100,000 = \$2,900,000
- *Workload Units* include the number of providers in eligible disciplines listed in the National Plan and Provider Enumeration System National Provider Identifier Registry in your state/territory as of April 24, 2018.
- *Total Workload Units* include the total number of all *Workload Units* for each of the 54 states and territories.

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

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

$$\$150,000 + [\$2,900,000 \times (1000/1,055,889)] = \$152,747 \text{ Annual Funding}$$

Workload Units by State/Territory

State/Territory	Workload Units	Annual Workload Funding
AK	2,821	\$7,748
AL	8,759	\$24,057
AR	7,088	\$19,467
AS	42	\$115
AZ	16,757	\$46,023
CA	150,462	\$413,244
CO	18,424	\$50,602
CT	17,685	\$48,572
DC	6,152	\$16,896
DE	3,044	\$8,360
FL	52,564	\$144,367
FM	4	\$11
GA	21,904	\$60,159
GU	176	\$483
HI	5,603	\$15,389
IA	8,768	\$24,081
ID	4,890	\$13,430
IL	43,702	\$120,028

IN	17,114	\$47,004
KS	10,629	\$29,193
KY	12,580	\$34,551
LA	11,917	\$32,730
MA	42,889	\$117,795
MD	22,822	\$62,681
ME	6,953	\$19,096
MH	1	\$3
MI	43,941	\$120,684
MN	20,542	\$56,419
MO	18,014	\$49,475
MP	53	\$146
MS	5,744	\$15,776
MT	3,278	\$9,003
NC	28,894	\$79,357
ND	2,679	\$7,358
NE	5,509	\$15,130
NH	4,590	\$12,606
NJ	29,208	\$80,220
NM	8,032	\$22,060
NV	7,216	\$19,819
NY	93,443	\$256,641
OH	37,863	\$103,991
OK	10,311	\$28,319
OR	15,521	\$42,628
PA	42,566	\$116,908
PR	11,978	\$32,898
PW	8	\$22
RI	5,577	\$15,317
SC	11,626	\$31,931
SD	2,154	\$5,916
TN	15,513	\$42,606
TX	54,426	\$149,481
UT	9,715	\$26,682
VA	23,539	\$64,650
VI	169	\$464
VT	3,128	\$8,591
WA	23,239	\$63,826
WI	16,823	\$46,204
WV	4,914	\$13,496
WY	1,926	\$5,290
Total for All PCOs	1,055,889	\$2,900,000

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include any State or territory, State agency, or other statewide public or nonprofit entity that operates solely within a state or U.S. territories. In addition to the 50 states, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Applicants must provide state/territory-wide coverage of primary health care issues and represent or have relationships with the broad range of primary health care delivery systems and programs in the state.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

Deadline

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

Multiple Applications

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this NOFO following the directions provided at <https://www.grants.gov/applicants/apply-for-grants.html>.

If you're reading this NOFO (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limit. Biographical Sketches **do** count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 9: Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

1. A brief overview of the project as a whole.
2. Specific, measurable objectives that the project will accomplish, including those pertaining to long-term strategic plans to recruit and retain health care providers and to reduce health care provider shortages.
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

ii. Project Narrative

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

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

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

Briefly describe the purpose of the proposed project. Outline the needs of the program or institution. You should include a discussion of the target population served by this segment of the health workforce, as well as the socio-cultural determinants of health and health disparities impacting the population or communities served and/or unmet. Use and cite demographic data whenever possible to support the information provided. This section will help reviewers understand the organization, as well as the needs of the communities ultimately served by the proposed project.

This section describes the needs of your proposed program or institution and outlines why a cooperative agreement would assist you in fulfilling those needs. To receive the maximum score for this section, applicants must include the following:

- A brief statement of the purpose of the proposed project, outlining the needs of your proposed program or institution;
- An outline of the goals of your program or institution (e.g., to identify areas of need in your state, assist in recruitment and retention of health care providers, to better assess conditions related to shortage designation, or other health workforce-related activities); and

- Citations, wherever appropriate, to verifiable demographic data to support the information provided (e.g., data from a government agency).
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V’s Review Criteria #2 (a), (b), and (c).*
- *(a) WORK PLAN -- Corresponds to Section V’s Review Criterion #2 (a).*

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.) Your work plan must provide a detailed description of the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance. This description should include the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose and Need section. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of project implementation. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities and, further, the extent to which these contributors address the cultural, racial, linguistic and/or geographic diversity of the populations and communities served.

In addition, the work plan should specifically address your proposals regarding the following:

1. Statewide Primary Care Needs Assessment. During the first two years of the period of performance, each recipient is expected to conduct an overall statewide primary care needs assessment that identifies the communities with the greatest unmet health care needs, disparities, and health workforce shortages, and also identifies the key barriers to access health care for these communities. Verifiable demographic data should be used and cited whenever possible to support the information provided. In addition, information about state and federal programs, the economic and fiscal factors in the state or territory, telehealth use and demand, and any other relevant data and other points that will affect a state or territory in reaching the program goals is expected as part of the Needs Assessment.

To receive the maximum score for this section, you must address the following:

- a. A description of the target populations in your state or territory and their unmet health needs, including:
 - An analysis of standard mortality and morbidity rates among geographic areas and/or target populations at the county and subcounty level (applicants may include infant mortality or low-birth rates **in addition** to standard mortality rates, if relevant to a specific area or population);
 - An analysis of poverty rates in your state or territory using generally

- accepted measures (e.g., the Federal poverty rate or concentrations of individuals on Medicaid or other social assistance programs);
- A brief description of unmet health needs in your state or territory, including any updates or newly-emerging medical challenges since the issuance of the previous awards under this title;
 - A brief description of health disparities within your state/territory (e.g., disparities based on race, ethnicity, sex, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, or other factors relevant to your area or target population); and
 - Citations to verifiable demographic data to support the information provided (e.g., data from a U.S. government agency or survey).
- b. A discussion of any relevant barriers in the service area that the project will work to overcome, including:
- A description of infrastructure challenges in your state or territory (e.g. access to transportation, technological barriers, water fluoridation, etc.);
 - A description of challenges facing target populations in your state or territory (e.g., waiting time to receive care, linguistic barriers, socio-economic factors, etc.);
 - A description of challenges facing health care providers (e.g., cultural competence, insufficient availability of training, or key shortages of certain provider types);
 - A description of the political and/or fiscal climate in the state or territory, or other possible issues that may affect your ability to achieve the goals of this cooperative agreement; and
 - If relevant, applicants may include information about State/Federal programs that may affect your ability to achieve the goals of this cooperative agreement.
- c. A plan that provides for ongoing collaboration with recipients or stakeholders in your state or territory, including:
- A plan to partner with at least two external stakeholders (e.g. public health organizations, agencies or associations, health care facilities, local health departments, State Health Departments, or members of communities with higher levels of need) to effectively identify health needs in your state or territory;
 - A description of what input external stakeholders will provide in the development of the Needs Assessment; and
 - A plan and/or timeline for meeting with external stakeholders to review and update the Needs Assessment, and conduct ongoing assessments of health needs in your state or territory.

2. Shortage Designation Coordination. Recipients will be required to coordinate the HPSA and MUA/P designation process within the state/territory to ensure consistent and accurate assessment of underservice, including data collection, verification, and analysis as applicable. The recipient will use the

Shortage Designation Management System (SDMS) to manage health workforce data for their state/territory and apply for HPSAs and MUAs/Ps. HRSA uses SDMS to review shortage designation applications, communicate with the awardees on specific applications, and make final shortage designation determinations. HRSA bases SDMS business rules on shortage designation's governing statutes and regulations, as well as our own policies and procedures.

Note that recipients will be required to establish Rational Service Area Plans covering their entire state/territory by year 4 of the period of performance. The work plan should outline how this will be accomplished and include specific annual benchmarks which can be measured to evaluate progress.

The work plan should specifically demonstrate that the awardee is expected to coordinate all shortage designation requests including the following:

- Providing technical assistance to organizations or communities about the designation process;
- Updating existing designations and apply for new HPSA and MUA/P designations as needed;
- Ensuring that designation applications are supported with the most up-to-date and appropriate data;
- Proactively seeking designations for areas and populations with access to care barriers as demonstrated by primary care, dental, or mental health provider shortages or other high need indicators as detailed in the HPSA regulations;
- Maintaining knowledge of how to submit complete and accurate HPSA and MUA/P designation applications using current procedures;
- Participating in DPSD training programs (in conjunction with awardee meetings or other meetings) or distance learning training (web-based training modules, videoconferences, etc.) as deemed appropriate by DPSD staff, including, but not limited to, an annual Reverse Site Visit; and
- Submitting work products by the due date specified by DPSD staff.

3. Efforts to Expand Access to Primary Care. Recipients should outline plans for the following:

a. Recruitment and Retention Activities, including:

- Supporting outreach and education that encourages participation in programs which help sites recruit providers to work in underserved areas of the State. Efforts may include, but are not limited to, distributing program information by BHW, speaking about the BHW programs at schools in state, and distributing program materials at public events;
- Offering technical assistance to potential and current NHSC sites in the pre-application phase of submitting an NHSC Site Application;
- Maintaining knowledge and capacity to review NHSC Site Application

for merit (community support and need for site in the area) and completeness (including required supporting documentation and HPSA designation), as appropriate and desired. (Note: Final documentation on site approval rests with HRSA); and

- Coordinating and collaborating with other state agencies and state recruitment efforts to incorporate resources including NHSC Scholars, Loan Repayers, and State Loan Repayers, and/or other scholar and loan repayment programs) into the state's strategy to increase the number of health professionals serving in HPSAs and MUA/Ps.

b. Collaboration in Health Center Planning and Development; including:

- Collaborating with the state PCA and other interested entities by providing information to assist in the development of new and expansion of existing health centers in the State;
- Serving as the point of contact to the PCA and other entities for access to and use of relevant data to support applications for new and expanded capacity of health centers;
- Facilitating the ability of PCAs and other entities to work with various divisions of the State Health Department to obtain data needed to educate leaders about unmet needs and the role of health centers and the safety net in addressing these needs, as well as the sustainability needs of health centers;
- Working with PCA, State Offices of Rural Health (SORH), Area Health Education Centers, State Health Departments, and other entities to seek ways through which partnerships can be maintained and strengthened to assist with the growth and support of health centers and to encourage the provision of quality care; and
- Working with PCA, SORH, and other entities to develop reciprocal mechanisms of communication, information dissemination, follow-up, and referral to organizations seeking 330 and other funding opportunities.

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

- Collaborating with other HRSA-supported entities, (e.g., the state PCA, the SORH, and/or other appropriate entities) to provide technical assistance to communities and organizations interested in expanding access to care and to maximize the effectiveness and impact of activities through formal linkages with diverse entities working to strengthen the safety net in the state/region;
- Collecting, maintaining, and reporting on the number of J-1 visa waiver clinicians and other similar programs practicing in the state; and
- Supporting and enhancing access to comprehensive, culturally competent, quality primary health care services for underserved and vulnerable populations.

4. A strategic, long-term plan to reduce health provider shortages and shortage designations. Your work plan should include a section with specific objectives and timetables for reducing health provider shortages in key areas, thereby reducing the number of Health Professional Shortage Area designations, and the overall need within such designations, in your state or territory.

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

You must describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities, if applicable. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. Explain why your project is innovative and provide the context for why it is innovative.

Additionally, you must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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

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

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

You must describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. (In the Attachments section (IV. 2. v., Attachment 2, you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form.) You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

You must also describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

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

You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding, as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services

and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4*

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v, Attachment 4.) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- *Section A (required) Personal Statement.* Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (*optional*) **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional*) **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

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

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions included the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the State Primary Care Offices program requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

Consultant/Contractor Services: If you are using consultant/contractor services, list the total costs for all consultant/contractor services. In the budget justification, identify each consultant/contractor, the services he/she will perform, the total number of days, travel costs, and the total estimated costs. Costs for consultants/contractors should include the following information: (1) Name of consultant/contractor; (2) Method of selection; (3) Period of performance; (4) Scope of work activities in work plan objectives; and (5) Method of accountability.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If applicable, also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 4: Project Organizational Chart

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

Attachment 5: Tables, Charts, etc.

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

Attachment 6: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

Past performance is a predictor of future success by an applicant, particularly within the same competitive program. Identify your current grant number, include the most important objectives from your approved application (including any approved changes), and document overall program accomplishments under each objective over the entire period of performance. Where possible, include the proposed and actual metrics, outputs, or outcomes of each project objective. HRSA program staff will review the progress report after the Objective Review Committee reviews your competing continuation application.

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

(1) The period covered (dates).

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

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

Attachment 7: Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (e.g., CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: Other Relevant Documents, including Relevant Subcontracting Agreements (if used by applicant)

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

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

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

UPDATED [SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process

changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *November 5, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA’s [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The State PCOs program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, subject to the funding methodology previously outlined (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

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

all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

In the event that a competing continuation applicant submits the only application for the service area, HRSA will conduct a comprehensive internal review of the application in lieu of an objective review. Applications receiving an internal review will be subject to the same completeness and eligibility screening as those receiving an objective review and will be assessed for compliance with all State Primary Care Offices program requirements and projected performance goals.

Review criteria are used to review and rank applications. The State Primary Care Offices program has five review criteria:

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

The extent to which the application demonstrates the need for additional funding at the federal level and the extent to which such funding would assist with health needs assessments, shortage designation, provider recruitment and retention, and a reduction in the overall number of designations in an applicant's state or territory.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (40 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

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

The extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the cultural, racial, linguistic and geographic diversity of the populations and communities served. In addition, as outlined in the “Project Narrative” section, the work plan should specifically address your proposals regarding: (1) a Statewide Primary Care Needs Assessment; (2) shortage designation coordination, including the establishment of a Rational Service Area Plan by year 4 of the period of performance; (3) specific efforts to expand access to primary care; and (4) a strategic, long-term plan to reduce health provider shortages and shortage designations.

Criterion 2 (b): METHODOLOGY/APPROACH (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (b) Methodology/Approach

The extent to which the proposed project responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs. The extent to which you provide a logical description of proposed activities and describe why the project is innovative and the context for why it is innovative. The sophistication and plausibility of the logic model proposed, if required, also will be evaluated.

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

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

Criterion 3: IMPACT (30 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

- The extent to which the proposed project has a public health impact and the project will be effective, if funded.
- The extent to which you are able to effectively report on the measurable outcomes being requested, including both your internal program performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a).
- Specific criteria include:
 - The strength and effectiveness of the method proposed to monitor and evaluate the project results.

- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- The extent to which you are able to incorporate data collected into program operations to ensure continuous quality improvement.
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes.
- The extent to which you anticipate obstacles to the evaluation and propose how to address those obstacles.
- The extent to which you describe the feasibility and effectiveness of plans for dissemination of project results.
- The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

The extent to which you describe a solid plan for project sustainability after the period of federal funding ends. The extent to which you clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges.

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

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

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget Justification Narrative and SF-424 R&R budget forms

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

Please see Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates announcing/issuing awards prior to the start date of April 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of April 1, 2019. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Requirements under Subawards and Contracts under Grants

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients and contractors under grants, unless the NOA specifies an exception. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

Further information will be available in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010

(GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the award notice.

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

- 3) **Final Program Report.** A final report is due within 90 days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

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

Further information will be provided in the award notice.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the NoA.
- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75](#) Appendix XII.

VII. Agency Contacts

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

Carolyn J. Cobb
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0829
Email: ccobb2@hrsa.gov

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

Matthew Salaga
Management Analyst, Division of Policy and Shortage Designation
Telephone: (301) 945-0194
Fax: (301) 443-4370
Email: MSalaga@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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

VIII. Other Information

Logic Models

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

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

IX. Tips for Writing a Strong Application

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

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

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