

U.S. Department of Health and Human Services



Health Resources & Services Administration

Bureau of Health Workforce

Division of Health Careers and Financial Support

Area Health Education Centers Program

Funding Opportunity Number: HRSA-22-053

Funding Opportunity Type(s): New, Competing Continuation

Assistance Listings (AL/CFDA) Number: 93.107

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: April 6, 2022

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 may take up to 1 month to complete.

Issuance Date: January 6, 2022

Christina Lottie

Public Health Analyst, Bureau of Health Workforce

Telephone: (301) 287-2602

Email: AHECProgram@hrsa.gov

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C.294a (Section 751 of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Area Health Education Center (AHEC) Program. The purpose of the AHEC Program is to develop and enhance education and training networks within communities, academic institutions, and community-based organizations. In turn, these networks seek to increase diversity among health professionals, broaden the distribution of the health workforce, enhance health care quality, and improve health care delivery to rural and underserved areas and populations.

Awards are subject to the availability of appropriated funds.

Funding Opportunity Title:	Area Health Education Centers
Funding Opportunity Number:	HRSA-22-053
Due Date for Applications:	April 6, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$43,250,000
Estimated Number and Type of Award(s):	Up to 55 cooperative agreement(s)
Estimated Annual Award Amount:	The AHEC Program exists in two phases: AHEC Infrastructure Development (ID) and AHEC Point of Service Maintenance and Enhancement (POSME). Estimated annual award amount varies and total award amount will be based upon the number of centers a recipient has. For FY 2022, anticipated amount is \$148,000 per center in the POSME phase and \$250,000 per center in the ID phase.
Cost Sharing/Match Required:	Yes
Period of Performance:	September 1, 2022 through August 31, 2027 (5 years)

Eligible Applicants:	Public or non-profit private accredited schools of allopathic or osteopathic medicine, an incorporated consortia made up of such schools, or the parent institution(s) of such schools. In states with no existing AHEC Program, schools of nursing may apply for an award in the infrastructure development phase. 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*, 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 for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/default.aspx> to learn more about the resources available for this funding opportunity.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE	1
2. BACKGROUND	4
II. AWARD INFORMATION.....	7
1. TYPE OF APPLICATION AND AWARD	7
2. SUMMARY OF FUNDING	9
III. ELIGIBILITY INFORMATION	10
1. ELIGIBLE APPLICANTS	10
2. COST SHARING/MATCHING.....	10
3. OTHER	11
IV. APPLICATION AND SUBMISSION INFORMATION.....	12
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	12
2. CONTENT AND FORM OF APPLICATION SUBMISSION	13
i. Project Abstract.....	23
ii. Project Narrative.....	25
iii. Budget.....	34
iv. Budget Justification Narrative	36
v. Standardized Work Plan.....	37
vii. Attachments.....	37
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	41
4. SUBMISSION DATES AND TIMES	42
5. INTERGOVERNMENTAL REVIEW.....	42
6. FUNDING RESTRICTIONS	42
V. APPLICATION REVIEW INFORMATION	44
1. REVIEW CRITERIA	44
2. REVIEW AND SELECTION PROCESS.....	48
3. ASSESSMENT OF RISK	49
VI. AWARD ADMINISTRATION INFORMATION	50
1. AWARD NOTICES	50
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	50
3. REPORTING	52
VII. AGENCY CONTACTS.....	54
VIII. OTHER INFORMATION	55

I. Program Funding Opportunity Description

1. Program Purpose

This notice announces the opportunity to apply for funding under the Area Health Education Centers (AHEC) Program.

The purpose of the AHEC Program is to develop and enhance education and training networks within communities, academic institutions, and community-based organizations. In turn, these networks seek to increase diversity among health professionals, broaden the distribution of the health workforce, enhance health care quality, and improve health care delivery to rural and underserved areas and populations.

Program Goals

The Bureau of Health Workforce (BHW) seeks to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. The AHEC Program supports the following three (3) overarching goals:

1. Diversity: Preparing a diverse, culturally competent primary care workforce that can address the needs of the communities we serve;
2. Distribution: Improving workforce distribution throughout the nation, particularly among rural and underserved areas and populations; and
3. Practice Transformation: Developing and maintaining a health care workforce that is prepared to deliver high quality care in a transforming health care delivery system with an emphasis on rural and underserved areas and communities.

These three overarching goals complement the primary objectives of the AHEC Program as required by Section 751 of the Public Health Service Act (PHS Act) and are discussed further below in the Program Objectives section.

Program Structure

This NOFO solicits applications for a five-year project period. Successful applicants will be awarded cooperative agreements to establish and/or advance statewide AHEC programs.

This award is made to the AHEC program office which then works with AHEC centers to implement the activities.

The AHEC Program exists in two phases: AHEC Infrastructure Development (ID) and AHEC Point of Service Maintenance and Enhancement (POSME). These two phases collectively embrace the goal of increasing the number of students in the health professions who will pursue careers in primary care and are prepared to practice in rural and underserved areas and populations. Total award amounts depend upon the number

of centers approved for the AHEC ID and POSME phases.

All AHEC Programs start in the ID phase, where the planning must reflect the projected growth of the project to include the resulting number of anticipated centers at the conclusion of the expansion period. The amount of time in the ID phase is limited to six (6) years for a center and a total of twelve (12) years for the AHEC Program (for complete statutory information regarding the establishment of an AHEC, ([see section VI Award Administration Information](#))). Upon transition to the POSME phase, the focus shifts to maintaining and improving the effectiveness of the established AHEC program(s) based on community needs. HRSA expects that throughout the ID and POSME phases the programmatic approaches and activities detailed in this NOFO will be accomplished and outcomes will be documented.

Applicants must clearly identify their request for participation in the ID or POSME phase in the abstract (see [section IV Application and Submission Information](#) for additional eligibility information).

1. AHEC ID phase for initiating, planning, developing, operating and evaluating an AHEC program:
 - Up to two years of the five-year project period can be used for a planning period.
2. AHEC POSME phase for improving the capacity and effectiveness of the program through ongoing evaluation:
 - Up to one year of the five-year project period can be used for a planning period.

AHEC Program award recipients contract with centers to coordinate and facilitate workforce education and training projects, especially the specialized training of health professions students and health care providers as detailed under the heading of Program Requirements and Expectations in [Section IV](#).

Program Objectives

The AHEC Program contributes toward the HRSA mission to increase access to care for underserved individuals and communities through their academic and community partnerships that create training opportunities for health professions students and health care professionals. The AHEC Programs must carry out the following activities:

- Develop and implement strategies to recruit individuals from underrepresented minority populations and from disadvantaged and rural backgrounds into health professions, and support such individuals in attaining such careers;
- Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a

diverse health care workforce that is prepared to deliver high-quality primary care in underserved areas or for health disparity populations¹, in collaboration with other Federal, State, and local health care workforce development agencies and programs in health care safety net sites;

- Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers (CHW), public and allied health professionals, or other health professionals, as practicable;
- Facilitate continuing education and information dissemination for health care professionals, with an emphasis on providing care in underserved areas and for health disparity populations;
- Propose and implement effective program and outcomes measurement and evaluation strategies; and
- Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

For more details, see [Program Requirements and Expectations](#).

HHS and HRSA Priorities

You are encouraged to select and address one of HHS's and HRSA's clinical priorities below.

- Enhancing health equity and reducing health disparities
- Diversifying the health workforce
- Ending the crisis of opioid addiction and overdose in America
- Improving behavioral/mental health access and care
- Transforming the health care system through value-based care delivery and quality improvement initiatives
- Transforming the workforce – by targeting the need
- Strengthening health care access through telehealth
- Preventing and reducing maternal mortality
- Responding to the COVID-19 pandemic

¹ The National Institutes of Health have designated the following U.S. health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Sexual and gender minorities, Socioeconomically disadvantaged populations and Underserved rural populations
See [National Institute on Minority Health and Health Disparities, Health Disparity Populations \(April 1, 2021\)](#).

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to AHEC Scholars training.

2. Background

The AHEC Program is authorized by Section 751 of the PHS Act (42 U.S.C. § 294a). The AHEC Program has a long-standing history of supporting activities focused on health careers exposure, with a particular emphasis on innovative, evidence-based strategies to strengthen science, technology, engineering, and math (STEM) skills. AHEC Programs develop and enhance education and training networks within communities, academic institutions, and community-based organizations. In turn, these networks develop the health care workforce, broaden the distribution of the health workforce, enhance health care quality, and improve health care delivery to rural and underserved areas and populations. In 2017, the AHEC Program shifted away from activities primarily focused on middle/high school health careers exposure programs to targeting students further along their academic pathway, with special emphasis on the creation of the AHEC Scholars Program.

The 2019 U.S. Census Bureau indicated that approximately 40% of the U.S. population is made up of racial and ethnic minorities.² With national population projections estimating that ethnic minorities will account for almost half of the U.S. population by 2060,³ diversifying the health care workforce is linked to increased cultural competence, quality of care, and better health outcomes.^{4,5,6}

² United States Census Bureau, Quickfacts Statistics 2019. <https://www.census.gov/quickfacts/US>

³ Vespa, J., Medina, L., Armstrong, D. (2020). Demographic Turning Points for the United States: Population Projections for 2020 to 2060, 25-1144.

<https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>

⁴ Kenya, S., Young, B., Vega, N., Bringuez-Sanchez, J., Reynolds, A., & Symes, S. (2019). Tips for Building a Pathway to Medicine for Underrepresented Minority Students. *Journal of Best Practices in Health Professions Diversity*, 12(2), 181–191.

⁵ Wilbur, K., Snyder, C., Essary, A. C., Reddy, S., Will, K. K., & Mary Saxon. (2020). Developing Workforce Diversity in the Health Professions: A Social Justice Perspective. *Health Professions Education*, 6(2), 222–229. <https://doi.org/10.1016/j.hpe.2020.01.002>

⁶ Salsberg, E., Richwine, C., Westergaard, S., Portela Martinez, M., Oyeyemi, T., Vichare, A., & Chen, C. P. (2021). Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. *JAMA Network Open*, 4(3), e213789. <https://doi.org/10.1001/jamanetworkopen.2021.3789>

The crisis of the coronavirus disease 2019 (COVID-19) has prompted concern about deficiencies and disparities in the health care system in the United States.⁷ Ensuring a diverse public health and health care workforce to provide services to diverse populations, in combination with other strategies, can increase access to and quality of health care for vulnerable populations and decrease health care disparities.⁷

The Journal of Healthcare, Science and the Humanities report, “Increasing Diversity in the Health Professions: Reflections on Student Pipeline Programs” highlighted the significant role in addressing strategies for development of collaboration and evidence-based recruitment and retention. The report states, “There are many challenges facing the health professions workforce. A diverse public health and healthcare workforce is necessary for improving the health status of Americans and in decreasing and eliminating disparities. Student programs that enhance recruitment of underrepresented populations, in combination with other strategies, can increase access to and quality of healthcare for vulnerable populations and decrease healthcare disparities.”⁸

Program Definitions

A glossary containing general definitions for terms used throughout the BHW NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the AHEC Program for Fiscal Year 2022:

Area Health Education Center Program Office: a cooperative agreement program consisting of an entity that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2). The AHEC Program Office contracts with the centers and provides 75% of the funding to complete the work.

⁷ Daley, G., Barabino, G., Ajiola, O., Bright, C., Rice, M.V., Laurencin, C. (2021). COVID Highlights Another Crisis: Lack of Black Physicians and Scientists, 2(1), 2-3.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7311898/>

⁷ Karen E. Bouye, PhD, MPH, MS, Karl J. McCleary, PhD, MPH, and Kevin B. Williams, PhD, MPH (2016). Increasing Diversity in the Health Professions: Reflections on Student Pipeline Programs, 6(1): 67–79. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5890504/>

⁸ Bouye, K., McCleary, K., Williams, K. (2016) Increasing Diversity in the Health Professions: Reflections on Student Pipeline Programs. J Sci Humanit, 6(1): 67-79
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5890504/>

Area Health Education Center: a public or nonprofit private organization that has a cooperative agreement or contract in effect with an entity that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2). Such organizations may include hospitals, health organizations with accredited primary care training programs, accredited physician assistant educational programs associated with a college or university, and universities or colleges not operating a school of medicine or osteopathic medicine.⁹ Under contract with the AHEC Program Office, the centers receive 75% of the funding to complete their work.

Disparity Impact Statement: Applicants are expected to develop a disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) [<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>]) to identify populations at highest risk for health disparities and low health literacy. The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the community-based education and training program. Below are available HHS resources:

CMS.gov: [Quality Improvement & Interventions: Disparity Impact Statement](#)

SAMHSA.gov: [Disparity Impact Statement](#)

Promoting equity is essential to the HHS mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985 entitled Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021).

Equity: “[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”¹⁰

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals’ lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality.

⁹ “The Secretary shall ensure that each area health education center program includes at least 1 area health education center, and that each such center— (A) is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee; (B) is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities.”

¹⁰ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.¹¹

Health Disparity Population: A population that has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population, as compared to the health status of the general population.

It further includes populations for which there is a significant disparity in the quality, outcomes, cost, use of, access to, or satisfaction with health care services, as compared to the general population.

Underserved Communities: “[The] populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of ‘equity.’”¹²

II. Award Information

1. Type of Application and Award

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

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

HRSA program involvement will include:

- Participate in the planning and development of each AHEC Scholars Program;
- Review, and, if necessary, comment on each AHEC program office’s/award recipient’s work plan, evaluation plan, interdisciplinary program curriculum that includes a set of clinical, didactic, and community-based training activities in rural and/or underserved areas;
- Review and recommend changes to peer-reviewed publications and other resources developed by AHEC program offices, as specified by HRSA;
- Review and approve written materials that include performance data produced by the AHEC program office/award recipient prior to publication;

¹¹ See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf>.

¹² Executive Order 13985, at § 2(b).

- Coordinate with other Bureaus within HRSA to develop partnerships among funded programs;
- Coordinate work plan activities with other HHS federally-funded cooperative agreement recipients;
- Review and approve contracts and agreements between the AHEC Program and centers;
- Provide consultation and technical assistance, as appropriate, to each AHEC program office to assist AHEC program offices in developing strategies for disseminating AHEC work in order to target multiple audiences interested in pipeline programs and health workforce development; and
- Coordinate quarterly technical assistance calls with AHEC project directors and other program partners as appropriate.

The cooperative agreement recipient's responsibilities will include:

- Develop and implement contractual agreements, which must include a statement of work, designation of roles and responsibilities, and appropriate financing provisions between the AHEC Program Office and the governing body of each center;
- Monitor, evaluate, and report on any sub-recipient center activities. Ensure centers comply with all HRSA grant and program requirements. Specifics include but are not limited to:
 - Center Director minimum .75 Full-Time Equivalents (FTEs) allocated solely to conduct center duties and responsibilities; and
 - Community-based governing or advisory board responsible for the hiring and/or termination of the Center Director.
- Develop strategic partnerships ([see Program Requirements and Expectations](#));
- Provide quarterly updates during the planning years of the project period;
- Comply with all HRSA and AHEC program reporting requirements, to include, but not be limited to:
 - Annual Performance Reports (APRs)
 - Annual Non-Competing Continuation Applications must include:
 - Work Plan Progress Report
 - Proposed work plan for the upcoming year
 - Evaluation Report

- Federal Financial Report (FFR)
- Final Report (FR)
- Final Performance Report (FPR)
- Identify a Program Director with a faculty appointment to assume responsibility for the overall direction and coordination of the AHEC Program. The AHEC Program Director must serve on the admissions committee for the school of medicine (or nursing, if applicable);
- Identify an individual to function as an AHEC Program Evaluator with a minimum of a .5 FTE; and
- Respond to all information requests by the established deadline.

2. Summary of Funding

HRSA estimates approximately \$43,250,000 to be available annually to fund up to 55 recipients. Current estimates of the funding level are \$148,000 per center per year in the AHEC POSME phase. You may apply for a ceiling amount of up to \$250,000 per year per center for the AHEC ID phase (includes both direct and indirect, facilities and administrative costs). AHEC awards are made to the AHEC Program Office who then contracts with the AHEC centers to conduct the required activities based on the phase of that center. This total cost includes both direct and indirect, facilities and administrative costs per year. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation, and will vary as a function of the number of centers supported. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2022 through August 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for AHEC Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

Total award amounts depend upon the number of centers approved for the AHEC ID and POSME phases ([see the Purpose Section 1](#) for clarification on the difference between the two). If the total amount appropriated to carry out the AHEC Program is not sufficient to provide a funding amount of \$250,000 per center, the Secretary may reduce the per center amount as necessary.

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

Limitations on indirect cost rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate

agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

Not less than 75 percent of the total amount provided to an AHEC Program office/award recipient shall be allocated to the AHECs (for additional details, please see [Section IV.6. Funding Restrictions](#)).

III. Eligibility Information

1. Eligible Applicants

Entities eligible to apply are public or nonprofit private accredited schools of allopathic medicine or osteopathic medicine, an incorporated consortia made up of such schools, or the parent institution(s) of such schools. In states and territories in which no AHEC Program is in operation, an accredited school of nursing is an eligible applicant.

AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B) of the PHS Act

For FY 2022, the Consolidated Appropriations Act, 2021 (Public Law 116-260) gave the Secretary authority to grant a waiver of the AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B) of the PHS Act¹³ to programs meeting certain requirements, including that the program must have been operating under section 751 of the PHS Act on or before January 1, 2009. Applicants **seeking a waiver must submit their request with their grant application.** Decisions regarding the waiver requests are contingent upon extension of the Secretary's waiver authority for FY 2022 and HRSA administrative review of each waiver request. For instructions, please see **Attachment 9**.

Foreign entities are not eligible for these awards.

2. Cost Sharing/Matching

Matching is required for this program. The recipient shall provide documentation that it will make available (directly or through contributions from state, county, or municipal government, or the private sector) recurring non-Federal contributions in cash and in kind, equal to not less than 50 percent of the operating costs of the AHEC Program. Thus, the matching ratio for AHEC awards is one to one (1:1), federal funds to non-

¹³ These sections of the statute provide, "The Secretary shall ensure that each area health education center program includes at least 1 area health education center, and that each such center— (A) is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee; (B) is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities."

Federal contributions.¹⁴ If the recipient fails to provide some or all of the required matching, the Grants Management Officer will make a downward adjustment in the federal award.

Examples of match include:

- 1) Non-federal cash match of at least 25 percent of the total match is to be provided in cash.
- 2) Other contributions providing 75 percent of the total match may include:
 - In-kind time and effort (provided by a third-party, non-salaried, individual).
 - Unrecovered indirect costs.
 - Allowable/allocable third-party donated items of value or services.
 - Program Income (if expressly permitted by the Notice of Award).

The budget justification narrative located in [Section IV.2.iv](#) MUST include a line-item breakdown and narrative description of all matching funds proposed for this project. Matching funds must be non-federal contributions related directly to carrying-out project activities. Applications that fail to address cost sharing/matching requirements will be deemed ineligible and not considered for funding under this announcement (see [Attachment 9](#)).

Waiver 75 Percent of Matching Funds – First Three Years:

An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first three (3) years (AHEC ID Phase) the entity is funded through an award under PHS Act section 751(a)(1). To be considered for a waiver, an applicant must present a written request for a waiver as **Attachment 6**. Unless a waiver of the matching funds requirement is requested and approved, funds awarded may only be expended with the understanding that the matching requirement must be met. This waiver is only applicable for new AHEC Program award recipients.

3. Cost sharing/matching is required for this program. Other

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

- Exceeds the ceiling amount
- Fails to address cost sharing/matching requirements
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

¹⁴ PHS Act, §751(e).

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C.295n-2(b) PHS Act, Section 797(b). Such Federal funds are intended to supplement, not supplant, existing non-Federal expenditures for such activities. Complete the Maintenance of Effort information and submit as **Attachment 7**.

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowable. For the purposes of this NOFO, an organization means a campus or a division of a university that has its own grounds, buildings, and faculty. Therefore, one application per campus is allowed.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before 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.

A student/trainee receiving support from award funds must be a citizen, national, or permanent resident of the United States.

IV. Application and Submission Information

1. Address to Request Application Package

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

Form Alert: For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form, and use the Project Abstract Summary Form 2.0 in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-053 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [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 the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary."

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit.

Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-053, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 65 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-053 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

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

- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in **Attachment 11: Other Relevant Documents**.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the PHS Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\) website](#).

Program Requirements and Expectations

The AHEC Program will achieve the overarching program goals and the statutory requirements through the following required activities. Successful applicants must ensure that all activities conform to these requirements.

All AHEC Program activities will be structured around these five focus areas: (A) Educational and Training Activities (B) Strategic Partnership Activities, (C) Statewide Evaluation Activities, (D) AHEC Scholars Program, and (E) Other Requirements:

- A. Educational and Training Activities** – A critical component of the AHEC investment is the provision of educational and training activities. Applicants must propose educational and training activities that align with the provisions below. Competitive applicants will prioritize the following:
 1. **AHEC Scholars Program:** Recipients must support the development and implementation of a longitudinal, interdisciplinary program curricula that implements a defined set of clinical didactic, and community-based training activities in rural and/or underserved areas for a cohort of health professions students. For additional requirements, please see the AHEC Scholars Program description at the end of this section.
 2. **Community-based Experiential Training:** Recipients must support community-based experiential training in rural and underserved areas through

field placements and clinical rotations for health professions students outside of the AHEC Scholars Program. Each training experience must be team-based and include a formal, didactic component addressing one or more of the Core Topic Areas as identified below (Youth Pipeline activities are exempt from these requirements).

3. **Core Topic Areas:** Recipients must ensure all educational and training activities support the following eight (8) Core Topic Areas (Youth Pipeline activities are exempt from these requirements):
 - a. Inter-professional Education (also known as interdisciplinary training), which supports a coordinated, patient-centered model of health care that involves an understanding of the contributions of multiple health care professionals;¹⁵
 - b. Behavioral Health Integration, which promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions.¹⁶ To that end, AHEC Program award recipients are also expected to develop behavioral health and paraprofessional training as it relates to addressing clinician burnout and improve provider resiliency. Burnout in health care professionals is widespread and growing; recent studies indicate elevated levels of burnout, along with related conditions of depression and emotional exhaustion. Health care professionals experiencing burnout include physicians, advanced practice registered nurses, registered nurses, dentists, physician assistants, and other health professions.¹⁷
 - c. Connecting Communities and Supporting Health Professionals, which aims to increase training and development of CHWs and paraprofessionals to be the connectors who are able to serve as a liaison/link/intermediary between health professionals and the community to facilitate access to service and improve health equity, community/population health, and social determinants of health.¹⁷
 - d. Virtual Learning and Telehealth, which seeks to improve virtual learning and telehealth curricula and community-based experiential training. The COVID-19 pandemic has forced all health care systems, hospitals, and clinics to rapidly implement telehealth services, simulation-based technology, and virtual trainings to continue delivering patient care.

¹⁵ See HRSA's Coordinating Center for Interprofessional Practice for more information at <https://nexusipe.org/>.

¹⁶ See SAMHSA-HRSA Center for Integrated Health Solutions at <http://www.integration.samhsa.gov/>.

¹⁷ Community Health Workers. Retrieved July 27, 2021 from <https://www.apha.org/apha-communities/member-sections/community-health-workers>

- e. Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five (5) domains: economic stability, education access, and quality; neighborhood and built environment and social and community context.¹⁸
- f. Cultural Competency, which seeks to improve individual health and build healthy communities by training health care providers to recognize and address the unique culture, language and health literacy of diverse consumers and communities¹⁹ (e.g., National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care);
- g. Practice Transformation, which aims to fully support quality improvement and patient-centered care through goal-setting, leadership, practice facilitation, workflow changes, measuring outcomes, and adapting organizational tools and processes to support new team-based models of care delivery.²⁰ This includes multi-disciplinary training and infrastructure support on cutting-edge technology, such as data analytics, artificial intelligence and machine learning (AI/ML) to advance health equity and population health. To that end, AHEC Program award recipients are expected to develop and implement educational and training activities and build and strengthen strategic partnerships as designed below. Educational and training activities under practice transformation must target the specific skills and competencies needed to prepare students and practicing health professionals to effectively practice in a transforming health care system; and
- h. Current and emerging health issues (e.g., COVID-19, Zika virus, pandemic influenza, opioid use disorder, maternal mortality, geographically relevant health issues, etc.) may be proposed, but will need prior approval from the HRSA program office before implementation.

4. Youth Pipeline Activities: Recipients must support recruitment, training, interactive, and/or didactic activities²¹ developed for high school students (grades 9-12), which must focus on exposing youth to health careers,

¹⁸ See Healthy People 2020 for more information about Social Determinants of Health at <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

¹⁹ See HRSA's Cultural Competency resources at <http://www.hrsa.gov/culturalcompetence/index.html>.

²⁰ See also "Natural History of Practice Transformation: Development and Initial Testing of an Outcomes-Based Model." Ann Fam Med May/June 2013 vol. 11 no. 3 212-219.

²¹ Pipeline activities may include, but are not limited to, afterschool enrichment activities, community-based outreach and education, pre-college preparation, and pre-certification preparation activities.

including public health. HRSA strongly recommends recipients use no more than 10 percent of the total award for these activities.

5. **Continuing Education:** Recipients must support didactic and experiential training activities focused on the Core Topic Areas developed for currently practicing health professionals. HRSA strongly recommends recipients use no more than 10 percent of the total award for these activities.

B. Strategic Partnership Activities: Effective partnerships that engage key stakeholders (e.g., federal, state, local, and national organizations) are important to implementing, advancing, and sustaining the work of the AHEC Program. Partners help to ensure the relevancy, coordination and timeliness of the education and training provided. Partners also serve as connectors to employment and training opportunities in rural and underserved communities.

Highly competitive applicants will establish strategic partnerships with organizations that align with the AHEC Program goals to maximize the impact and outcomes. Such partnering organizations may include:

- a. Existing AHEC program offices;
- b. Minority Serving Institutions such as Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs) in the state and region to facilitate relationships with health professions schools and programs;
- c. State-level entities such as State Workforce Agencies and State and Local entities, Primary Care Associations (PCAs) and Primary Care Organizations (PCOs), State Offices of Rural Health (SORH), State Minority Health Contacts, and State Education Agencies (SEAs);
- d. Health Care Safety Net Sites (e.g., Federally-Qualified Health Centers (FQHCs) and Look-Alikes, including school-based health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers), Native Hawaiian Health Centers, outpatient health clinics associated with tribal or Urban Indian Health Organizations, Rural Health Clinics, Critical Access Hospitals, and Disproportionate Share Hospitals (DSHs); and
- e. Pipeline programs such as recruitment programs through health professions schools and other educational institutions, particularly those focused on recruiting underrepresented minority populations or individuals who come from disadvantaged or rural backgrounds.

Please see Section IV, **Attachment 3** for additional information about Letters of Agreement and Memoranda of Agreements/Understanding.

- C. Statewide Evaluation Activities**—To quantify the impact of the award investment, recipients must implement a comprehensive outcome focused evaluation of all AHEC Program activities. The AHEC Program office/award recipient must develop and implement a statewide evaluation in collaboration with the centers to ensure that consistent evaluation tools and protocols are used throughout the state.

In states where multiple AHEC program offices may exist, the program offices must work collaboratively to develop a joint needs assessment and statewide evaluation of AHEC Program activities. Letters of Agreement are required for states anticipating multiple AHEC program offices/award recipients. Please see Section IV, **Attachment 3** for additional information about Letters of Agreement and Memoranda of Agreement/Understanding.

Post award, recipients must submit evaluation plans and final partnership agreements as an attachment with the first non-competing continuation (NCC) progress report submission. In subsequent years, an evaluation report will be a required part of the NCC.

- D. AHEC Scholars Program** - Recipients must support the development of a longitudinal program with interdisciplinary curricula to implement a defined set of clinical, didactic, and community-based training activities. All experiential or clinical training must be conducted in rural and/or underserved settings for those students who are enrolled in the AHEC Scholars Program.

The AHEC Scholars Program must include a formal application process. AHEC program offices/award recipients must develop the AHEC Scholars Program curriculum content in coordination with their centers and other community-based partners.

Consistent with the AHEC Program authorizing legislation, the AHEC Scholars Program should emphasize the recruitment of individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and supports such individuals in attaining such careers.

The AHEC Scholars Program will supplement students' existing health professions programs to further enhance their commitment to working in rural and underserved areas. Each cohort of the AHEC Scholars Program must last for **at least two years**.²² Trainees' health professions degree programs and their Scholars Program participation should be completed at the same time. The program must target students enrolled in either a health professions degree program or an allied health workforce degree program. Section 751(c)(1)(D) of the PHS Act states, AHECs are required to "conduct and participate in

²² Disciplines, particularly allied health workforce programs where the duration of the program is less than two years may be approved for inclusion on a case-by-case basis by the HRSA Program Office after award.

interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, CHWs, public and allied health professionals, or other health professionals, as practicable.” Therefore, AHECs should prioritize recruiting Scholars from these disciplines.

In addition, AHEC Scholars Programs may expand to include residents that are focused on primary care team-based integrated care, and specialize in either community/population health, maternal health, health equity or social determinants of health. HRSA strongly recommends limiting recruitment of residents to no more than 20 percent of the total number of AHEC Scholars.

Stipends are allowable for students participating in the AHEC Scholars Program.²³ Student stipend support is provided to assist in covering a student’s general living expenses. The budget narrative must indicate the stipend rate, the number of stipends to be awarded, and the total stipend amount for each educational level as appropriate. It is the responsibility of the applicant to justify the basis for the stipend rate requested. Stipends are to be prorated and paid to eligible participants at regular intervals during the budget period.

Highly competitive applicants will submit an approach and implementation plan that at a minimum details:

- a) A formal application process,
- b) Recruitment of individuals from underrepresented minority populations or from disadvantaged or rural backgrounds;
- c) A cohort will include at least 15 new students per center, beginning each new academic year based on the specific discipline. Each cohort must include students and/or residents from multiple disciplines (e.g., medicine, nursing, social work, and other allied health workforce programs);
- d) Interdisciplinary Learning Objectives and Outcomes;
- e) Establishment of strategic partnerships that will support the successful implementation of the AHEC Scholars Program. These strategic partners are mission-driven and focus on the long-term health, wealth, and well-being the community;
- f) Community-based, experiential, or clinical training must be conducted in rural and/or underserved settings, of which a minimum of 40 hours must consist of participation in team-based training;

²³ If stipends are provided, the amount must be no more than \$2,000 per student for the duration of the program. Stipends may be used to cover the cost of school-related supplies, travel and/or job related supplies and needs, such as continuing education.

- g) In addition to requirements of their health professions degree programs, each AHEC Scholar must participate in a minimum of 40 hours per year of didactic education (inclusive of innovative and/or interactive learning activities) focused on the eight (8) HRSA AHEC [Core Topic Areas](#); and
- h) A plan to collect and track individual-level data on the AHEC Scholars Program participants, including demographic factors, number of training hours in designated settings, and one-year post-completion data on employment outcomes.

E. Other Requirements

1. Clinical Education, Funding Distribution, and Project Terms

- A. All AHEC Program award recipients shall conduct at least 10 percent of clinical education required for medical students in community settings that are removed from the primary teaching facility of the contracting institution for recipient that operate a school of medicine or osteopathic medicine. In states in which an entity that receives an award under this section is a nursing school or its parent institution, the Secretary shall alternatively ensure that:
 - a) the nursing school conducts at least 10 percent of clinical education required for nursing students in community settings that are remote from the primary teaching facility of the school; and
 - b) the entity receiving the award maintains a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the AHEC program's geographical area.
- B. An entity receiving funds under PHS Act section 751(a)(2) (AHEC POSME award) shall not distribute such funding to a center that is eligible to receive funding under PHS Act section 751(a)(1) (AHEC ID awards).
- C. LIMITATION—Not less than 75 percent of the total amount provided to an AHEC Program office/award recipient shall be allocated to the AHEC center participating in the program.
- D. PROJECT TERMS—The period during which payments may be made under an award under the ID phase may not exceed:
 - a) in the case of a program, 12 years; or
 - b) in the case of a center within a program, six years.

2. Center Requirements

Each AHEC program includes at least one center, and that each such center shall meet the following requirements:

- A. The center is a public or private organization whose structure, governance, and operation is independent from the recipient and the parent institution of the recipient;
- B. The center is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;²⁴
- C. The center designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;
- D. The center fosters networking and collaboration among communities and between academic health centers and community-based centers;
- E. The center serves communities with a demonstrated need of health professionals in partnership with academic medical centers;
- F. The center addresses the health care workforce needs of the communities served in coordination with the public workforce investment system;
- G. The center has a community-based governing or advisory board that reflects the diversity of the communities involved;
- H. The center will focus on innovative, evidence-based provider resiliency efforts to better address the needs of individuals with mental health and substance use disorders and prevent and mitigate burnout among health profession students, trainees, residents, and providers, and
- I. The center supports the capacity to train and develop CHWs and other paraprofessionals to serve as a bridge to the community to address the social determinants of health. CHW/Paraprofessional Health Workforce has the capacity to maximize the clinical care team, serve as a bridge to the community and address the social determinants of health. CHW's and other paraprofessionals serve a vital role in the health care system, as they support individuals in negotiating fragmented and highly bureaucratic systems for services and care.

²⁴ Per the annual appropriations act, “ for any program operating under section 751 of the PHS Act on or before January 1, 2009, the Secretary of Health and Human Services (referred to in this title as the “Secretary”) may hereafter waive any of the requirements contained in sections 751(d)(2)(A) and 751(d)(2)(B) of such Act for the full project period of a grant under such section.” These provisions may be waived pending HHS Secretarial/Secretary approval for any program operating on or before Jan. 2009.

3. Program Requirements

HRSA has operationalized the statutory activities listed below across the AHEC programs as described in the [Program Requirements and Expectations](#) Section to demonstrate consistent inputs and outcomes.

- A. Develop and implement strategies to recruit individuals from underrepresented minority populations and from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.
- B. Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other federal and state health care workforce development programs, including state workforce agency, local workforce investment boards, and in health care safety net sites.
- C. Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities.
- D. Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, social workers, CHWs, public and allied health professionals, or other health professionals, as practicable.
- E. Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations.
- F. Propose and implement effective program and outcomes measurement and evaluation strategies.
- G. Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

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*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. See [Form Alert](#) in Section IV.1 Application Package. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](https://www.usaspending.gov).

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. Which of the clinical priorities will be addressed by the project, if applicable; and
4. 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.

In addition to the information required in the Guide and above, the Abstract must include:

1. Name of the School
2. Department submitting application
3. State

4. **PROGRAM PHASE:** Describe the phase of the program (ID or POSME), the number of centers, and type of public or nonprofit private organization (e.g. hospital, health organization) for the proposed project. Specifically identify whether the centers are existing or proposed. Identify information listed in Section V.2 Funding Considerations and provide Health Professional Shortage Area ([HPSA score](#)) and ZIP codes as necessary.
5. **GEOGRAPHIC AREA/TARGETED POPULATIONS:** Describe the geographic area to be served by the proposed project. Describe the training needs of the target population.
6. **GOALS AND MILESTONES:** Summarize the major goals and milestones for the entire project period of five years. Include specific, measurable objectives that the project will accomplish.
7. **OVERVIEW OF PROGRAM PLAN:** Summarize the proposed project and outline the approach and activities that will be implemented, including the development and implementation of the AHEC Scholars Program. Identify the key organizations that are collaborating in the project, highlighting innovative strategic partners. Describe the anticipated impact of the proposed project on the geographic areas being served and its primary health workforce system. Relate the impact of the project to the principal problems and unmet needs identified in the needs assessment.
8. **PROJECT EVALUATION PLAN:** Briefly describe the proposed project's evaluation plan and provide the proposed outcomes.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

<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

<u>Narrative Section</u>	<u>Review Criteria</u>
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

ii. **Project Narrative**

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

Use the following section headers for the narrative:

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

PURPOSE: Briefly describe the purpose of the proposed project, consistent with statutory provisions and the requirements in this NOFO. Applicants are expected to articulate key issues and challenges to be addressed through the AHEC Program.

NEED: Briefly describe the need of the proposed project, consistent with statutory provisions and the requirements as identified below. Applicants are expected to articulate needs to be addressed through the AHEC Program.

Recent data (less than five years old) must be used and cited whenever possible to support the information provided. A needs assessment must have been completed no later than two years prior to the date of this application.

In this section, you must:

- Describe the background of the health workforce demand this project proposes to address on a regional, state, and/or local level.
- Identify the health workforce gaps in diversity and distribution that this project intends to fill and provide evidence to support conclusions.
- Identify the population(s) served by this segment of the health workforce, as well as the health status indicators impacting the population or communities served and/or unmet (e.g., social determinants of health and health disparities). Disparities based on race, ethnicity, gender identity, sexual

orientation, geography, socioeconomic status, disability status, primary language, health literacy, age and other relevant factors should be considered.

- Describe how you will prepare individuals to effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally Qualified Health Centers, rural health clinics, public health departments, or other appropriate facilities.
- Describe the diversity and distribution of the specific health professions workforce in the geographic area with an emphasis on primary care, rural and underserved populations.
- Discuss how you will develop and implement strategies to recruit individuals from underrepresented minority populations and from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.
- Project future health workforce training needs, using innovative models of clinical practice that facilitate practice transformation (e.g., PCMH/team-based care, Health Information Technology, Alternative Payment Models, etc.).
- Identify existing barriers that affect a student's competitiveness to successfully enter and graduate from a health professions school and practice as well as barriers/challenges to obtaining competitive employment opportunities for health care professionals in the targeted geographic areas.
- Identify barriers for individuals, primarily students, to gain experience and training in underserved and rural areas.

Note: Proposals from an existing AHEC Program to Expand the Centers: An applicant proposing an expansion must delineate the proposed expansion sites from the existing sites throughout their application. Applicants requesting an expansion of the centers to their already established AHEC Program must provide a justification that includes the following:

- (1) a demonstration that there is a geographic area within the state not served by an existing center;
- (2) a needs assessment documenting the need for services of a center;
- (3) the areas (including ZIP codes and [HPSA scores](#)) of the proposed area to be served; and
- (4) the extent to which the addition of a center(s) will contribute to the outcomes and impact of the existing AHEC program.

- *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 \(a\)](#)*

Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

You must complete the SWP mandatory form in the Application Package.

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
- Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors address the cultural, racial, linguistic and/or geographic diversity of the populations and communities served.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- Describe project objectives and sub-objectives, activities, resources and personnel responsibilities for program activities, timeframes and milestones, and evaluation outcome measures (chart encouraged).
- Provide data and details in response to the statutory requirement that AHEC Program offices/award recipients must conduct 10 percent of the required

medical student clinical education training at sites remote to the primary teaching facility of the applicant institution (see Section VI of the NOFO).²⁵

- Provide details and a timeline for the implementation of the AHEC Scholars Program.
- (b) *METHODOLOGY/APPROACH* -- [Corresponds to Section V's Review Criterion 2 \(b\)](#)

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.

You must show how your project will address the needs highlighted in the Needs Assessment as well as the requirements and expectations of the program.

Applicants must:

- (1) Identify/propose strategies for the AHEC Program Activities (see [Section IV](#) of the NOFO);
- (2) Provide evidence for proposed strategies (e.g., reports, studies, and/or peer-reviewed literature);
- (3) Present a clear connection between identified gaps, needs, and proposed activities; and
- (4) Provide an approach/proposed content for the AHEC Scholars Program that at a minimum describes:
 - a) A formal application process;
 - b) Interdisciplinary cohorts;
 - c) Discipline-specific defined Points of Entry and Exit;
 - d) Interdisciplinary Learning Objectives and Outcomes;
 - e) Follow-up for participants;
 - f) Establishment of Strategic Partnerships that will support the successful implementation of the AHEC Scholars Program;

²⁵ See Section 751(d)(1)(A) of the PHS Act

- g) Community-based, experiential, or clinical training conducted in rural and/or underserved settings;
- h) Educational activities which includes team-based clinical training and didactic education; and
- i) A plan to collect and track individual-level data.

Logic Models

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. 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., 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 personnel, 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 of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

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

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

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

- (1) Barriers to educating and training including retention and attrition, identified among the targeted training audience(s);
- (2) State and/or local legislation and regulations that may impact the implementation of activities outlined in the work plan;

- (3) Difficulties and barriers in identifying preceptors and placements for clinical community-based training, clinical rotations, and field placements for students in rural and underserved areas
- *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 \(a\)](#)*

Include a statewide evaluation plan as an objective of your proposed project and include it in the work plan. Progress on the evaluation plan will be monitored and you will be expected to report on progress in annual progress reports. A finalized evaluation plan with tools/protocols is required to be submitted to HRSA by the end of the first annual budget period (August 31, 2023).

At a minimum, you must:

- Describe your organization's technical capacity for a statewide evaluation, detailing their current evaluation experience, and the skills and knowledge of individual(s) responsible for conducting and reporting evaluation efforts.
- Describe the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, evaluative measures, expected outcomes of the funded activities, and a description of how all key measures will be reported.
- Provide 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.
- Describe any potential obstacles to implementing the program evaluation and meeting HRSA's reporting requirements, and indicate how those obstacles will be addressed.
- Describe the plans for dissemination of project results, whether project results may be national in scope, and whether the project activities are replicable.

The evaluation plan must include the following three (3) sections:

1. HRSA Required Performance and Progress Reporting:

Describe the systems and processes you will use to meet HRSA's program progress and performance measurement requirements (see [Section VI.3 Award Administration, Reporting](#)). Include a description of how you will effectively collect and manage required data in a way that allows you to provide accurate and timely required reports to HRSA in the HRSA Electronic

Handbooks (EHB). Your systems and processes must include tracking and reporting on required performance reports as well as tracking and reporting on progress and accomplishments on your award objectives and work plan.

At the following link, you will find the required performance data forms for this program under the Area Health Resource Centers heading:

<http://bhw.hrsa.gov/grants/reporting/index.html>. Planned metrics will include, but are not limited to, the following:

- Program-level characteristics and aggregate demographics for participants in the AHEC Scholars Programs, pipeline education and training activities, and community-based clinical rotation and field placements for health professions students.
- Individual-level data for AHEC Scholars Program participants, with required one- year post-completion data on employment outcomes.
- Training site and experience characteristics, including data on site types and locations, populations served, and interprofessional team-based.
- Strategic partnerships established to offer each training/educational activity.
- Curriculum development and enhancement activities.
- Continuing education activities.

2. Program Assessment and Improvement:

Describe a continuous quality improvement plan to measure and assess your program performance. Provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting award goals and objectives. Discuss how the results of these activities will inform improvements in the project over the five-year project period. Rapid-cycle improvement strategies such as Plan-Do-Study-Act (PDSA) cycles that will provide feedback to you and HRSA about early results of the implementation and potential modifications to better meet the goals of the program are encouraged.

3. Program Impact:

Programs must evaluate the impact of program activities on the following areas:

- Preparing a diverse, culturally competent primary care workforce to address the needs of the communities we are serving (Diversity);
- Improving workforce distribution throughout the nation, particularly in rural and underserved areas and populations (Distribution); and

- Developing and maintaining a health care workforce that is prepared to deliver high quality care in a transforming health care delivery system with an emphasis on rural and underserved areas and communities (Practice Transformation).

In states where multiple AHEC program offices exist and/or are proposed, applicants must indicate whether the signed Letter of Agreement or Memorandum of Understanding (MOU) for the statewide evaluation is included in the appendix. For additional information, see [Section IV](#), Program Requirements and Expectations and Statewide Evaluation.

Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted as under the SWP. Additional information on RCQI is available at the following website:

https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf

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

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

- Highlight key elements of your projects (e.g., training methods or strategies, which have been effective in improving practices).
- Obtain future sources of potential funding.
- 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).

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\(a\) 4](#)

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, organizational chart, relevant experience, and scope of current activities. A project organizational chart also

known as an AHEC organizational chart is requested as **Attachment 4**. This is usually different from the applicant's organizational chart (e.g., School of Medicine or Nursing).

You must:

- Describe how the organization has the ability to implement the proposed project and meet the program requirements and expectations.
- Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services.
- Describe how the unique needs of target populations of the communities served are routinely assessed and improved.
- Describe how these components all contribute to the ability of the organization to conduct the AHEC Program requirements and meet expectations. If an applicant already has an Advisory Board, describe the board and its composition, its function, the number of proposed meetings per year, and how the board members will provide guidance to the Project Director and staff for the project.
- Describe each center, and its proposed or existing organizational structure and capacity.
- Describe the relationship between the applicant and sub-contracted centers.

Key Personnel

The staffing plan and job descriptions for key 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, which 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.

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 them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors**. List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (optional) **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.

iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase. All applicants are required to upload the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) budget form as **Attachment 10**.

The Research & Related Budget is a mandatory form, applicants should submit only the required fields in this form and use the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) to submit all budget information.

Required fields for the Research & Related Budget include:

Section A

- Budget Type – Choose Project or Subaward/Consortium

- Start Date – Enter requested start/proposed start date of budget period
- End Date - Enter requested start/proposed end date of budget period
- First Name – Enter First name of Senior/Key Person
- Last Name – Enter Last name of Senior/Key Person
- Requested Salary – Indicate only the amount of the salary being requested for this budget period
- Fringe Benefits – Enter applicable fringe benefits, if any.
- Funds Requested
- Total Senior/Key Person

Section L

- Budget Justification – Upload blank document

Do not enter any additional information into the R&R Budget, please use the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) to submit all budget information (Uploaded as **Attachment 10**).

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) Form Subaward Budget Attachment(s) Form.

The SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 “Other Attachments.” These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost

amounts for equipment, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

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

The budget justification narrative must describe all line-item federal funds (including subawards), and matching non-federal funds proposed for this project. Explain the amounts required thoroughly but be concise. Be sure the amounts in your budget justifications correspond to those in your SF-424 Research and Related (R&R) (Total Fed + Non-Fed) line item budget sheet. Do NOT use the budget justification narrative to expand the project narrative. Do NOT simply duplicate your SF-424 Research and Related (R&R) (Total Fed + Non-Fed) line item budget in a spreadsheet without appropriate explanations. Please note: all budget justification narratives count against the page limit.

In addition, the AHEC Program requires the following:

Personnel Costs: Reminder: As noted previously in Section II.1., the Program Director must have a faculty appointment and each Center Director should have at least 75 percent time allocated solely to the conduct of Center duties and responsibilities.

Travel: The budget should include the travel expenses associated with participating in meetings and other proposed trainings or workshops. Attendance of at least one staff member from the AHEC Program Office and the attendance of at least one staff member from a participating center in the AHEC Program at one HRSA technical assistance meeting or site visit is encouraged.

Equipment: A detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

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

Applicants should complete subrecipient budget(s) in accordance with the R&R fed/Non-fed budget instructions and attach them to the R&R Subaward Budget Attachment(s) Form included with the application kit. In the budget justification, include a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Letters of Agreement,

Memorandum of Agreement/Understanding (MOAs/MOUs) and/or existing or proposed contracts should be included in **Attachment 3**.

v. Standardized Work Plan (SWP) Form

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Work Plan -- Corresponds to Section V's Review Criterion 2(a).

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Logic Model

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](#))

- Staffing Plan: Education and experience qualifications and a rationale for the amount of time requested for project staff positions (e.g., Program Director, Associate Program Director, Center Director(s), and Evaluator, etc.).
- Job Descriptions: Keep each to one page in length. Include the roles, responsibilities, and qualifications of proposed project staff.

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

- Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal.
- All strategic partnerships must be supported by formal signed agreements that describe: (1) the purpose of the partnership; (2) roles/responsibilities of each partner; (3) proposed joint activities and/or outcomes; (4) duration of the partnership; and (5) any exchanged or shared resources.
- Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

- An applicant school of nursing or its parent institution shall provide a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the AHEC program area.
- Sample MOAs/MOUs should be provided as well.
- In states where multiple AHEC program offices currently exist or are proposed, applicants must submit Letter(s) of Agreement with each AHEC program office identified, proposed roles/responsibilities of each AHEC program office/award recipient in the statewide evaluation, and appropriate signatories to indicate full participation. A finalized agreement must be submitted before August 31, 2023.

Attachment 4: Project Organizational Chart

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

Attachment 5: Tables, Charts, etc.

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

Attachment 6: Request for Waiver (if applicable) regarding 75 percent/25 percent allocation to Centers)

- At least 75 percent of the total funds provided to an AHEC Program shall be allocated to the center(s) participating in the program. To provide flexibility to newly funded AHEC programs (AHEC ID programs), the Secretary/HRSA may waive the requirement for the first three years of a new AHEC program funded under subsection 751(a)(1).
- To be considered for a waiver of the 75 percent allocation requirement, an applicant must present a written request for a waiver as an attachment to a competing application in which AHEC ID funds are requested for a new start AHEC ID program. The applicant shall provide a rationale for the waiver request including an explanation of the reason(s) why the applicant may not meet the 75 percent allocation requirement.

Attachment 7: Maintenance of Effort Documentation

- Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2021 (Actual) Actual FY2021 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	Current FY 2022(Estimated) Estimated current FY 2022 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Attachment 8: 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 (CEO, Chair, etc.), must be 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 9: FY 2022 - Process for Requesting Waiver of AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B)

To request a waiver of AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B), please review the following information and follow the waiver application process outlined below. **Please note that final decisions regarding the waiver are contingent upon extension of the Secretary's waiver authority for Fiscal Year 2022 and HRSA administrative review of each request.**

Pursuant to Public Law 116-260, "Consolidated Appropriations Act, 2021" **any program operating under section 751 of the Public Health Service Act on or before January 1, 2009** may apply to the Secretary for a waiver of the AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B).

- Section 751(d)(2)(A) requires that each AHEC within an AHEC program "is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;" and
- Section 751(d)(2)(B) requires that each AHEC within an AHEC program "is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities."

Waivers will be granted at the discretion of the Secretary. To request a waiver of the above stated requirements, the applicant shall submit a letter signed by the applicant organization's Authorizing Official. The request shall include the following:

1. The names and addresses of each center for which the applicant is requesting a waiver;
2. A statement certifying that the program for which a waiver is requested was operational on or before January 1, 2009;
3. A short summary of the AHEC's organizational structure (including the recipient and contracting center(s)) that specifies which center(s) was operational on or before January 1, 2009, and explains why this structure does not meet the requirements of sections 751(d)(2)(A) and 751(d)(2)(B);
4. A request that the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) be waived for the center(s) described above, and a justification that explains why the center(s) for which a waiver is requested is unable to come into compliance with sections 751(d)(2)(A) and 751(d)(2)(B) at this time; and
5. A statement indicating the recipient's understanding that any waiver granted pursuant to the Consolidated Appropriations Act, 2021 (Public Law 116-260) does not permanently waive the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) and **will be applicable only to the full project period specified in the notice of grant award.**

Applicants **seeking a waiver must submit their request with their grant application.** Any waiver granted pursuant to Public Law 116-260 "Consolidated Appropriations Act, 2021," does not permanently waive the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) and **will be applicable only to the full project period specified in the notice of grant award.** Therefore, for FY 2022 AHEC Program/award recipients who are approved for a full five-year project period, the waiver period will apply from September 1, 2022 - August 31, 2027.

Attachment 10: Research & Related Budget (Total Fed + Non-Fed)

Applicants must download a copy of the SF424 Research & Related Budget (Total Fed + Non-Fed) located here:

https://apply07.grants.gov/apply/forms/sample/RR_FedNonFedBudget_2_0-V2.0.pdf.

Applicants must upload a completed copy of the SF-424 Research & Related Budget (Total Fed + Non-Fed) as **Attachment 10**.

Please note: Applicant must include Indirect Cost Rate Agreement. Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation.

Attachments 11–15: Other Relevant Documents

- Include here any other documents that are relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

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

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<https://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *April 6, 2022 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The AHEC Program is 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 five (5) years, at no more than \$250,000 per center in the ID Phase and \$148,000 per center in the POSME phase (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

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, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-

70) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the next fiscal years, as required by law.

The following funding requirements apply to the AHEC Program:

- a) *75 Percent Allocation and Waiver*: Not less than 75 percent of the total amount provided to an AHEC program/award recipient shall be allocated to the AHECs participating in the program.

Waiver: To provide flexibility to newly funded AHEC programs the Secretary/HRSA may waive the requirement (stated in the preceding sentence) for the first two years of a new AHEC program funded in the ID. To be considered for a waiver of the 75 Percent Allocation requirement, an applicant must present a written request for a waiver (see Section IV. 2. xi. **Attachment 6**).

- b) *Limitation*: An entity receiving funds under the POSME phase shall not distribute such funding to a center that is eligible to receive funding under the ID phase.
- c) *Carryover Funds*: An entity that receives an award under this section may carry over funds from one fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than three (3) years. The recipient must notify the Grants Management Specialist and Project Officer in writing of the intended use of the carryover funds, and must report the amount carried over on the Federal Financial Report for the period in which the funds remain unobligated.
- d) *Matching Funds*: With respect to the costs of operating a program through an award under section 751, to be eligible for financial assistance under section 751, an entity shall make available (directly or through contributions from state, county or municipal governments, or the private sector) recurring non-federal contributions in cash or in kind toward such costs. The matching ratio for AHEC awards is 1:1 (federal funds to non-federal contributions). At least 25 percent of the total required non-federal contributions shall be in cash.
- e) *Indirect costs* under training grants to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at **8 percent** of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

- f) *Stipends*: If stipends are provided, the amount must be no more than \$2,000 per student for the duration of the program. Stipends may be used to cover the cost of school-related supplies, travel, and/or job related supplies and needs, such as continuing education.
- g) *Project Terms*: The period during which payments may be made for an award in the AHEC ID phase may not exceed – (A) in the case of a program, 12 years; or (B) in the case of a center within a program, six years.

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.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Five review criteria are used to review and rank AHEC Program applications. Below are descriptions of the review criteria and their scoring points.

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality and extent to which it:

- Presents a clear purpose and evidence of a significant and compelling need for an AHEC program;

- Identifies needs in the community and organization that align with the AHEC program purpose;
- Identifies a target population and shows significant unmet health needs as well as gaps in the health workforce;
- Uses recently published, publically available, verifiable data (e.g., Bureau of Labor Statistics, and U.S. Census Bureau), and
- Proposes a strong and compelling justification to expand the number of centers in an already established AHEC Program, as applicable; and develops a disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) [<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>]) to identify populations at highest risk for health disparities and low health literacy.²⁶ The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the community-based education and training program.

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 the application:

- Provides 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.

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

The extent to which the application:

- Responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. The strength of the proposed goals and objectives and their relationship to the identified project.

²⁶ The National Institutes of Health have designated the following U.S. health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Sexual and gender minorities, Socioeconomically disadvantaged populations and Underserved rural populations. See [National Institute on Minority Health and Health Disparities, Health Disparity Populations \(April 1, 2021\)](#).

- 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 the application provides a logical description of proposed activities and describes 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 (5 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section \(c\) Resolution of Challenges](#)

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

Criterion 3: IMPACT (25 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 application describes:

- The strength and effectiveness of the applicant's technical capacity for a statewide evaluation, including the degree to which proposed evaluation personnel demonstrate the skills and knowledge necessary to conduct and report evaluation efforts and/or the extent to which the applicant plans to secure the resources and technical capabilities to carry out the proposed evaluation;
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, evaluative measures, expected outcomes of the funded activities, and a description of how all key measures will be reported);
- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities;
- The extent to which you identify obstacles to implementing the program evaluation and HRSA's reporting requirements and identify ways to address these obstacles;
- The feasibility and effectiveness of the dissemination plan for project results;
- The degree to which the project results may be national in scope;
- The degree to which the project activities are replicable;

- The extent to which proposed award activities will accomplish programmatic goals impacting the diversity, distribution, and development of a health care workforce that is prepared to deliver high quality care in a transforming health care delivery system, with an emphasis on rural and underserved areas and populations;
- The impact of the program on trainees after completion of the program;
- The extent to which applicant presents a sophisticated and plausible logic model effectively summarizing the connections among project goals, assumptions, inputs, target populations, activities, outputs, and outcomes.
- Strength of applicant's ability to collect and report on HRSA's program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data in the HRSA EHB system on an annual basis; and
- Strength of a trainee (AHEC Scholar) tracking system that allows the program to track individual trainees for one year following completion of training programs.
- Strength and effectiveness of the plan to incorporate continuous quality improvement of award activities including how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans.

Criterion 3 (b): PROJECT SUSTAINABILITY (5 points) – [Corresponds to Section IV's Impact Sub-section \(b\) Project Sustainability](#)

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

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES (15 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 the project narrative, as well as through the 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 research 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; and
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Special Considerations and Other Factors

This program includes special consideration as authorized by PHS Act Section 751(k). A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

Considerations for Funding: Existing AHEC Programs, Existing AHEC Programs requesting expansion, and New AHEC Program.

Existing AHEC Programs:

- Existing AHEC Program Office(s) and/or centers(s) in the state; HRSA will fund the most competitive application from that state.

Existing AHEC Programs Requesting Expansion:

- Applicant proposes a new AHEC Program Office(s) in a state that has existing AHEC Program; HRSA will fund the most competitive application in each state while ensuring parity in the number of grants in each state.
- Existing AHEC Program Office(s) in the state requesting expansion (i.e., adding a new center) in an area with a HPSA Score > 14; HRSA will fund the most competitive application in each state while ensuring parity in the number of grants in each state.

New AHEC Program

- No existing AHEC Program Office(s) and/or center(s) in the state; HRSA will fund the most competitive application from that state

Please note: If the FY 2022 appropriation level for the AHEC Program is the same or less than the FY 2021 appropriation level, the additional new Center(s) for an existing AHEC Program requesting expansion may not be funded.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

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

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

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights

with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis and the recipient must participate in quarterly technical assistance (including AHEC Scholars Program) during the planning years. 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.

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA. The recipient must submit information related to the competing supplement as part of their AHEC Program report narrative. Refer above for additional details on the Non-Competing Continuation Renewal Submission.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (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 NOA.

The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 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 calendar days after the period of performance ends.

- 3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at <https://grants.hrsa.gov/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 grant activity.
 - Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

- 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. More specific information will be included in the NOA.
- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Curtis Colston
Senior Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: 301-443-3438
Email: CColston@hrsa.gov

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

Christina Lottie
Public Health Analyst, Bureau of Health Workforce
Attn: AHEC Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, MD 20857
Telephone: (301) 287-2602
Email: AHECProgram@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 dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base: <https://grantsportal.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 \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

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

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

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