

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

***Health and Public Safety Workforce Resiliency Technical Assistance
Center (HPSWRTAC)***

**Funding Opportunity Number: HRSA-22-111
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.732**

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

**MODIFIED on August 20, 2021: Cover, Executive Summary,
Section IV.4 and Section VI.3 - changed the Application Due Date,
period of performance and period of reporting**

Application Due Date: September 20, 2021

*SAM.gov and Grants.gov administrative flexibilities have been implemented.
Please see [Section IV.3](#) for more information.*

Issuance Date: August 20, 2021

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Authority: Section 799A of the Public Health Service Act (42 U.S.C. § 295) and
Sections 2703 and 2705 of the American Rescue Plan Act of 2021 (P.L. 117-2).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Health and Public Safety Workforce Resiliency Technical Assistance Center (HPSWRTAC).

The purpose of this program is to provide tailored training and technical assistance (TA) to the recipients of Health and Public Safety Workforce Resiliency Training Program (HRSA-22-109) and Promoting Resilience and Mental Health Among Health Professional Workforce (HRSA-22-110) to establish, enhance and expand the capacity and infrastructure to rapidly deploy evidence-informed or evidence-based innovative strategies that promote mental and behavioral health, prevent suicide, as well as reduce burnout and substance use occurrences among providers, health care professionals, health care students, residents, professionals, paraprofessionals, trainees, public safety officers¹ and employers of such individuals. HRSA's health and public safety workforce resiliency grant recipients have a special focus on the workforce in rural and medically underserved communities.

The HPSWRTAC supports the HRSA Bureau of Health Workforce's (BHW) priority on behavioral health by improving the quality of training and increasing access to care through partnerships and linkages to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care professionals.

Funding Opportunity Title:	Health and Public Safety Workforce Resiliency Technical Assistance Center (HPSWRTAC)
Funding Opportunity Number:	HRSA-22-111
Due Date for Applications:	September 20, 2021
Anticipated Total Annual Available FY 2022 Funding:	\$6,000,000
Estimated Number and Type of Award(s):	One cooperative agreement
Estimated Award Amount:	Up to \$2,000,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	January 1, 2022 through December 31, 2024 (3 years)

¹ The broad term of public safety officer may refer to various professions related to public safety, such as firefighters, law enforcement officers, rescue squad members, or ambulance crew. A public safety officer is responsible for keeping the peace in public areas, such as university campuses of state facilities.

Eligible Applicants:	<p>Health professions schools, academic health centers, state or local governments, Indian Tribes and tribal organizations, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches).</p> <p>Entities providing health care, including health care providers associations and Federally Qualified Health Centers (FQHCs).</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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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(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/default.aspx> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health and Public Safety Workforce Resiliency Technical Assistance Center (HPSWRTAC).

Program Purpose

The purpose of this program is to provide tailored training and technical assistance (TA) to Health Resources and Services Administration's (HRSA's) health workforce resiliency grant recipients to establish, enhance and expand the capacity and infrastructure to rapidly deploy evidence-informed or evidence-based innovative strategies that promote mental and behavioral health, prevent suicide, as well as reduce burnout and substance use among providers, health care professionals, health care students, residents, professionals, paraprofessionals, trainees, public safety officers and employers of such individuals, collectively known as the "Health Workforce" for the purpose of this NOFO. These health workforce resiliency grant recipients have a special focus on the Health Workforce in rural and medically underserved communities.

Program Goals

- 1) Establish and enhance a network of partnerships among the HRSA's health workforce resiliency grant recipients through regional partnerships to share best practices, leverage resources, promote mental and behavioral health, prevent suicide, and reduce burnout and substance use among the Health Workforce.
- 2) Enhance the capacity of HRSA's health workforce resiliency grant recipients utilizing evidence-informed or evidence-based innovative strategies to promote mental and behavioral health, prevent suicide, and reduce burnout and substance use among the Health Workforce, particularly in rural and underserved areas.
- 3) Enhance HRSA's health workforce resiliency grantee recipients framework by providing critically needed resources through technical assistance and training to promote mental and behavioral health, prevent suicide and reduce burnout and substance use among the Health Workforce.

Program Objectives

- 1) Promote mental and behavioral health, and provider wellness through the provision of technical assistance and training to HRSA's health workforce resiliency grant recipients.
- 2) Provide training and technical assistance to HRSA's health workforce resiliency grant recipients to develop evidence-informed or evidence-based post-intervention protocols that address the needs of entities impacted by provider suicides or other adverse events.
- 3) Provide tailored technical assistance to HRSA health workforce resiliency grant recipients to establish, enhance, expand, and integrate resilience, and wellness evidence-informed or evidence-based programs/protocols within their organization's values, expectations, policies, and procedures to provide their

health professional workforce with the knowledge, skills, services, and resources to become resilient and manage workplace stressors.

- 4) Provide tailored training and technical assistance to HRSA's health workforce resiliency grant recipients to increase the capacity of organizations to transform their organizational culture, values, and expectations to provide needed community-based and culturally-competent services and resources to their health professional workforce(s) to enable them to manage workplace stressors.
- 5) Create regional partnerships among HRSA's health workforce resiliency grant recipients for linkages that address immediate workforce needs related to promoting mental and behavioral health, preventing suicide, and reducing burnout and substance use.
- 6) Provide tailored training and technical assistance to HRSA health workforce resiliency grant recipients in medically underserved and rural areas to enhance and expand their programs and support for the Health Workforce serving in these areas.
- 7) Establish a national framework that supports the rapid deployment of evidence-informed or evidence-based strategies to reduce and address burnout, suicide, mental health conditions and substance use disorder and enhance resiliency.
- 8) Provide support to HRSA's health workforce resiliency grant recipients to facilitate the exchange of best practices and lessons learned to promote mental and behavioral health and to address suicide, burnout and substance use among the health workforce.
- 9) Enhance and establish data collection tools and protocols for national provider resiliency efforts.
- 10) Create and develop long-term sustainability practices/models for innovative approaches for provider resiliency and burnout.
- 11) Conduct evaluation studies to ensure that program meets its internal benchmarks.

2. Background

This program is authorized by Section 799A of the Public Health Service Act (42 U.S.C. § 295) and Sections 2703 and 2705 of the American Rescue Plan Act of 2021 (P.L. 117-2).

The Health and Public Safety Workforce Resiliency Technical Assistance Center (HPSWRTAC) is established to provide TA to HRSA's health workforce resiliency grant recipients, and to increase the knowledge and crosscutting skills of health care professionals, paraprofessionals, public safety officers, health care providers, other personnel and members of entities providing health care. The TA center will provide evidence-informed and evidence-based strategies to expand the capacity of the workforce resiliency grant recipients to address the mental health consequences of the COVID-19 pandemic on the health care workforce. During the COVID-19 emergency health care providers experienced significant adverse effect on the ability to serve patients.² Providing direct care services, specifically during COVID-19, has contributed

² Song, Z., Giuriato, M., Lillehaugen, T., Altman, W., Horn, D., et al. (2020) Economic and Clinical Impact of COVID-19 on Provider Practices in Massachusetts. NEJM Catalyst Innovations in Care Delivery. <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0441>

to increased rates of provider burnout, increased rates of suicide among providers, and other negative behavioral health outcomes³.

The impact of the COVID-19 response on the emotional and physical health of the U.S. public health workforce have been well described.⁴ The “Coping with COVID” study found that nursing assistants, medical assistants, housekeeping and social workers from minority groups had somewhat higher levels of stress and burnout.⁵ Further contributing to the impact on provider burnout are the challenges faced in rural communities. Data shows that “African American, Latinx and Native American communities make up 22% of the rural population and are also at higher risk for underlying health conditions that are known risk factors for severe COVID-19 disease.”⁶ Rural health care systems face challenges in responding to the needs of rural populations such as fewer hospitals and providers who specialize in critical care.

The establishment of the HPSWRTAC will enable HRSA’s health workforce resiliency grant recipients to coordinate efforts, thus creating a more streamlined approach to delivering the strategies necessary to mitigate provider suicide and other adverse events related to occupational stress to providers and the health workforce. Occupational stress has been consistently linked to negative individual outcomes, such as high rates of depression and anxiety, burnout, secondary traumatic stress, and compassion fatigue.⁷ It is also correlated with a number of negative patient and organizational outcomes, such as reduced work performance and comprised patient care.⁸

The HPSWRTAC seeks to utilize collaborative partnerships such as the HRSA’s 10 Regional Public Health Training Centers (PHTC). Regional partnerships provide an opportunity to leverage existing workforce resiliency resources and to integrate best practices nationally, thus expanding the reach of the TA center, and enhancing the center’s ability to rapidly respond to negative mental health outcomes including burnout. Burnout is commonly associated with symptoms of cognitive impairment; these can include memory loss, concentration difficulties, and problems with solving complex tasks. Burnout has also been associated with depersonalization and an inability to work

³ Kingston AM. (2020). Break the Silence: Physician Suicide in the Time of COVID-19. *Mo Med.* 2020 Sep-Oct;117(5):426-429. PMID: 33311744; PMCID: PMC7723130.

⁴ Stone, K.W., Kitziger, K. W., [...] and Horney, J.A. Public Health Workforce Burnout in the COVID-19 Response in the U.S. *International Journal of Environmental Research and Public Health.* 2021 April; 18(8):4369

⁵ Kriti Prasada, Colleen McLoughlin, Martin Stillman, Sara Poplaub, Elizabeth Goelz, Sam Taylor, Nancy Nankivil, Roger Brown, Mark Linzer, Kyra Cappeluccic, Michael Barbouchee, Christine A. Sinsky. Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinical Medicine.* Retrieved July 9, 2021 from [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00159-0/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00159-0/fulltext)

⁶ Infectious Diseases Society of America. (2020). COVID-19 Policy Brief : Disparities Among Rural Communities in the United States. Retrieved from https://www.idsociety.org/globalassets/idsa/public-health/covid-19/covid19-health-disparities-in-rural-communities_leadership-review_final_ab_clean.pdf

⁷ Figley, C. R. (2002). Compassion fatigue: psychotherapists’ chronic lack of self care. *J. Clin. Psychol.* 58, 1433–1441. doi: 10.1002/jclp.10090.

⁸ Tan, L., Wang, M., Modini, M., Joyce, S., Mykletun, A., Christensen, H., et al. (2014). Preventing the development of depression at work: a systematic review and meta-analysis of universal interventions in the workplace. *BMC Medicine* 12:74. doi: 10.1186/1741-7015-12-74.

effectively,⁹ increased absenteeism, reduced productivity, and negative effects on the ability of the individual to deliver safe care, all of which compromises patient safety.¹⁰

Burnout has reached significant levels among United States (US) health care professionals, with over one-half of physicians and one-third of nurses experiencing symptoms. The high rates of burnout are concerning as they negatively impact the quality of patient care and may exacerbate the impending physician shortage¹¹. The health care workforce in rural areas is at even greater risk of experiencing burnout, as research indicates that rural physicians often have fewer resources, an increased workload and longer hours when compared to their urban counterparts¹².

The HPSWRTAC will provide continuous feedback through evidence-informed or evidence-based evaluation mechanisms to ascertain the effectiveness of the innovative strategies developed to promote mental and behavioral health and to address suicide, burnout and substance use. The HPSWRTAC's guidance and regional coordination activities will enhance the impact and broaden the reach of the HRSA's health workforce resiliency grant recipients.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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.

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

1. Participating in the strategic direction of the services provided to include but not limited to planning, development, and evaluation of all phases of the project;
2. Providing programmatic input and consultation for development and delivery of TA;
3. Participating in the development of outcome measures specific to TA provided;
4. Participating in the planning of the awarded recipient's regional partnerships;
5. Participating in the planning of TA conducted by the award recipient;

⁹ Stamm, B. (2010). *The Concise ProQOL Manual*, 2nd Edn. Pocatello, ID: ProQoL.org

¹⁰ Mealer, M., Jones, J., Newman, J., McFann, K. K., Rothbaum, B., and Moss, M. (2012). The presence of resilience is associated with a healthier psychological profile in intensive care unit (ICU) nurses: results of a national study. *Int. J. Nurs. Stud.* 49, 292–299. doi: 10.1016/j.ijnurstu.2011.09.015

¹¹ Reith, T. P. (2018). Burnout in United States Healthcare Professionals: A Narrative Review. *Cureus*, 10(12), e3681. <https://doi.org/10.7759/cureus.3681>.

¹² Haggerty, T.S., Fields, S.A., Selby-Nelson, E.M., Foley, K.P. and Shrader, C.D. (2013). Physician Wellness in Rural America: A Review. *The International Journal of Psychiatry in Medicine*, 46(3), 303-313. <https://doi.org/10.2190/PM.46.3e><https://doi.org/10.2190/PM.46.3e>

6. Reviewing and approving project activities and products prior to dissemination; and
7. Reviewing and approving publications and other products created by the award recipient.

The cooperative agreement recipient's responsibilities will include:

1. Provide tailored technical assistance and training to HRSA's health workforce resiliency grant recipients as noted in the HPSWRTAC program requirements through a proposed work plan approved by HRSA;
2. Collaborating with the HRSA's health workforce resiliency grant recipients to identify and deliver evidence-informed or evidence-based strategies to promote mental health, to address burnout and substance use disorder to the health care workforce;
3. Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the R&R Application Guide (Acknowledgement of Federal Funding);
4. Working with HRSA and workforce resiliency programs in identifying TA needs and implementing innovative strategies and activities that meet workforce needs, and can be used by any entity receiving TA;
5. Working with HRSA in the development of data collection tools, training materials, publications to strengthen the HRSA health workforce resiliency programs and other complementary resources; and
6. Developing and maintaining an initiative specific, private, secure website for communication about the HPSWRTAC activities. The private, secure portion of the website will be accessible to the award recipient, partnering sites, and HRSA staff. The website will be expected to support:
 - TA resources, such as evidence-informed or evidence-based educational materials, mental health, suicide, burnout and substance use disorder products, tools, recent findings of interest from outside the initiative, and links to relevant resources;
 - Logistical and administrative information, such as online trainings, webinars, and publications.

This website must also have a public facing page that serves as a repository of webinars, tools, and resources that allows open access to other entities for general TA information and products.

2. Summary of Funding

HRSA estimates approximately \$6,000,000 to be available to fund one recipient. You may apply for a ceiling amount of up to **\$2,000,000** total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is January 1, 2022 to December 31, 2024 (3 years).

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants for the HPSWRTAC are:

Health professions schools, academic health centers, state or local governments, Indian Tribes and tribal organizations, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches).

Entities providing health care, including health care providers associations and Federally Qualified Health Centers (FQHCs).

Individuals are not eligible to apply under this NOFO.

Applicants that are institutions of higher education, health professions schools, and academic health centers must be accredited by a nationally recognized accrediting body. These applicants must submit their accreditation documentation as Attachment 4. Failure to attach a copy of the required accreditation documentation as Attachment 4 will be considered non-responsive, and applications will not be considered for funding under this announcement. Applicants are required to maintain their accreditation throughout the period of performance and notify HRSA of any change in status.

Eligible entities must be located in the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

See FAQs on the Related Documents Tab in [GRANTS.GOV HRSA-22-111](https://www.grants.gov/grants/HRSA-22-111) for more information.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$2,000,000 per year non-responsive and will not consider it for funding under this notice.

Page Limit

HRSA will consider any application that exceeds the page limit referenced in [Section IV](#) non-responsive and will not consider it for funding under this notice.

Deadline

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

Multiple Applications

Multiple applications from an organization are not allowable.

An organization is an entity with its own unique DUNS number or Unique Entity Identifier (UEI).

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. 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>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package 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

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

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

Application Page Limit

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes 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 "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for **HRSA-22-111**, 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 80 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 the correct funding opportunity number 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. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 7: Other Relevant Documents**.

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

Program-Specific Instructions

Program Requirements:

The award recipient funded under this funding opportunity will be required to:

1. Develop partnerships within each of the 10 HRSA Regions, to provide tools for increasing capacity and knowledge through peer connections and sharing of best practices and resources that promote the widespread enhancement of workforce burnout prevention and resiliency strategies for HRSA's health workforce resiliency grant recipients.

2. Provide tailored TA services to HRSA's health workforce resiliency grant recipients, through a variety of modalities (e.g. individual and group virtual TA, webinars, and engagement calls) that assess needs, capabilities, and address gaps, while strengthening knowledge and skills, on developing strategies to promote mental health and address suicide and burnout.
3. Continuously review the overall effectiveness of the private, secure website, TA, and training tools, by monitoring ongoing processes and progress toward meeting goals and objectives of the project.
4. Rapidly respond to requests in each budget year. Requests may include responding to TA requests virtually, or submitting products such as short reports, TA reports, memoranda, tables, or other products.
5. Develop and maintain an initiative specific, private, secure website for communication about the HPSWRTAC activities. The private, secure portion of the website will be accessible to award recipient, partnering sites and HRSA staff. The website will be expected to support:
 - a. TA resources, such as evidence-informed or evidence-based educational materials, linkages to mental health, suicide, burnout and substance use disorder products, tools, recent findings of interest, and relevant resources;
 - b. Logistical and administrative information (e.g. Online trainings, webinars and publications);
 - c. The website must also have a public facing page that serves as a repository of webinars, tools and resources that allows open access to other entities for general TA information and products.
6. Contribute to report(s) for dissemination to HRSA's health workforce resiliency grant recipients on a private secure website accessible to HRSA's health workforce resiliency award recipients. The reports must include outcomes and recommendations on:
 - a. Mechanisms for identifying, establishing, supporting and maintaining networks, including community-based and non-traditional partners, such as first responders for workforce burnout identification, intervention and initiation of treatment; and
 - b. The most effective models, curricula, and strategies that prepare HRSA's health workforce resiliency grant recipients program participants (e.g. providers, students and trainees, health care professionals, paraprofessionals and public safety officers) to address workforce burnout prevention and treatment services.

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. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's SF-424 R&R Application Guide.

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
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.

ii. **Project Narrative**

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

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

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

In this section, you must describe the purpose of the proposed project and need for the program. This section will help reviewers understand the purpose and need for workforce resiliency TA, and evaluation as it relates to burnout and wellbeing.

You must describe:

1. The current workforce burnout and resiliency treatment and prevention landscape, including best practices and approaches that are most effective in addressing workforce burnout;
 2. The current best and evidence-based practices for educating the workforce across a variety of fields on effective strategies to prevent burnout; and
 3. The current operations, including current services and gaps, TA, and evaluation activities currently in place across the variety of fields on effective workforce resiliency strategies.
- **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 \(a\)](#).*

In this section, you must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope, addresses how through concrete steps you plan to implement the proposed project in order to achieve the goals of the NOFO and successfully implement the proposed activities identified in the Methodology/Approach section. The work plan must drive and align with the methodology and include the following:

1. Description of the activities or steps, key partners, staff responsible, and timeframes during the three (3) year period of performance. Goals and objectives must be specific, measurable, achievable, realistic, and time framed; and
 2. Explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall grant implementation timeline and three (3) year period of performance
- (b) *METHODOLOGY/APPROACH* -- Corresponds to [Section V's Review Criterion #2 \(b\)](#).

In this section, you must describe your objectives, proposed activities and strategies to institute a TA program for HRSA's health workforce resiliency grant recipients, provide evidence for how they link to the project purpose, the stated needs, and meet each of the program requirements in this NOFO.

You must include the methodologies, strategies and approaches for the following:

1. Executing a program with each of the TA requirements described in the [Program Specific Instructions](#) in this NOFO;
 2. Creating and delivering TA to HRSA health workforce resiliency programs focusing on workforce burnout prevention and treatment services, and resiliency;
 3. Ensuring workforce resiliency grant recipients can assess their current capabilities to address workforce burnout and resiliency and can access the necessary information, resources and linkages to implement solutions;
 4. Compiling and developing the most up-to-date and relevant resources focusing on the workforce burnout and resiliency;
 5. Evaluating the TA provided through rapid cycle quality improvement (RCQI) to the workforce resiliency grant recipients, including how the TA improves participants' (e.g. providers, students and trainees, health care professionals, paraprofessionals, and public safety officers) resiliency including reducing burnout, suicide, mental health conditions, and substance use disorders;
 6. Providing a work plan as Attachment 5 that drives and aligns with the methodology and incorporates the activities and strategies to institute a TA program; and
 7. Providing a Logic Model for designing and managing the project as Attachment 6. You can find additional information on developing logic models at the following website: https://www.cdc.gov/eval/tools/logic_models/index.html.
- (c) *RESOLUTION OF CHALLENGES* -- Corresponds to [Section V's Review Criterion #2 \(c\)](#)

In this section, you must discuss challenges that you anticipate you are likely to encounter based on prior workforce development program experience in designing and implementing the activities described in the work plan, and approaches to resolve such challenges. This section must include:

1. Challenges related to program requirements, work plan, project implementation, and achievement of the proposed goals and objectives (e.g., performance measurement requirements);

2. Challenges related to providing TA to workforce resiliency grant recipients, managing a TA program including responding to rapid response requests, developing and engaging in workforce and community partnerships, developing and maintaining a private, secure website in the public domain with linkage to resources, and implementing methodologies and strategies for measuring progress toward TA goals; and
3. Resources and plans to resolve and overcome these challenges and obstacles, and examples of such.

▪ *IMPACT – Correspond to Section V’s Review Criteria #3*

Describe plans to monitor and evaluate the proposed TA Program. Describe how the TA program will promote effective execution of the proposed activities and accountability to proposed project goals. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g. key evaluation personnel and organization support, collaborative partners, budget and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluation measures will be reported. You must submit as Attachment 1 a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, 2) the extent to which these can be attributed to the project, and 3) how will the evaluation plan be linked to the HRSA health workforce resiliency programs. The HPSWRTAC recipient will be expected to report on their findings in their Annual Progress Report.

Meaningful and accurate endpoint data will demonstrate the success of the HPSWRTAC to inform quality improvement activities, and demonstrate accountability to stakeholders.

In this section, you must describe how you plan to monitor, evaluate, and document your project’s performance.

Performance Evaluation Plan: Provide a Performance Evaluation Plan that will contribute to continuous quality improvement. The plan must include:

1. Description of how you will monitor ongoing processes and progress toward meeting goals and objectives of the project;
2. Descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured;
3. Expected outcomes of the funded activities;
4. Description of how all key evaluative measures will be reported and disseminated; and
5. Description of specific actions you will take to highlight key elements of the project, which have been effective in developing workforce burnout and resiliency expertise.

Performance Reporting Plan: You must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. The following link includes examples of the required data forms for this program:
<http://bhw.hrsa.gov/grants/reporting/index.html>.

You must describe the data collection strategy to collect, manage, analyze and track data to measure the impact/outcomes, of the work plan in a way that allows for accurate and timely reporting of performance outcomes.

You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which TA program results may be national in scope, and the degree to which the project activities are replicable and plans to sustain all or part of the proposed TA program after the end of the three-year period of performance.

Describe your plan and capacity to collect, validate, and report required data measures on the TA being provided to HRSA's health workforce resiliency grant recipients, such as, but not limited to:

1. Number and type of entities constituting the 10 regional partnerships convened;
2. Number, type and modality of TA activities that were requested by the grant recipients during the period of performance; number and type of TA events provided to workforce resiliency grant recipients. These include: number of individual and group TA sessions, number of webinars, and number of engagement calls;
3. Number and type of publication-worthy report(s) disseminated and maintained on a private, secure website; number of surveys received from HRSA's health workforce resiliency grant recipients that utilized the TA services of the awarded entity; number and types of satisfaction ratings and impacts the services had on their programs; and
4. Number and types of events, online trainings, and publications, linkage to products, tools, evaluation resources for workforce burnout prevention, and treatment listed on a single private secure website.

You must describe a plan for 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. Additional information on RCQI is available at the following website: <https://www.healthworkforceta.org/rapid-cycle-quality-improvement-resources/>.

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

Succinctly describe your capacity to manage effectively the programmatic, fiscal, and administrative aspects of the proposed project.

You must describe the following:

1. Experience in providing TA to entities providing evidence-informed or evidence-based strategies for reducing and addressing suicide, burnout, mental and behavioral health conditions, and substance use disorders among health care professionals, paraprofessionals and public safety officers;
2. The ability to establish, enhance or expand evidence-informed or evidence-based programs or protocols to promote mental and behavioral health among their providers, other personnel, and members [of entities providing health care], and examples of such;
3. Proven ability to identify and disseminate best practices, conduct capability assessments, as well as identify and alleviate gaps and barriers in the development and the delivery of evidence-based or evidence-informed strategies to outcomes related to mental health conditions;
4. Experience in working with entities in medically underserved communities, including entities focused on evidence-informed or evidence-based strategies to promote mental and behavioral health, address suicide, burnout and substance use disorder, and examples of such;
5. Demonstrated capability to leverage resources and improve mental health outcomes by employing collaborative partnerships, and outcome based evaluation for accomplishing these goals, and examples of such;
6. Demonstrated evidence of capacity and expertise to successfully manage the proposed program, including relevant current or previous organizational experience as evident in the staffing plan as Attachment 1, letters of agreement as Attachment 2, project organizational chart as Attachment 3, and response in the narrative section;
7. Demonstrated evidence of capacity and expertise to provide TA to entities that promote mental and behavioral health, address suicide, burnout and substance use disorder;
and,
8. Describe how HPSWRTAC's TA would be routinely assessed and improved based on prior experience providing assistance to similar workforce programs outside of HRSA.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 1. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Section D (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

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 the 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.

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.

HRSA’s Standard Terms apply to this program. Please see Section 4.1 of HRSA’s R&R SF-424 Application Guide for additional information. 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. The current Executive Level II salary is \$199,300. See Section 5.1.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.

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), proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, HPSWRTAC requires the following:

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

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any 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
Impact	(3) Impact
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

v. **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 limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label **each attachment**.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) (Required)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

You must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Copies of biographical sketches or resumes for any key employed personnel that will be assigned to work on the proposed project must be uploaded in the SF-424 R&R Senior/Key Person profile form. 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.

Key personnel should have adequate time devoted to the project to achieve the project objectives. Project staff should also have expertise in successful academic-practice partnerships, workforce development issues, adult learning and evidence-based education models, particularly distance learning and those that utilize available and emerging technologies.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (As applicable)

If applicable, provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 3: Project Organizational Chart (Required)

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

Attachment 4: Accreditation (As applicable)

Provide documentation of institution's accreditation as defined in the eligibility section of this NOFO.

Attachment 5: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

Attachment 6: Logic Model (Required)

Attach the required [logic model](#) that presents the conceptual framework for your project.

Attachment 7: Other Relevant Documents (As applicable)

Include here any other document that is relevant to the application (e.g. subaward budgets, Negotiated Indirect Cost Rate Agreement)

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

The requirements for SAM (System of Award Management) registration have temporarily changed due to the federal government's response to the COVID-19 pandemic. To support entities impacted by COVID-19, applicants are not required to have an active SAM registration at the time of submission of the application under this Notice of Funding Opportunity (NOFO). If not registered at time of award, HRSA requires the recipient to obtain a unique entity identifier (i.e., DUNS) and complete SAM registration within 30 days of the Federal award date.

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

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

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

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 federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within the 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 located at 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 *August 30, 2021 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 HPSWRTAC is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$2,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for purposes specified in HRSA’s [SF-424 R&R Application Guide](#). In addition, funds may not be used for the following purposes:

- a) Construction;
- b) Foreign Travel; and
- c) Accreditation, Credentialing, Licensing and Franchise fees and expenses.

HRSA’s Standard Terms apply to this program. Please see Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information.

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. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review 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.

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

Review criteria are used to review and rank applications. The HPSWRTAC has five review criteria. See the review criteria outlined below with specific detail and scoring points.

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

Reviewers will consider whether you have presented a clear purpose and compelling need to provide TA by providing a description of the following:

1. Best practices and approaches that are most effective in workforce burnout prevention and treatment, and resiliency landscape;
2. The effectiveness of best and evidence based strategies for workforce burnout treatment for the education of health care students, residents, professionals, paraprofessionals, trainees, and public safety officers and employers of such individuals, and providers, other personnel, and members [of entities providing health care]; and
3. Identification of current services and gaps in TA, and evaluation activities.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (25 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 (5 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(a\) Work Plan](#)

Reviewers will consider the extent to which the application proposes a work plan that: (1) incorporates the [program requirements](#) and expectations of the NOFO; (2) addresses the need, expertise, and experience required in the [Purpose and Need Section](#); and (3) 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.

Reviewers will consider:

1. The quality, thoroughness, and feasibility of successfully completing all proposed activities and timelines within the period of performance as documented in the work plan as Attachment 5 and [VI. 3 Reporting](#);
2. The time devoted to the project by the project director as outlined in the NOFO and key personnel is adequate to achieve project objectives;
3. The extent to which the applicant proposes a work plan with (1) an implementation timeline that ensures that the applicant will have resources, adequate staffing with necessary skill sets, qualified key personnel as documented in Attachment 1, and subcontracts in place (if applicable) at the beginning of the period of performance and throughout the budget years, and (2) has the ability to adapt staffing to respond to rapid response TA requests; and
4. An explanation of how the work plan is appropriate for the program design and how the targets fit into the overall timeline of a three (3) year period of performance.

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

Reviewers will consider the methodology that (1) aligns with and drives the work plan; (2) incorporates the [Program Requirements](#) and expectations of the NOFO; (3) addresses the needs, expertise, and experience requirements demonstrated in the [Purpose and Need Section](#); and (4) is able to anticipate needs for TA and program evaluation of HRSA's health workforce resiliency TA programs.

Reviewers will consider:

1. The methodology's capability to support each of the TA program requirements and expectations of the NOFO, and attaining the project objectives within the period of performance;
2. The strength of establishing collaborative partnerships between TA recipients for coordination of communication, learning, and dissemination of evidence-informed or evidence-based strategies;
3. Demonstrate a systematic approach to the provision of TA to HRSA's health workforce resiliency grant recipients in the development of collaborative partnership activities; and
4. The proven ability of the methodology described in the logic model as Attachment 6 for instituting and managing a workforce resiliency TA program.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to [Section IV's Response to Program Purpose Sub-section \(c\) Resolution of Challenges](#)

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

Reviewers will consider:

1. Ability to foresee possible challenges related to project implementation, and the ability to adapt if necessary to overcome these challenges for the achievement of the proposed goals and objectives.

Criterion 3: IMPACT (30 points) – Corresponds to Section IV's Impact

Reviewers will consider the extent to which the proposed project demonstrates how the applicant will: (1) report on the measurable outcomes for program performance evaluation that includes both the applicant's internal program performance evaluation plan and HRSA's required performance measures; (2) monitor programs, analyze data to identify gaps and assess the attainment of program outcomes and longer-range program impact, of HRSA's health workforce resiliency programs and (3) perform data-based continuous quality improvement activities that will identify areas for improvement where effective enhancements can be implemented within HRSA's health workforce resiliency programs.

Reviewers will consider the following information:

1. The overall quality of the evaluation plan, demonstrated expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement, and ability to comply with HRSA's performance measurement requirements and [evaluation function](#) as described in this NOFO;
2. A description of the evaluation plan including necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect data in such a way that allows for accurate and timely reporting, and program needs/gaps to be filled;
3. The quality of the plan including the methodology and proposed approach for utilizing both quantitative and qualitative data efforts to periodically review program outcomes;
4. The feasibility and effectiveness of plans for dissemination of project results;
5. The strength of the plan to inform RCQI efforts to review periodically program progress and to make adjustments toward TA goals.
6. Description of a plan that includes sustained key elements of their cooperative agreement, e.g., strategies for dissemination of best practices, partnerships which have been effective in improving practices, and tangible next steps for continuing the effort described in their application beyond the duration of the grant period; and
7. Description of the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (25 points) – Corresponds to [Section IV's Organizational Information, Resources, and Capabilities](#)

Reviewers will consider the extent to which the application demonstrates that the applicant organization has the proven ability, demonstrated successes, and organizational capacity to ensure that the [program requirements](#) and expectations of the NOFO are met, and an understanding of potential obstacles and challenges during the design and implementation of the TA program, as well as describes a reasonable and practicable plan to sustain all or part of the proposed program after the end of the three-year funding period, while providing TA services to HRSA's health workforce resiliency programs.

Organizational Capacity (10 points)

Reviewers will consider the following information:

1. Prior experience in instituting, and managing a TA program that focuses on enhancing and strengthening the knowledge, skills, and expertise of TA recipients; and
2. The extent to which the project director and other personnel are qualified by training and/or experience and can dedicate the required time on the project to implement and carry out the project per the project narrative and Attachments.

Organizational Expertise (15 points)

Reviewers will consider the following information:

1. Evidence of the capabilities and subject matter expertise to institute the HPSWRTAC with the TA and evaluation functions as outlined in this NOFO;
2. Evidence of meaningful support, collaboration, and commitment with key stakeholders in planning, designing, and implementing all program requirements. This may be demonstrated by resources and/or letters of agreement and support as Attachment 2 (i.e., commitment to provide financial or in-kind resources);
3. Evidence of the organization's ability to successfully manage federal funds; and
4. Evidence of the organization's ability to build and maintain the program's website.

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

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

The budget and budget justification follows the program-specific budget instructions specified in the NOFO and the SF-424 R&R Application Guide. This includes, but is not limited to:

- TA Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- Key personnel have adequate time devoted to the project to achieve project objectives; and

- The budget justification is detailed with an itemized cost breakdown, costs are clearly justified by a narrative description and adequately aligns with the proposed line item budget.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. 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.

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 posed 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 issue the Notice of Award (NOA) prior to the start date of January 1, 2022. 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 Notice of Award, 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 Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

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.

Attribution.

You are required to use the following acknowledgement and disclaimer on all products produced by HRSA funds:

“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, and, if applicable, the percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”

You are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HHS supported publications and forums describing projects or programs funded in whole or in part with HHS funding, including websites. Examples of HHS-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issue briefs.

Intellectual Property. Pursuant to 45 CFR § 75.322 and 75.448, to ensure that the investment of HRSA funds has as broad an impact as possible and to encourage innovation in the development of new learning materials, the Federal Government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The Federal Government has the right to: (1) obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and (2) authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

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3. Reporting

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

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

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

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

Further information will be available in the NOA.

- 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 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 [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).
- 6) **Rapid Response Requests.** The award recipient will be required to fulfill Rapid Response Requests in each budget year. Rapid response may include responding to TA requests virtually, or submitting products such as short reports, TA reports, memoranda, tables, or other products. Deadlines for responses will be provided by the Project Officer and will usually range from five to ten business days from the date of request.
- 7) **Technical Assistance Strategy Reports.** The award recipient will be required to submit quarterly strategy reports. The purpose of these reports is for the award recipient to inform HRSA about the technical assistance activities provided on the following:
 - a. type of technical assistance requested and provided
 - b. topics covered
 - c. source of request and resolution
 - d. topic trends
 - e. satisfaction for the service rendered

The award recipient must work with HRSA to develop the report format that will be used.

Please 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.

VII. Agency Contacts

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

Barbara Ellis
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Rockville, MD 20857
Email: bellis@hrsa.gov

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

Christina Ramsey
Public Health Analyst
Division of Nursing and Public Health, BPH
Bureau of Health Workforce
Email: HPSWRTAC@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

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

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. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.

Program-Specific Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#).

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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 above in [Section VII. Agency Contacts](#).