

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

Health and Public Safety Workforce Resiliency Training Program

Funding Opportunity Number: HRSA-22-109
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 765 of the Public Health Service Act (42 U.S. Code § 295) and Section 2703 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 Training Program (HPSWRTP). The purpose of this program is to plan, develop, operate or participate in health professions and nursing training activities using evidence-based or evidence-informed strategies, to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care professionals, including health care students, residents, professionals, paraprofessionals, trainees, public safety officers,¹ and employers of such individuals, collectively known as the “Health Workforce,” in rural and medically underserved communities.

HPSWRTP 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 Training Program
Funding Opportunity Number:	HRSA-22-109
Due Date for Applications:	September 20, 2021
Anticipated Total Annual Available FY 2022 Funding:	\$68,420,000 for 3 year period of performance (decremental funding): \$32,380,000 in year 1; \$21,270,000 in year 2; and \$14,770,000 in year 3)
Estimated Number and Type of Award(s):	Up to 30 cooperative agreements
Estimated Award Amount:	Up to \$1,079,333 in year 1 Up to \$709,000 in year 2 Up to \$492,333 in year 3
Cost Sharing/Match Required:	No
Period of Performance:	January 1, 2022 through December 31, 2024 (3 years) • January 1, 2022 – December 31, 2022 • January 1, 2023 – December 31, 2023 • January 1, 2024 – December 31, 2024

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 or 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 such entities, including entities promoting multidisciplinary approaches. The definition and example of a consortia can be found in Section VIII).</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 Training Program (HPSWRTP).

Program Purpose

The purpose of this program is to plan, develop, operate or participate in health professions and nursing training activities using evidence-based or evidence-informed strategies, to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals, collectively known as the “Health Workforce,” in rural and underserved communities.

Program Goal

The goal of HPSWRTP is to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals, particularly in rural and medically underserved communities.

Program Objectives

1. To plan, develop, operate or participate in health professions and nursing training activities using evidence-based or evidence-informed strategies, to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals, and rapidly deploy those evidence-based or evidence-informed strategies;
2. To create and advance protocols and system-wide approaches within eligible entities to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency;
3. To develop innovative sustainability practices/models (i.e., curriculum development) to promote provider resiliency and prevent or reduce clinician burnout;
4. To reduce financial barriers to health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals by paying for the cost of training for those who participate in training specifically designed to reduce and address burnout, suicide, mental health conditions and substance use disorders, or promote resiliency; and
5. To address the disproportionate burden of burnout, suicide, mental health conditions and substance use disorders among these professionals in rural and medically underserved communities.

2. Background

The HPSWRTP is authorized by Section 765 of the Public Health Service Act (42 U.S. Code § 295) and Section 2703 of the American Rescue Plan Act of 2021 (P.L.117-2)). and builds upon HRSA's mental and behavioral health programs.

The existing HRSA health workforce programs offer education, training, and practice opportunities for professionals and paraprofessionals who either will, or currently do, provide direct care services on integrated, interprofessional teams. Providing direct care services, specifically during the Coronavirus Disease 2019 (COVID-19) emergency, has contributed to increased rates of provider burnout, increased suicide rates among providers, and other negative behavioral health outcomes.² Burnout commonly affects individuals involved in the direct care of others, including mental health practitioners. Burnout consists of three components: emotional exhaustion, depersonalization of clients, and feelings of ineffectiveness or lack of personal accomplishment. Emotional exhaustion may include feeling overextended, being unable to feel compassion for clients, and feeling unable to meet workplace demands. Depersonalization is the process by which providers distance themselves from clients to prevent emotional fatigue. Finally, feelings of ineffectiveness and lack of personal accomplishment occur when practitioners feel a negative sense of personal and/or career worth.³

Burnout has increased among United States health care professionals, with over one-half of physicians and one-third of nurses experiencing symptoms. The burnout is detrimental to patient care and may exacerbate the impending physician shortage.⁴ Burnout has had a negative impact on various communities. Primary care physicians (PCP) experience high rates of professional burnout. These symptoms may be magnified in underserved populations.⁵ Burnout has been associated with an intent to leave practice location. This is especially concerning in many rural areas, which already have physician shortages.⁶

Bureau of Health Workforce (BHW) places an emphasis on increasing access to quality care in its existing health workforce programs. Physician burnout is associated with a reduced efficiency of health care systems to deliver high-quality, safe care to patients. Preventable adverse events cost several billions of dollars to health care systems every

² Sharifi, M., Asadi-Pooya, A., & Mousavi-Roknabadi, R. (2020, December 10). Burnout among healthcare providers Of COVID-19; a systematic review of epidemiology and recommendations. Retrieved April 13, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7812159/>

³ Staff, P. (n.d.). Research roundup: Burnout in mental health providers. Retrieved April 13, 2021, from <https://www.apaservices.org/practice/update/2018/01-25/mental-health-providers#:~:text=Burnout%20commonly%20affects%20individuals%20involved,Jackson%20%26%20Lieber%2C%201997>

⁴ Reith, T. P. (2018). Burnout in United States Healthcare Professionals: A Narrative Review. *Cureus*, 10(12), e3681. <https://doi.org/10.7759/cureus.3681>. <https://doi.org/10.7759/cureus.3681>.

⁵ Olayiwola, J. Nwando, et al. "Higher Perceived Clinic Capacity to Address Patients' Social Needs Associated with Lower Burnout in Primary Care Providers." *Journal of Health Care for the Poor and Underserved*, vol. 29 no. 1, 2018, p. 415-429. Project MUSE, doi:10.1353/hpu.2018.0028.

⁶ Hogue, A.L., Huntington, M. (July 2019). Family Physician Burnout Rates in Rural versus Metropolitan Areas: A Pilot Study. *South Dakota journal of medicine* 72(7):306-309

year. Physician burnout therefore is costly for health care organizations and undermines a fundamental societal need for safe care.⁷

The COVID-19 pandemic has resulted in an overall increase in new cases of depression and anxiety and an exacerbation of existing mental health issues, with a particular emotional and physical toll on health care workers. Limited resources, longer shifts, disruptions to sleep and to work-life balance, and occupational hazards associated with exposure to COVID-19 have contributed to physical and mental fatigue, stress and anxiety, and burnout. Research indicates that increases in emotional breakdowns among front-line health care providers is mainly due to the added pressure of having to choose between family responsibilities and an inner sense of duty toward patients.⁸

The impact of the COVID-19 response on the emotional and physical health of the U.S. public health workforce have been well described.⁹ 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.¹⁰ 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.”¹¹ 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.

Despite the support and resources offered, data still shows the rising prevalence of burnout among clinicians (over 50 percent in some studies), which has led to questions on how burnout affects access to care, patient safety, and care quality.¹² With providers focusing on providing access to quality care despite their own needs, they sometimes subjugate their own health needs. An estimated 400 physicians died by suicide last year. The rate of suicide among doctors is twice that of the general population, and one

⁷ Rosenberg, Jaime. (2018). Physician Burnout Associated With Poorer Patient Outcomes.

<https://www.ajmc.com/view/physician-burnout-associated-with-poorer-patient-outcomes>

⁸ Farzan Sasangohar, PhD, SM, MASc, Stephen L. Jones, MD, MSHI, [...], and Bitá A. Kash, PhD, MBA, FACHE. Provider Burnout and Fatigue During the COVID-19 Pandemic: Lessons Learned From a High-Volume Intensive Care Unit. Published online 2020 Apr 9. doi: 10.1213/ANE.0000000000004866.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7173087/>

⁹ 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

¹⁰ 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)

¹¹ 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

¹² Physician Burnout. Content last reviewed July 2017. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html>

of the highest among any profession. Stress, burnout, and trauma all contribute to this devastating toll.¹³

The HPSWRTP aims to reduce and address burnout, suicide, mental health conditions and substance use disorders by funding entities that train and employ the workforce in order to strengthen the existing health care system's ability to support provider wellness.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). Additional definitions specific to this NOFO can be found in [Section VIII](#) below.

II. Award Information

1. Type of Application and Award

Type 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:**

- Providing ongoing input and review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
- Participating in the planning, development, and evaluation of all phases of the project;
- Participating, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
- Assisting recipients and their partners in developing a national provider resiliency network to share resources, best practices, and lessons learned;
- Reviewing and giving feedback on project information prior to dissemination;
- Assisting with establishing collaborative relationships with federal, state agencies, other HRSA Health and Public Safety Workforce Resiliency Training Program recipients, and other entities relevant to the project mission;
- Providing programmatic input and consultation for the development and delivery of the resiliency training and interventions;
- Collaborating with recipients to develop and implement assessment and evaluation strategies;

¹³ Jay Bhatt, Jerry Reed. September 2019. Suicide prevention resources available to help physicians. <https://www.aha.org/news/insights-and-analysis/2019-09-17-suicide-prevention-resources-available-help-physicians>

- Providing informational resources;
- Participating in the dissemination of written project activities through email and educational products such as toolkits, assessment tools, etc.

The cooperative agreement recipient’s responsibilities will include:

- Participating in ongoing conference calls and webinars with other HPSWRTP recipients and HRSA staff;
 Carrying out all program activities in accordance with, section 2703 of the American Rescue Plan Act of 2021, specifically grant recipients must plan, develop, operate, or participate in health professions and nursing training activities for health care students, residents, professionals, paraprofessionals, trainees, and public safety officers, and employers of such individuals, in evidence-based or evidence-informed strategies for reducing and addressing suicide, burnout, and mental and behavioral health conditions (including substance use disorders) among health care professionals.
- Providing the HRSA project officer with an opportunity to review project information prior to dissemination;
- Establishing contacts relevant to the project’s mission such as with federal and non-federal partners, and other HRSA grant recipients;
- Coordinating activities with other HPSWRTP recipients;
- Collaborating with HRSA and other HPSWRTP recipients to develop and implement assessment and evaluation strategies.

2. Summary of Funding

HRSA estimates approximately \$68,420,000 to be available to fund 30 recipients. You may apply for a ceiling amount of up to:

- \$1,079,333 in year 1
- \$709,000 in year 2, and
- \$492,333 in year 3.

The funding for year one (1) is greater compared to years 2-3, as health professionals may have immediate mental health needs related to current issues with COVID-19, and by providing more substantial funds up front HRSA hopes to enable award recipients to immediately address those needs.

- The total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is January 1, 2022 through December 31, 2024 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the HPSWRTP in subsequent fiscal years, satisfactory recipient progress, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on indirect cost rates

Indirect costs under training awards 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 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.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include the following:

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 such entities, including entities promoting multidisciplinary approaches). Individuals are not eligible to apply under this NOFO.

In addition to the 50 states, eligible entities may be located in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Accreditation/Approval Documentation

Health professions schools and academic health center applicants must be accredited by a nationally recognized accrediting agency, and provide a copy of their active accreditation or active approval from state government as Attachment 6, as specified by the U.S. Department of Education, or must be approved by the state government.

HRSA may consider any application that fails to attach a copy of the required accreditation or related documentation as Attachment 6 to be non-responsive and may not consider it for funding under this notice. Applicants are required to maintain their accreditation or state approval status throughout the period of performance and notify HRSA of any change in status.

See FAQs on the Related Documents Tab in [GRANTS.GOV HRSA-22-109](https://www.grants.gov/HRSA-22-109) 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 up to \$1,079,333 in year 1, \$709,000 in year 2, and \$492,333 in year 3 for the three-year period of

performance 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.

Beneficiary Eligibility

Health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals receiving support from grant funds must be citizens of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national.

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](#) 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 **70 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 "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-22-109, 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 70 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 9: 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 Public Health Service (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 (ASPR) website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

Program-Specific Instructions

Program Requirements

- 1) Use grant funds to pay for short-term training (i.e. training lasting from a few weeks to a few months) to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care students, residents, professional and paraprofessional trainees, public safety officers, and employers of such individuals;
- 2) Create a program that focuses on targeted population by both 1) demographic (i.e. minority, tribal, rural) and 2) role (i.e. doctor, nurse, public safety, etc.) in order to promote equity and effectiveness of delivery.
- 3) Provide in-service credit or Continuing Education Units (CEUs) to staff participating in the provider resiliency trainings;
- 4) Identify and implement Resiliency Train-the-Trainer models for health care students, residents, professionals, paraprofessionals, trainees, and public safety officers, and employers of such individuals to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency;
- 5) Develop and enhance: a) training interventions to health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals to increase well-being and satisfaction in key domains such as workload, control/flexibility, social supports, work-life balance, workflow and administration; b) efficiencies in organizational culture, which may include self-care interventions such as mindfulness, stress management, communication skills, and interprofessional collaborations.
- 6) Create and advance protocols and system-wide approaches to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency;

- 7) Create and develop innovative sustainability practices/models i.e., curriculum development, to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency;
- 8) Collaborate with the HRSA's Health and Public Safety Workforce Resiliency Technical Assistance Center (HRSA-22-111) to share resources, best practices, models, methods, and/or protocols related to health workforce burnout and resiliency in health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals.

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](#)

Briefly describe the purpose of the proposed project and outline the needs of the entity for which funding is being requested. Discuss the target population(s) receiving the resiliency training and the impact resiliency training will have on their ability to provide direct care services.

Discuss the impact burnout has had on the target population, as well as the current rates of burnout, suicide, mental health conditions and substance use disorders among healthcare students, residents, professional and

paraprofessional trainees, public safety officers, and employers of such individuals, including but not limited to social determinants of health and health equity. Use and cite demographic data or survey results, whenever possible to support the information provided. This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that they would ultimately serve.

You must describe:

1. The current workforce burnout and resiliency treatment and prevention landscape, including best practices and culturally-competent approaches that are most effective in addressing burnout, suicide, mental health conditions and substance use disorders and promote resiliency;
 2. The unmet need of provider resiliency trainings in rural and medically underserved communities and how your proposed activities will help improve access to provider resiliency activities to promote better health outcomes.
 3. Your institution's and/or organization's current operations, including current services and gaps, technical assistance, and evaluation activities currently in place across the "Health Workforce" on effective workforce resiliency strategies for the target populations.
- *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; it must include concrete steps on how 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 objectives of the proposed project, key partners, responsible staff, and timeframes during the three (3) year period of performance. Goals and objectives must be specific, measurable, achievable, realistic, and time framed (SMART)
https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html;
2. Explanation of how the work plan is appropriate for the program design and how the targets for key activities fit into the overall cooperative agreement implementation timeline;
3. 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 reflect the populations and communities served; and

4. If funds will be sub-awarded or expended on contracts, provide a description of how your organization will ensure the funds are properly documented.

A sample work plan can be found here:

<http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

- (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 training program that focuses on promoting workforce resiliency, 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. Creating and delivering culturally-competent resiliency training in rural and medically underserved communities to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care professionals;
2. Describing the mechanisms to be used and the types of trainings to be implemented to encourage provider and health workforce well-being and improve/develop resiliency to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care professionals;
3. Measuring rates of burnout, etc. among target communities at the beginning and end of the program that is done in an aggregated format and is in a confidential manner;
4. Transforming the workforce environment to ensure health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals are well prepared to address burnout, suicide, mental health conditions and substance use disorders and promote resiliency;
5. Providing a work plan as Attachment 1 that drives and aligns with the methodology and incorporates the activities and strategies to institute a provider resiliency training program to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care professionals; and,
6. Providing a Logic Model for designing and managing the project as Attachment 7. You can find additional information on developing logic models at the following website:

https://www.cdc.gov/eval/tools/logic_models/index.html.

Logic Model

Submit a logic model as Attachment 7 for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., 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 or deliverables 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. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website: <https://www.cdc.gov/eval/logicmodels/index.htm>.

(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 provider resiliency program experience in designing and implementing the activities described in the work plan, and approaches to resolve such challenges. Provide a description of how the identified challenges will be resolved. 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 and resolutions related to encouraging participation in the institutions' programs of individuals and groups;
3. Obstacles and approaches to ensure trainings offer integrated, culturally-competent interprofessional behavioral health/provider resiliency services and trauma informed care;

4. Challenges and resolutions related to recruiting, supporting, and training supervisors in rural and medically underserved communities to ensure health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals receive adequate guidance.
- *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). [Corresponds to Section V's Review Criterion #3](#)*
 - *(a)EVALUATION AND TECHNICAL SUPPORT CAPACITY -- [Corresponds to Section V's Review Criterion #3 \(a\)](#)*
 1. Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.
 2. Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>.
 3. Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.
 4. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
 5. Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.
 6. 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. Additional information on RCQI is available at the following website: <https://www.healthworkforceta.org/rapid-cycle-quality-improvement-resources/>.

- (b) *PROJECT SUSTAINABILITY* -- [Corresponds to Section V's Review Criterion #3 \(b\)](#)
 1. Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
 2. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.
- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES* -- [Corresponds to Section V's Review Criterion #4](#)

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

The staffing plan and job descriptions for key faculty/staff must be included in *Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel)*. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (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.

Participant Support Costs

Applicants must use grant funds to pay for participant support costs (training costs for workshops, tuition/ fees, supplies, CEU costs, etc.) for short term training to reduce

and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among healthcare students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals that promotes wellness and resiliency for those at risk for or experiencing burnout. Participants can be full time or part time. Awarded funds may not be used for stipends.

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the R & R Subaward Budget Attachment(s) Form.

The R & R 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.

HRSA’s Standard Terms apply to this program. Please see Section 4.1 of HRSA’s SF-424 R&R 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. Indirect costs under training awards 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 rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub awards 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), proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, the HPSWRTP requires the following:

Participant Support Costs: For applicants with participant support costs, ensure that your budget breakdown separates these participant costs, and includes a separate sub-total entitled “Total Participant Support Costs” which includes the summation of all participant costs. Participants can be full time or part time. Awarded funds may not be used for stipends.

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 (10 points)
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (25 points) (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact (30 points) (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities (25 points)
Budget and Budget Justification Narrative	(5) Support Requested (10 points)

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: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). 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](#)) (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. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

If you are applying as a consortia, please provide letters of agreement for all entities applying within the consortia.

Attachment 4: Project Organizational Chart (Required)

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

Attachment 5: Tables, Charts, etc. (As applicable)

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

Attachment 6: Accreditation (Required)

Provide documentation of accreditation. The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body (as defined in "Accreditation/Approval Documentation") and are not on probation, (2) name of the accrediting body, (3) a web link to the accreditation document (if available), and (4) the accreditation start and expiration dates.

Attachment 7: Logic Model (Required)

You must provide a logic model that presents the conceptual framework for your project. For more information on logic models, see Section VIII.

Attachment 8: Letters of Support (As Applicable)

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

Attachment 9: Other Relevant Documents (As applicable)

Include here any other document that is 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)

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 are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, 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 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 (<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 *September 20, 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

HPSWRTP is 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 \$1,079,333 in year 1, \$709,000 in year 2, and \$492,333 in year 3 (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.

Unallowable Costs

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. In addition, grant funds may not be used for the following;

- **Construction**
- **Foreign travel**
- **Stipends**

- **Fringe Benefits for Participants**

Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for participants are not allowable costs under this grant.

- **Accreditation Costs**

Accreditation costs (i.e. Renewals, annual fees, etc.) of any kind are not allowable under this program.

Administration and Management

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 R&R 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(s) applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review 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 HPSWRTP 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 implement a behavioral health training program by providing a description of the following:

1. Best practices and approaches that are most effective in reducing and addressing suicide, burnout, mental health conditions, and substance use disorders among health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals that promote resiliency among health care professionals;
2. The effectiveness of best practices and evidence-based or evidence-informed strategies for workforce resiliency treatment and prevention for the education of health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals; and
3. Identification of current services and gaps in reducing and addressing suicide, burnout, mental health conditions, and substance use disorders among health care professionals, and promoting resiliency among health care professionals; 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 all proposed activities and timelines within the period of performance as documented in the Work Plan as Attachment 1 and [VI. 3 Reporting](#);
2. 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 skill sets proposed, qualifications of key personnel as documented in Attachment 1, and subcontracts in place (if applicable) within 6 months from the date on the Notice of Award and throughout the budget years; and
3. 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; and (3) addresses the needs, expertise, and experience requirements demonstrated in the [Purpose and Need Section](#).

Reviewers will consider:

1. The methodology's capability to support each of the training program requirements and expectations of the NOFO, and attaining the project objectives within the period of performance;
2. The strength and viability of partnerships between academic institutions, community programs, and other stakeholders for compilation of knowledge, and resources of effective, evidence-based or evidence-informed strategies and prevention strategies, in reducing and addressing suicide, burnout, mental health conditions, and substance use disorders among health care professionals, and that promote resiliency among health care professionals;
3. The proven ability of the methodology described in the logic model as Attachment 7 for instituting, managing, and sustaining training programs.

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; and
2. Demonstrated familiarity and experience with alleviating challenges related to academic, multidisciplinary and community partnerships.

Criterion 3: IMPACT (30 points) –[Corresponds to Section IV's Impact Sub-section \(a\) Evaluation and Technical Support Capacity and Sub-section \(b\) Project Sustainability](#)

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – (a) [Evaluation and Technical Support Capacity](#)

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 and analyze

data to identify gaps and assess the attainment of program outcomes and longer-range program impact of recipients funded by this award; and (3) perform data-based continuous quality improvement activities that will identify areas for improvement where effective enhancements can be implemented within recipients funded by this award.

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;
7. Description of actions to enhance relationships between academic institutions, and other interdisciplinary partners; and
8. Description of the extent to which project results may be national in scope, the degree to which the project activities are replicable.

Criterion 3 (b): PROJECT SUSTAINABILITY (15 points) – [Corresponds to Section IV's Impact Sub-section \(b\) Project Sustainability.](#)

Reviewers will consider the extent to which the application:

1. Describes a solid plan that includes a time table for project sustainability after the period of federal funding ends;
2. Clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges; and
3. Explains their plan to address sustaining key elements of the supported activities such as educational strategies, partnerships; tangible next steps for continuing the project activities, lessons learned through innovative activities, evaluation beyond the duration of the project and how the enhancements will be incorporated into the training/curriculum and across workplaces.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (25 points) – [Corresponds to Section V's Review Criterion #4](#)

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 training programs, 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.

Organizational Capacity (10 points):

Reviewers will consider the following information:

1. Prior experience in instituting, managing, and sustaining a provider resiliency program that focuses on enhancing and strengthening the knowledge, skills, and expertise of workforce burnout, suicide, mental health condition and substance use disorder prevention, treatment, and recovery services, or other similar programs that address behavioral health in the workforce; 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 HPSWRTP 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 activities. This may be demonstrated by resources and/or letters of agreement and support as Attachments 2 and 9 (i.e., commitment to provide financial or in-kind resources); and
3. Evidence of the organization's ability to successfully manage federal funds.

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:

1. 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:
 - Training 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.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA may take into consideration the geographic distribution of awards across the United States and its territories. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

See Section 5.3 of HRSA's SF-424 R&R Application Guide for more details.

PLEASE NOTE: In order to achieve the distribution of awards as stated above, HRSA may need to fund out of rank order.

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.

3. Reporting

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.

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 December 31 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](#).

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
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Email: bellis@hrsa.gov

William Weisenberg
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Email: [wwaisenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov)

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

Andrea L. Knox
Project Officer/Public Health Analyst, DNPH
Attn: Funding Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N128C
Rockville, MD 20857
Telephone: (301) 443-4170
Email: HPSWRTP@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

Program Specific Definitions

Behavioral Health – Encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders.

Consortium (plural – consortia) - For purposes of this NOFO, a consortia must be a group of otherwise eligible public or private nonprofit entities, including entities promoting multidisciplinary approaches, that have decided to apply together. For example, a consortia is often found in the non-profit sector, among educational institutions. Educational consortiums often pool resources such as libraries, research activities, and professors and share them throughout the members of the group to benefit their students. Several groups of North American colleges and universities operate as consortiums.¹⁴

Public Safety Officer (PSO) - 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 or state facilities.

Resident - In medicine, a physician who has finished medical school and is receiving training in a specialized area, such as surgery, internal medicine, pathology, or radiology. Board certification in all medical and surgical specialties requires the satisfactory completion of a residency program and successful completion of a specialty board examination.

Trainee - An individual who participates in a training program or training activity.

¹⁴ Retrieved May 6, 2021 from <https://www.investopedia.com/terms/c/consortium.asp>

Logic Models

Additional information on developing logic models can be found at the following website:
https://www.cdc.gov/eval/tools/logic_models/index.html

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

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

Technical Assistance

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

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>.

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