U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Promoting Resilience and Mental Health Among Health Professional Workforce (PRMHW)

Funding Opportunity Number: HRSA-22-110
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

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Authority: Section 765 of the Public Health Service Act (42 U.S. Code § 295) and Section 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 Promoting Resilience and Mental Health Among Health Professional Workforce (PRMHW). The purpose of this program is to provide support to entities providing health care, health care providers associations, and Federally Qualified Health Centers (FQHCs), taking into consideration the needs of rural and medically underserved communities, to establish, enhance, or expand evidence informed or evidenced-based programs or protocols to promote resilience, mental health, and wellness among their providers, other personnel, and members, collectively known as the "Health Workforce."

Funding Opportunity Title:	Promoting Resilience and Mental Health Among Health Professional Workforce (PRMHW)
Funding Opportunity Number:	HRSA-22-110
Due Date for Applications:	September 20, 2021
Anticipated Total Available FY 2022 – FY 2024 Funding:	$29,560,000 for 3 year period of performance: Year 1: $14,250,000 Year 2: $8,970,000 Year 3: $6,340,000
Estimated Number and Type of Award(s):	Approximately 10 cooperative agreement(s)
Estimated Award Amount:	Up to $1,425,000 for budget year 1 Up to $897,000 for budget year 2 Up to $634,000 for budget year 3
Cost Sharing/Match Required:	No
Period of Performance:	January 1, 2022 through December 31, 2024 (3 years)
Eligible Applicants:	Eligible applicants are entities providing health care, including health care providers associations and Federally Qualified Health Centers (FQHCs). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf except where instructed in this NOFO to do otherwise, 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 Promoting Resilience and Mental Health Among Health Professional Workforce (PRMHW).

Program Purpose
The purpose of this program is to provide support to entities providing health care, health care providers associations, and Federally Qualified Health Centers (FQHCs), taking into consideration the needs of rural and medically underserved communities, to establish, enhance, or expand evidence informed or evidenced-based programs or protocols to promote resilience, mental health, and wellness among their providers, other personnel, and members, collectively known as the "Health Workforce."

Program Goals
The goal of the PRMHW program is for health care organizations to adopt, promote, implement, and demonstrate an organizational culture of wellness that includes resilience and mental health for their health professional workforce.

Program Objectives
1. Establish, enhance, expand, and integrate resilience, mental health, 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.
2. Implement evidence-informed or evidence-based practices within the organizations' culture to support the rapid deployment of strategies and training that addresses health care professional workforce burnout, resilience, mental health, and wellness to achieve a culture of wellness in organizations and health care systems.
3. 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.

2. Background

This program is authorized by Section 765 of the Public Health Service Act (42 U.S. Code § 295) and Section 2705 of the American Rescue Plan Act of 2021 (P.L. 117-2). Funding *For Grants for Health Care Providers to Promote Mental Health Among Their Health Professional Workforce*.

Mental Health is important throughout every stage of life. It influences emotional, psychological and social well-being, and affects how one thinks, feels and acts.[1] Mental

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[1] Mentalhealth.gov/basics/what-is-mental-health. Mentalhealth.gov/basics/what-is-mental-health.

health is the result of dynamic interactions between genes and environment, and encompasses a full spectrum from wellbeing, to burnout, to clinical conditions and suicide risk."[2] The COVID-19 pandemic "has had a profound negative effect on the mental health of the nation, especially among those who are faced with combatting the virus."[3]

The health professional workforce faces many challenges that can bring about mental health issues or problems that are related to home (marital discord, death of a loved one, isolation) and work (heavy workloads, long hours, toxic work environment, isolation, and rapidly changing health care systems) stressors that result in depression, anxiety, addictions, burnout, and suicide. "Burnout consists of three components: emotional exhaustion, depersonalization of clients and felling of ineffectiveness or lack of personal accomplishments. Emotional exhaustion of feeling overextended, being 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 negative sense of personal and/or career worth".[4]

Burnout in health care professionals is widespread and growing; recent studies indicate elevated levels of burnout, along with related conditions of depression and emotional exhaustion.[5] Health care professionals experiencing burnout include physicians, advanced practice registered nurses, registered nurses, dentists, physician assistants, and other health professions. Approximately one in three physicians and one in eight dentists experience burnout at any given time.[6,7]

Compassion fatigue (stress related to constant exposure to high acuity and high patient volumes), long work hours, and unrealistic administrative responsibilities are just some of the risk factors for burnout.[8] Depression, a symptom of burnout, is reported by approximately 40 percent of physicians and 18 percent of registered nurses. Two-thirds

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[2] Moutier, Christine. Physician Mental Health: An Evidence-Based Approach to Change. Journal of Medical Regulation, 104 (2). Retrieved May 4, 2021 from 1578321966_moutier-physician-mental-health-and-sp-jmr-2018.pdf.
[3] Mental Health America. The Mental Health of Healthcare Workers in COVID-19. Retrieved May 4, 2021 from https://mhanational.org/mental-health-healthcare-workers-covid-19
[4] https://www.apaservices.org/practice/update/2018/01-25/mental-health-providers#:~:text=Burnout%20commonly%20affects%20individuals%20involved,Jackson%20%26%20Lieter%2C%201997 .
[5] Advisory Committee on Training in Primary Care Medicine and Dentistry, 15th Report, Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians: Optimizing Systems to Mitigate Burnout, Promote Resilience and Drive Quality of Care. Retrieved March 11, 2021 from https://www.hrsa.gov/advisory-committees/primarycare-dentist/reports.htm l.
[6] Gopalkumar Rakesh, M.D., Katherine Pier, M.D., Theresa L. Costales, M.D., A Call for Action: Cultivating Resilience in Healthcare Providers, The American Journal of Psychiatry Residents' Journal. Retrieved March 11, 2021 from https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2017.120402
[7] Advisory Committee on Training in Primary Care Medicine and Dentistry, 15th Report, Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians: Optimizing Systems to Mitigate Burnout, Promote Resilience and Drive Quality of Care. Retrieved March 11, 2021 from https://www.hrsa.gov/advisory-committees/primarycare-dentist/reports.htm l.
[8] Joint Commission, Division of Healthcare Improvement. Developing resilience to combat nurse burnout. Quality Safety, issue 50, July 2019. Retrieved March 11, 2021 from https://www.jointcommission.org//media/tjc/newsletters/quick_safety_nurse_resilience_final_7_19_19pdf.pdf .

of rural physician assistants (PAs) report moderate to high emotional exhaustion, and 34 percent of dentists' report feeling physical and emotional exhaustion.[9]

Efforts to address burnout are usually focused on the individual. However, it is a twofold problem that exists in the work environment as well as the individual. Lack of control of schedule and working hours, heavy workload, non-supportive work environment, unrealistic expectations of provider and patients, lack of pay, and lack of acknowledgment are just some of the factors the health workforce are faced with in the work environment. To adequately decrease the incidence of burnout of their health care workforce, organizations need to promote a culture that supports resilience, mental health, and wellness.

Resilience is the ability to bounce back from stressful situations, endure hardships, and repair your own well-being, while creating a positive adaptation in the face of disruptive changes.[10] The ability to be resilient may be innate, however, research shows that it could be learned.[11]

During the COVID-19 pandemic, *Mental Health America* conducted a survey of 1,119 health care workers and reported an increase in the number of health care professionals who experienced anxiety, depression, loneliness and other mental health concerns since the pandemic began.[12] The report indicated that 93% of health care workers experience stress, 86% anxiety and 75% were overwhelmed. They also surveyed health care workers regarding emotional and physical exhaustion, 68% reported physical exhaustion, 52% compassion fatigue, and 70% had trouble sleeping.[13]

The impact of the COVID-19 response on the emotional and physical health of the U.S. public health workforce have been well described.[14] 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.[15] 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

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[9] Advisory Committee on Training in Primary Care Medicine and Dentistry, 15th Report, Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians: Optimizing Systems to Mitigate Burnout, Promote Resilience and Drive Quality of Care. Retrieved March 11, 2021 from https://www.hrsa.gov/advisory-committees/primarycare-dentist/reports.htmlCT .

[10] Ibid.

[11] Gopalkumar Rakesh, M.D., Katherine Pier, M.D., Theresa L. Costales, M.D., A Call for Action: Cultivating Resilience in Healthcare Providers, The American Journal of Psychiatry Residents' Journal. Retrieved March 11, 2021 from https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp-rj.2017.120402

[12] Mental Health America. The Mental Health of Healthcare Workers in COVID-19. Retrieved May 4, 2021 from https://mhanational.org/mental-health-healthcare-workers-covid-19 .

[13] Ibid.

[14] 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

[15] Kriti Prasada, Colleen McLoughlinc, Martin Stillmanb, Sara Poplaub, Elizabeth Goelzb, Sam Taylorc, Nancy Nankivilc, Roger Brownd, Mark Linzerb, Kyra Cappeluccic, Michael Barbouchee, Christine A. Sinskyc. 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

disease."[16] 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 health professional workforce may hesitate seeking assistance for mental health issues or problems they are experiencing due to stigma associated with having a mental health issue or problem. The concern is that identifying a mental health issue or problem poses the potential for negative ramifications to their reputation, may influence licensure and hospital privileging, as well as other barriers such as lack of confidentiality, time constraints, and uncertainty about whether treatment would help.[17]

Organizations can help or mitigate health care professionals experiencing stressors and mental health issues or problems by implementing strategies that may include evidence-informed or evidence-based practices (for example: age friendly health systems/framework, motivational interviewing, cognitive behavioral therapy) and system changes such as development and enhancement of wellness and employee assistance programs. They should also provide education and stigma reduction efforts, enhance resiliency, institute policies and procedures to address mental health as one would a physical health condition and promote a culture of respect.[18]

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](.).
In addition, the following definitions apply to the PRMHW Program for Fiscal Year 2022:

Age-Friendly Health System/Framework (AFHSF): For the purposes of this NOFO, the AFHSF is adapted to provide a comprehensive person-centric approach to mental health education, training, and health care, for individuals in the workplace, with a goal to improve their quality of life. This approach addresses four key elements that include a) What Matters (to the individual); b) Medication; c) Mentation; and d) Mobility.

Community of Practice (CoP) are groups of people who share a concern or a passion for something they do and discover how to do it better as they interact regularly.[19]

Consortium (plural – consortia) means a group of people, companies, etc. that agree to work together.[20]

Culture of Wellness is defined for purposes of this NOFO as fostering a workplace that encourages and promotes the well-being of your employees by availing programs, services, and resources for employees that encourages a healthy or wellness oriented lifestyle and work environment.

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[16] 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

[17] Moutier, Christine. Physician Mental Health: An Evidence-Based Approach to Change. Journal of Medical Regulation, 104 (2). Retrieved May 4, 2021 from 1578321966_moutier-physician-mental-health-and-sp-jmr-2018.pdf.

[18] Ibid.

[19] Wenger-Trayner, E and B. Introduction to communities of practice: A brief overview of the concept and its uses. Retrieved April 7, 2021 from https://wenger-trayner.com/introduction-to-communities-of-practice/

[20] Retrieved April 7, 2021 from https://www.merriam-webster.com/dictionary .

Health Professional Workforce is defined for purposes of this NOFO as the full spectrum of health care workers. The health care team is inclusive of health care professionals (including public health), paraprofessionals, direct care workers, care givers and health care support personnel such as administrative, facilities (IT, security, linen, dietary, etc.), operations (bioengineering) and maintenance (janitorial, etc.).

Health Equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.[21]

Health Care Providers Associations, for purposes of this NOFO, means an organization formed for the benefit of a single discipline or multiple disciplines that sets standards or certifications or program approval. This includes, for example, the American Medical Association, Physician Assistant Education Association, American Association of Medical Colleges, Commission on Collegiate Nursing Education, and Council on Social Work Education.

Resilience is defined as the ability to bounce back from stressful situations, endure hardships, and repair your own well-being, while creating a positive adaptation in the face of disruptive changes.[22]

Rural is defined as having at least one rural partner or entity located in a rural area, or the beneficiary of the services lives in a rural area as indicated by the rural health analyzer https://data.hrsa.gov/tools/rural-health.

Wellness for purposes of this NOFO is multidimensional and holistic, encompassing lifestyle, physical, mental and emotional well-being, and the environment.

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**:

- Participating in the planning, development, and evaluation of all phases of the project to accomplish the objectives of the cooperative agreement;

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[21] Health Resources and Services Administration Office of Health Equity. https://www.hrsa.gov/about/organczation/bureaus/ohe/index.html.

[22] Advisory Committee on Training in Primary Care Medicine and Dentistry, 15th Report, Improving Well-Being Among Primary Care Trainees, Faculty and Clinicians: Optimizing Systems to Mitigate Burnout, Promote Resilience and Drive Quality of Care. Retrieved March 11, 2021 from https://www.hrsa.gov/advisory-committees/primarycare-dentist/reports.html .

- Reviewing project training and education products such as videos, toolkits, assessment tools, on-line training, and manuscripts as they are being developed and prior to dissemination;
- Assisting recipients and their partners in developing a national network to share resources, best practices, and lessons learned;
- Assisting with establishing collaborative relationships with federal, state and local agencies, and other entities that may be relevant to the project's mission;
- Providing programmatic input and consultation for development and delivery of mental health, resilience, and wellness education and training materials; and
- Collaborating with recipients and their partners to develop and implement assessment and evaluation strategies.

The cooperative agreement recipient's responsibilities will include:
- Participating in monthly technical assistance calls with other PRMHW recipients and HRSA staff;
- Collaborating and communicating in a timely manner with the HRSA project officer;
- Providing the HRSA project officer with an opportunity to review project information and project training and education products such as videos, toolkits, assessment tools, on-line training and manuscripts as they are being developed and prior to dissemination;
- Establishing contacts and coordinating activities with federal, state, and local agencies, and other HRSA mental health projects;
- Collaborating with HRSA and other recipients under this NOFO to develop and implement assessment and evaluation strategies; and
- Participate in a Community of Practice (CoP) with HRSA-funded PRMHW grant recipients to share resources and characteristics of an organizational culture that promote resilience, mental health, and wellness for the health professional workforce.

2. Summary of Funding

HRSA estimates approximately $29,560,000 will be available over a three-year period of performance to fund approximately 10 recipients. The amount allocated will be available via decremental funding each year of the 3 year period of performance: $14,250,000 in year one, $8,970,000 in year two, and $6,340,000 in year three. The funding for year one (1) is substantial compared to years 2 and 3, as awardees may have immediate needs for the development and implementation of mental health support for their workforce. The reason for the decremental funding is to allow for the start-up of the project and to reach as many participants as possible.

You may apply for the following ceiling amounts for each year (inclusive of both direct and indirect, facilities and administrative costs):
- Year one - up to $1,425,000
- Year two - up to $897,000
- Year three - up to $634,000.

The period of performance is January 1, 2022 through December 31, 2024 (3 years). Funding beyond the first year is subject to 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.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are entities that provide health care, including health care providers associations, and FQHCs.

See FAQs on the Related Documents Tab in GRANTS.GOV HRSA-22-110 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 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 can have multiple locations across the country that are separate but have the same name. In order to be eligible, applicant organizations with the same name must have a different DUNS numbers or a Unique Entity Identifier Number (EIN).

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 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 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 may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-110, 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 11: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

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

Section 319(e) of the 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. Establish, enhance, or expand evidence-informed or evidence-based programs or protocols that promote organizational capacity to support resilience, mental health, and wellness for the health professional workforce. Applicants must describe the activities they will use to establish the programs and/or protocols. Examples of activities may include, but are not limited to, addressing current health professional workforce issues via in-service training for employees that integrates wellness, and resilience practices, and creates a mutual open and supportive environment that encourages health care providers to accept assistance and services.

2. Integrate resilience, mental health, and wellness evidence-informed or evidence-based programs or 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.

3. Develop partnerships with organizations that have established and successful programs to provide resilience, mental health, and wellness training for their health professional workforce(s) taking into consideration:
   a. the needs of rural and medically underserved communities,
   b. health equity and health disparities (social and medical needs),
   c. social determinants of health,
   d. burnout, and
   e. barriers to seeking mental health support for burnout in the workplace.

4. Conduct a survey within 45 days of award to identify local or regional organizations that provide evidence-informed or evidence-based programs/protocols that promote resilience, mental health, and wellness within the context of addressing social determinants of health needs; providing community-based and culturally-competent services, financial and social support; and resources to the health professional workforce.

5. Develop or enhance strategies and interventions for rapid deployment (call center, hotline, consultation, referral, support groups for employees, motivational interviewing and behavioral health coaching, etc.) to address burnout and other workplace stressors for the health professional workforce.

Applicants that do not meet all of the program requirements will be considered non-responsive and will not will not be considered for funding under this notice.

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

i. *Project Abstract*

See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
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. Use and cite demographic data whenever possible to support the information provided. This section will help reviewers understand the organization that would receive funding

1. Provide evidence of having the working infrastructure for rapid deployment (call center, hotline, consultation, referral, support groups for employees, motivational interviewing and behavioral health coaching, etc.) to address burnout and other workplace stressors for the health professional workforce.

2. Describe your organization's current values, expectations, policies, procedures, strategies, interventions, and evidence-informed or evidence-based programs/ protocols to provide resilience, mental health, and wellness support, training, services, and/or resources to the full spectrum of the health professional workforce and any identified gaps.

3. Provide data on the demographics, social determinants of health, health disparities and the resilience and wellness of the applicant organization's providers, other personnel, and members, including those from rural and or medically underserved communities.

4. Describe the national, regional or local incidence and prevalence of the health professional workforce burnout, resiliency, mental health, workplace stressors, and job retention.

5. Provides a table of your organization and associated satellite locations that will benefit from the project, which includes the information contained in the following example. Using the table below, indicate if your organization or satellite(s) location is located in a rural or medically underserved community. Refer to the following links:
   Rural: https://data.hrsa.gov/tools/rural-health
   Medically Underserved Community: https://data.hrsa.gov/tools/shortage-area

Table 1:

Name of Organization	Address (include City, ST and Zip code)	County	Rural Community as indicated by the rural health analyzer located at: https://data.hrsa.gov/tools/rural-health	Medically Underserved Community as indicated by https://data.hrsa.gov/tools/shortage-area

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

- *(a) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (a).*
Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.)

  1. Describe the objectives of the proposed project. They should be specific, measurable, achievable, realistic, and accomplished in a reasonable timeframe.

  2. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.

  3. Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.

  4. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.

  5. 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 applicant organization's providers, other personnel and members.

  6. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

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

Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to

address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

1. Describe a plan for how your organization will collaborate with other awardees and stakeholders to develop a framework that supports the rapid deployment of evidence-informed or evidence-based strategies to address clinician burnout, mental health issues, and provider resilience and wellness.

2. Describe your plans for conducting a survey within 45 days of award to identify local or regional organizations that provide evidence-informed or evidence-based programs/protocols that promote resilience, mental health, and wellness within the context of addressing social determinants of health needs; providing community-based and culturally-competent services, financial and social support; and resources to the health professional workforce.

3. Describe your strategies for the establishment, enhancement, or expansion of evidence-informed or evidence-based programs or protocols that promote an institutional culture that supports resilience, mental health, and wellness for the health professional workforce.

4. Describe the modalities (in-person, virtual, or on-demand) to be used and the types of trainings or programs to be implemented that reduce burnout, and improve and promote resilience, mental health, and wellness.

5. Describe the organizations values, expectations, protocols, procedures, policies, and activities to create an environment for health professional workforce to freely access services and resources that address provider burnout and promote and sustain a culture of resilience, mental health, and wellness that ensures privacy and confidentiality.

6. Describe the strategies/methods to be used to address health equities, health disparities, the social determinants of health, and the financial and social needs of your health professional workforce taking into consideration the needs of rural and medically underserved communities.

7. Describe the methods you will use to assess your health professional workforce's recommendations on your organizations values, expectations, policies, and procedure to transform your organization culture to one that promotes resilience, mental health, and wellness.

Logic Model

Submit a logic model as Attachment 8 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.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

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

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

1. Describe the challenges you may encounter in achieving the program specific requirements.

2. Describe challenges related to achievement of project objectives, carrying out the work plan according to the proposed timetable, and project implementation.

3. Describe proposed solutions to the challenges that are identified.

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

- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a).*

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. Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

2. Describe a plan to demonstrate health system/organization culture change and evaluate the impact of the project and program activities on burnout, resilience, mental health, and wellness of health professional workforce organizations using screening and/or assessment tools, including providing a description of evidence based screening and/or assessment tools available to evaluate this impact.

3. 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 examples of the required data forms for this program: *http://bhw.hrsa.gov/grants/reporting/index.html.*

4. Describe the data collection strategy and tools 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 training in a way that allows for accurate and timely reporting of performance outcomes.

5. Describe current experience, skills, and knowledge of individuals on staff, including materials published and previous work of a similar nature.

6. Evaluate the efficacy of the project in establishing, enhancing, or expanding evidence-informed or evidence-based programs/protocols that promote access to quality of care, services, and resources provided to health care professionals in reducing burnout and improving resilience, mental health, and wellness. Submit a publishable report of the evaluation to HRSA at the end of the cooperative agreement period of performance.

7. 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.

8. Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted as under the Work Plan. Additional information on RCQI is available at the following website: https://www.healthworkforceta.org//wpcontent/uploads/2016/06/RCQI_Resource_Guide.pdf

Performance Reporting Plan:

HRSA requires that you collect the following preliminary list of data annually.

1. Number of trainings provided and the demography of training participants.

2. Number of and type of health care organizations and disciplines of health care workforce trained.

3. Number of in-services and/or programs implemented to improve resiliency, mental health, burnout and wellness.

4. Number of training, toolkits, and other resources (website, social media, and apps) developed and disseminated to improve resiliency, mental health, burnout, and wellness among the health professional workforce.

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

Provide a clear plan for project sustainability after the period of federal funding ends.

1. Plans for exploring future sources of potential funding.

2. Proposed timetable for becoming self-sufficient.

3. Challenges that are likely to be encountered to sustain the program and proposed approaches that will be used to resolve these challenges.

4. Specify how the plan addresses sustaining key elements of the supported activities such as participant training, educational strategies, partnerships; tangible next steps for continuing the project activities and evaluation beyond the duration of the project.

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

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

2. 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./vi., *Attachment 4*)

3. 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.

4. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

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

6. Summarize key personnel's expertise and qualifications both those who are in-kind and who may be funded by the proposed project to carry out the objectives.

   The ideal project director has a graduate degree in health sciences, psychology, social work or public health and has demonstrated experience in managing large organizations with a culture of wellness and related to mental health. The project director must be employed by the applicant organization and should dedicate approximately 20 percent effort either in-kind or funded. Only one project director is recognized by HRSA.

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

- o Degree (if applicable)

- o Date of degree (MM/YY)

- o 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.

The applicant is instructed to provide one SF 424 R&R budget form for the entire period of performance, with a yearly breakdown on the budget justification only.

If applicable (i.e., competitions with subawards/subcontracts), each subaward/subcontract requires separate budget information (i.e., line item budget form and budget justification narrative):

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 <u>forms</u> 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 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 Application Guide](#)* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

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.

Personnel: Describe time and effort for personnel on the project with in-kind contribution.

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.

Participant Training Cost: The cost for the health professional workforce to attend training related to the promotion of positive mental health, resilience, and wellness.

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.

Narrative Section	Review Criteria	Review Criterion Points
Purpose and Need	Purpose and Need:	Total of 15 points: Criterion 1a: 7 Criterion 1b.1: 4 Criterion 1b.2: 4
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	Total of 35 points: Criterion 2a: 15 Criterion 2b: 15 Criterion 2c: 5
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	Total of 25 points: Criterion 3a:15 Criterion 3b: 10
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities	15
Budget and Budget Justification Narrative	(5) Support Requested	10
		100

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) (As 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 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.

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: Organization and or Associated Satellite Location Table 1 (Required)
Provide a table of the location of your organization and/or associated satellite(s) locations that may be in rural and medically underserved areas.

Attachment 6: 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 (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 7: Logic Model (Required)
Provide a [logic model] that presents the conceptual framework for your project.

Attachment 8: Documentation of Eligibility (Required)
You must provide a statement that you meet at least one of the eligibility criteria indicated in [Section III.1.]

Attachment 9: Tables, Charts, etc. (As Applicable)
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 10: 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 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

The PRMHW 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 $1,425,000 in year one, $897,000 in year two, and $634,000 in year three (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent on satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information.

You cannot use funds under this notice for international travel or construction.

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 PRMHW program has 5 review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (15 points) – [Corresponds to Section IV's Purpose and Need](#).

Reviewers will consider the extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section and the following:

Purpose and Need: Criterion 1a: (total of 7 points)

Applicants will receive a total of 7 points to the extent to which they provide evidence of the following:

1. Describes having a working infrastructure for rapid promotion of an organizational culture that supports and provides training, services, and resources on resilience, mental health, burnout, and wellness for the health professional workforce.

2. Documents the national, regional or local incidence and prevalence of the health professional workforce resilience, mental health conditions, burnout, workplace stressors, and job retention.

3. Describes the data that indicates a need for the project inclusive of the data on the demographics, social determinants of health, health disparities and the resilience and wellness of the applicant organization's providers, other personnel, and members, including those from rural and or medically underserved communities.

4. Describes the organization's strategies, interventions, evidence-informed or evidence-based programs or protocols currently used to promote an organizational culture that promotes and provides resilience, mental health, and wellness support, training, services, and or resources for the health professional workforce.

5. Describes the organization's current values, expectations, policies, procedures, strategies, interventions, and evidence-informed or evidence-based programs/ protocols to provide resilience, mental health, and wellness support, training, services, and/or resources to the full spectrum of the health professional workforce and any identified gaps.

Rural/Medically Underserved Location: Criterion 1b: (total of 8 points)

Applicants will receive a total of 8 points to the extent to which they provide evidence in Table 1-Attachment 5 of the following:

1b.1. Table 1 indicates that the applicant organization is located in an area considered a rural community as determined by the Federal Office of Rural Health Policy https://data.hrsa.gov/tools/rural-health   (4 points).

1b.2. Table 1 indicates that the applicant organization is located in a medically underserved community as determined by https://data.hrsa.gov/tools/shortage-area   (4 points)

Applicants will receive zero points under criterion 1b if they do not document their organization or affiliate satellite is located in a rural or medically underserved community in Table 1- Attachment 5.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 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 (15 points) – *Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan*.
Reviewers will consider the extent to which the work plan:

1. 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. Objectives should be Specific, Measurable, Achievable, Realistic and Timed (SMART).

2. Includes a description of the timeline, stakeholders, and a description of the populations and communities served.

3. Describes specific activities to achieve each of the stated objectives for each year of the period of performance and if deliverables are realistic and meet the overall objectives of the proposed project.

4. The extent to which key partners are identified and are appropriate for addressing the need described in the purpose and need section.

5. Includes a request for sub-awards, and describes a clear plan for oversight of the sub-awardee(s) to ensure the funds are properly documented and expended.

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 extent to which the application:

1. Presents a plan on how applicant will collaborate with other awardees and stakeholders to develop a framework that supports the rapid deployment of evidence-informed or evidence-based strategies to address an organizational culture that provides resilience, mental health, and wellness to the health professional workforce that addresses factors affecting burnout and other workplace stressors.

2. Presents a plan for conducting a survey within 45 days of award to identify local or regional organizations that provide evidence-informed or evidence-based programs/protocols that promote resilience, mental health, and wellness within the context of addressing social determinants of health needs; providing community-based and culturally-competent services, financial and social support; and resources to the health professional workforce.

3. Documents plans to develop strategies for the establishment, enhancement or expansion of evidence-informed or evidence-based programs or protocols that promotes an organizational culture that provides work-life balance, resilience, mental health, and wellness for the health professional workforce.

4. Describes the mechanisms to be used to promote an organizational culture that provides trainings and encourages values, policies, and procedures that support work-life balance and enhance resilience, mental health, and wellness of the health professional workforce with a goal to decrease burnout and address workplace stressors.

5. Demonstrates a strategy to create protocols, policies or procedures to create an environment for health professional workforce to freely access services and resources to promote resilience, mental health, and wellness and ensure that privacy and confidentiality are protected.

6. Demonstrates the strength of the strategies and methods used that address the social determinants of health, the financial and social needs of the health professional workforce as it relates to seeking services and supports that address resilience, mental health, and wellness especially for those in rural and medically underserved communities.

7. The logic model, Attachment 8, presents a clear conceptual framework for the proposed project.

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 the application demonstrates:

1. The challenges and obstacles described in regard to the program implementation and activities outlined in the work plan, and demonstrated resources to overcome these challenges for the achievement of the proposed goals and objectives.

2. Proposed solutions to resolve the challenges identified.

Criterion 3: IMPACT (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY   (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity.

Reviewers will consider the extent to which the application:

1. Provides a plan to demonstrate health system/organization culture change and evaluate the impact of the project and program activities on resilience, mental health, and wellness of health care workforce organizations using screening and/or assessment tools, including providing a description of evidence-based screening and/or assessment tools available to evaluate this impact.

2. Provides evidence of the organization's 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 and any obstacles to collecting the data.

3. Provides evidence of the current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 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.

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.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (15 points) – *Corresponds to Section IV's Organizational Information, Resources, and Capabilities*.

Reviewers will consider the extent to which the application:

1. Demonstrates that project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the key personnel and attachments.

2. Demonstrates the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

3. Documents the organization's current mission (health equity, diversity, employee wellbeing) 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).

4. Describes how the organization will manage the proposed project activities, properly account for the federal funds, and document all costs so as to avoid audit findings.

5. Demonstrates that the staffing plan and job descriptions for key faculty/staff meet the requirements of the NOFO.

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 extent to which the application:

1. Demonstrates the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, and the anticipated results.

2. Demonstrates which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

3. Documents that the project director will have approximately 20 percent effort (either in-kind or funded) to this project.

4. Demonstrates key personnel have adequate time devoted to the project to achieve project objectives.

5. Demonstrates that the budget and budget justification follow the program-specific budget guidelines under Section IV and the SF-424 R&R Application Guide, costs are clearly justified by a narrative description, and includes an itemized cost breakdown, including the allowable indirect cost. The applicant is instructed to provide one SF 424 R&R budget form for the entire period of performance with a yearly breakdown on the budget justification only.

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.

PLEASE NOTE: In order to achieve the distribution of awards as stated above, HRSA may need to fund out of rank order. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

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 December 1, 2021. 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 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 academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

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

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

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

   Further information will be provided in the NOA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. More specific information will be included in the NOA.

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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:

Carolyn Cobb
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0829
Email: CCobb2@hrsa.gov

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

Contact Name: Nancy V. Douglas-Kersellius, MSN
Title: Lead Public Health Analyst, Bureau of Health Workforce
Attn: ARP Funding Program (PRMHW)
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N194
Rockville, MD 20857
Telephone: (301) 443-0907
Email: ndouglas@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.

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.