U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Professions
Division of Medicine and Dentistry

Affordable Care Act - Teaching Health Center Graduate Medical Education (THCGME) Program

Announcement Type: New
Announcement Number: HRSA 13-144

Catalog of Federal Domestic Assistance (CFDA) No. 93.530

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: September 28, 2012

Ensure your Grants.gov registration and passwords are current immediately.
Deadline extensions are not granted for lack of registration.
Registration can take up to one month to complete.

Release Date: August 3, 2012

Issuance Date: August 3, 2012

Program Contact Name:
Songhai Barclift, MD
Chief, Community Based Training Branch
Division of Medicine and Dentistry/BHPr/HRSA
E-mail: Sbarclift@hrsa.gov
Telephone: (301) 443-8681

Authority: Section 340H of the Public Health Service Act, as added by Section 5508 of the Patient Protection and Affordable Care Act of 2010 (P. L. 111-148)

Executive Summary

This announcement solicits applications for Fiscal Year (FY) 2013 for the Teaching Health Center Graduate Medical Education (THCGME) program. The Affordable Care Act directly appropriates $230 million for Fiscal Years 2011 through 2015 to make payments to support the expansion of primary care medical and dental residency training in community-based ambulatory settings.

This is a formula-based payment program. HRSA will make payments to qualified teaching health centers to support direct and indirect expenses associated with accredited primary care medical and dental residency training located within a community-based ambulatory patient care center. The final formula methodology for determining the payments is currently under review by the Department of Health and Human Services. For the start of the program (academic years 2011-12 and 2012-13), THCGME grantees received an interim payment amount of $150,000 per full-time equivalent (FTE) to support training. Once the formula methodology is determined, THCGME awards will be based on the new formula. Accordingly, for academic year 2013-14, payment amounts to individual THCs could increase or decrease relative to the interim payment level, based on the specifications of the new formula.

The project period for this award will begin on July 1, 2013 and end on June 30, 2014. Initial funding is awarded to support the first three months July 1 through September 30, 2013. A post award action will be made to provide funding to support training from October 1, 2013 through June 30, 2014. This funding schedule reflects the statutory requirement to reconcile payments for costs incurred during the Federal Fiscal Year, as opposed to the academic year.

All Teaching Health Centers will apply for funding annually. New applicants as well as existing THCGME awardees who are proposing to further expand the number of new resident FTE slots in FY 2013 beyond those already approved during FY 2012 must apply for the expansion through this funding announcement. Existing THCGME awardees who will not expand the number of resident FTE slots beyond those already approved in FY 2012 will apply through annual reporting, refer to "Status Reports" (page 25) for further information.

A general THCGME technical assistance webinar was held on July 18, 2011. A recording of the webinar may be accessed at https://hrsa.connectsolutions.com/p46405923/.

A technical assistance call has been scheduled to help applicants understand, prepare and submit a grant application. Applicants will have an opportunity to ask questions. The conference call will be held as follows:

Date: August 17, 2012
Time: 1:00pm – 2:00pm EST
Toll-free number: 800-369-1843; Passcode: 5118105

The call will be recorded and will remain available until after the closing date of this announcement. Replay information is as follows:
Phone: 866-434-5274; Passcode: 1698

In addition, frequently asked questions and answers will be posted at http://www.hrsa.gov/grants/apply/assistance/teachinghealthcenters.

TABLE OF CONTENTS

I. Funding Opportunity Description

1. Purpose

This announcement solicits FY 2013 applications for the Teaching Health Center Graduate Medical Education (THCGME) program. The Affordable Care Act directly appropriates $230 million for Fiscal Years 2011 through 2015 to make payments to qualified teaching health centers to support the expansion of primary care medical and dental residency training in community-based ambulatory settings. These community-based settings include, but are not limited to, federally-qualified health centers (FQHCs) and FQHC Look-Alikes, community mental health centers, rural health clinics and health centers operated by the Indian Health Service or an Indian tribe or tribal organization, and entities receiving funds under title X of the Public Health Service (PHS) Act.

This funding opportunity builds on evidence showing that family medicine resident physicians who train in Health Center (HC) settings are nearly three times as likely to practice in underserved settings after graduation when compared to residents who did not train in HCs. The purpose of this funding opportunity announcement (FOA) is to identify eligible community based primary care residency programs that meet the THCGME eligibility criteria described in Section III.

FOAs for this program will be published annually as funds permit. All Teaching Health Centers will apply for funding annually. New applicants as well as existing THCGME awardees who are proposing to further expand the number of new resident FTE slots in FY 2013 beyond those already approved during FY 2012 must apply for the expansion through this funding announcement. Existing THCGME awardees who will not expand the number of resident FTE slots beyond those already approved in FY 2012 will apply through annual reporting, refer to "Status Reports" (page 25) for further information.

2. Background

The THC program is authorized by Title III of the Public Health Service Act (PHS), as added by Section 5508 of the Patient Protection and Affordable Care Act of 2010 (P. L. 111-148), which support projects that improve the nation's access to well-trained primary care physicians and dentists by supporting community-based residency training.

In response to the nation's growing need for primary care services, the Medicare Payment Advisory Commission (MedPAC) and other GME stakeholders have called for increasing the amount of Graduate Medical Education (GME) time spent in nonhospital settings, changes to GME funding to meet goals such as community-based care, and increasing the diversity of the pipeline of health professionals (MedPAC 2010).

The Affordable Care Act addresses these recommendations by establishing the Teaching Health Center (THC) program to support medical and dental residency training programs in community-based settings.

The THC model has a long history with several successful THCs dating back to the 1980s (Engebretsen 1989, Zweifler 1993). However, the growth of THCs has been limited due to difficulty bringing together the dual mission of training and service in HCs, administrative complexity, and a lack of financial resources (Morris 2009). Recent studies have demonstrated the increased likelihood of THC graduates to practice in HCs and other underserved settings, the challenges and benefits of bringing HCs and residency programs together, and the characteristics of existing THCs (Morris 2008, Rieselbach 2010).

Successful THCs have common elements, foremost of which is an institutional commitment to a dual mission of medical or dental education and service to an underserved patient population, including underrepresented minority and other high risk populations. In addition, there is significant patient- and community-based input into THC operation and management. THCs have demonstrated progress toward innovative models of patient care delivery such as the patient-centered medical home, implementation of electronic health records, population-based care management, and use of interdisciplinary team-based care (Morris 2009).

Currently, there are twenty-two funded THCs that are training primary care medical and dental residents in community-based ambulatory patient care centers throughout the nation.

References

Engebretsen BJ. Family medicine and community health centers: A natural alliance. Family Medicine 1989; 21:417-8.

Report to the Congress: Aligning Incentives in Medicare (June 2010). Medicare Payment Advisory Commission. (available at http://www.medpac.gov).

Morris CG and Chen FM. Training Residents in Community Health Centers: Facilitators and Barriers. Annals of Family Medicine 2009; 7:488-94. (available at http://www.annfammed.org/).

Morris CG, Johnson B, Kim S, and Chen FM. Training Family Physicians in Community Health Centers: A Health Workforce Solution. Family Medicine. 2008; 40(4):271-6 (available at http://www.stfm.org/fmhub/).

Rieselbach RE, Crouse BJ, Frohna JG. Health centers: Addressing the workforce crisis for the underserved. Annals of Internal Medicine 2010; 152:118-22.

Zweifler J. Balancing service and education: Linking community health centers and family practice residency programs. Family Medicine 1993; 25:306-11.

II. Award Information

1. Type of Award

Funding will be provided in the form of a formula-based payment.

2. Summary of Funding

This THCGME program opportunity will provide payments to support expenses incurred in academic year 2013. The project period for this award will begin on July 1, 2013 and end on June 30, 2014. Initial funding is awarded to support the first three months July 1 through September 30, 2013. A post award action will be made to provide funding to support training from October 1, 2013 through June 30, 2014. This funding schedule reflects the statutory requirement to reconcile payments for costs incurred during the Federal Fiscal Year, as opposed to the academic year.

The number of THCs funded will depend on the number of eligible applicants. Applicants that meet all five eligibility criteria will be funded.

Funding may be used only towards the cost of training residents in a newly established THC or training an expanded number of residents in a pre-existing residency training site that satisfies the eligibility requirements of the THC program. For 2013 applicants, the baseline number of residents is the number enrolled in academic year 2012-2013.

The THCGME program is formula-based. The final formula methodology for determining the payments is currently under review by the Department of Health and Human Services. For the start of the program (academic years 2011-12 and 2012-13), THCGME grantees received an interim payment amount of $150,000 per full-time equivalent (FTE) to support training. Once the formula methodology is determined, THCGME awards will be based on the new formula. Accordingly, for academic year 2013-14, payment amounts to individual THCs could increase or decrease relative to the interim payment level, based on the specifications of the new formula.

Total THCGME payments cannot exceed the amount appropriated. Therefore, proposed formula payments will not exceed appropriations, funding will be divided amoung all awardees, distributed as a function of FTEs per THC. As a result, it is possible that funding for THCGME may fluctuate over time, depending upon the number of eligible applicants.

Recipients will be notified of the status of their funding by November 8, 2012.

All THCGME funding is subject to annual reconciliation. During reconciliation, any changes to the number of residents reported by the hospitals will be calculated and overpayments may be recouped and underpayments may be adjusted, in order to determine a final amount payable for the fiscal year (see section 340H (f) of the Public Health Service Act).

The Affordable Care Act describes the relationship between THCGME funding and other payments that support THC residents, including but not limited to Medicare, Medicaid and Children's Hospital GME. THCGME payments can supplement, but not duplicate, GME payments from other sources. If a hospital requests reimbursement from CMS or other sources for THC resident training, the THC cannot also claim that time from HRSA. HRSA requires applicants to coordinate closely with affiliated teaching hospitals in order to avoid over-reporting of THCGME supported FTEs. Over-reporting of FTEs and subsequent over-payment will result

in the recoupment of THCGME payments. Additionally, HRSA will work closely with CMS to maintain counts of THC residents as they rotate within teaching hospitals.

RESIDENT FTE DEFINITION
For purposes of payment, residents are counted as FTEs based on the total time necessary to fill a full-time residency slot for one academic year. A **resident FTE** is measured in terms of time worked during one residency year. It is NOT a measure of individual residents who are working. The THC can count multiple residents towards one FTE.

To reiterate, existing THCGME awardees who are proposing to increase the number of new resident FTE slots beyond those already approved in their current grant must apply for the expansion through this funding announcement.

III. Eligibility Information

1. Eligible Applicants

There are five components of THCGME program eligibility. Applicants must meet all of the following criteria in order to be considered eligible for THCGME funding. Applicants that fail to meet any eligibility criteria will not be considered for funding under this announcement.

A. Eligible Entities

An eligible entity is a community-based ambulatory patient care center that operates a primary care medical or dental (general or pediatric) residency program. Specific examples of eligible outpatient settings include, but are not limited to:

- Federally qualified health centers, as defined in section 1905(l)(2)(B) of the Social Security Act;
- Community mental health centers, as defined in section 1861(ff)(3)(B) of the Social Security Act;
- Rural health clinics, as defined in section 1861(aa) (2)of the Social Security Act;
- Health centers operated by the Indian Health service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act); and
- An entity receiving funds under title X of the Public Health Service Act.

The THCGME program will support high-quality primary care residency training in high-need, underserved communities. The list of entities above is not exclusive, but does reflect the intent of the program to provide training in settings such as those served by the institutions listed.

Community-based ambulatory patient care centers that collaborate with stakeholders (e.g., academic health centers, universities and/or medical schools) to form a GME consortium that operates an accredited primary care residency program may also be an eligible THC.

The GME consortium must be listed as the institutional sponsor by the accrediting body. Within the consortium, the community-based ambulatory care center is expected to play an integral role in the academic, financial and administrative operations of the residency. THCGME payments must directly support the THC ambulatory training site.

B. Eligible Primary Care Residency Programs

Only specific residency training programs are eligible. According to the statute, "Primary care residency program" refers to an accredited graduate medical education residency training program in:

- Family medicine;
- Internal medicine;
- Pediatrics;
- Internal medicine-pediatrics;
- Obstetrics and gynecology;
- Psychiatry;
- General dentistry;
- Pediatric dentistry; or
- Geriatrics.

C. Institutional Sponsorship

The eligible community-based ambulatory patient care setting or GME consortium must be listed as the institutional sponsor by the relevant accrediting body, such as the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or the Commission on Dental Accreditation (CODA). THCGME payments are made directly to the accredited entity, either the THC ambulatory training site or formal GME consortium.

The applicant MUST provide documentation that it is accredited, and must name its institutional sponsor, accrediting body, and date of accreditation for verification purposes (see Attachment 2). Applicants who are currently in the process of obtaining accreditation may apply, but will not receive THCGME funds if documentation of accreditation is not received by the time of award.

Teaching hospitals and academic institutions holding the institutional sponsorship of a primary care residency program are not eligible to receive THCGME funding. However, teaching hospitals and academic institutions have proven to be successful members of established GME consortia. In these cases, the GME consortium may serve as the applicant and institutional sponsor of the residency program.

D. New/Expanded Residency Programs

Funding may be used for the costs of new resident FTE in a newly-established THC or an expanded number of resident FTE in a pre-existing THC. For 2013, the baseline number of

residents is the number enrolled in academic year 2012-2013. Applicants should include the program's baseline number of FTEs, projected growth, rotation schedules, and other supporting documentation in the Attachment 1 section.

E. Eligible Residents

Eligible residents are either a graduate of an accredited medical school in the U.S. or Canada; or have passed the United States Medical Licensing Examination (USMLE) Parts I & II (international or foreign medical graduates).

2. Cost Sharing/Matching

Cost sharing or matching is not required.

3. Other

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Funding Limitations: If a THC-affiliated teaching hospital receives GME funding from Medicare or other sources for the new THC residents, the THC cannot claim that portion of the time for HRSA GME payments.

Audit Authority: The Secretary may audit a qualified THC to ensure the accuracy and completeness of the information submitted in response to this application and in the report required by this application.

NOTE: Multiple applications from an organization are allowable. Entities seeking THCGME funding to support multiple residency programs MUST submit a separate application for each individual residency program.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information
HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. This registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the

following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

IMPORTANT NOTICE: CCR to be moved to SAM effective July 30, 2012

CCR will transition to SAM at the end of July. CCR must stop accepting new data in order to successfully migrate the existing data into SAM. CCR's last business day is Tuesday, July 24, 2012. It will no longer accept new registrations or updates to current registrations after that time. The CCR Search capability will remain active through the transition to allow users to search for an entity's current registration status. SAM will be online for use Monday morning, July 30, 2012.

CCR will stop accepting data at 11:59 pm on Tuesday, July 24, 2012. **No new registrations can be submitted after that time. No updates to existing registrations can be submitted after that time.** Any registrations in process will be on hold until SAM goes live the morning of July 30, 2012. If users are in the middle of a registration, the data that has been submitted will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant will receive an e-mail notification from CCR when it extends the expiration date. The registrant will then receive standard e-mail reminders to update their record based on this new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active CCR registration is a pre-requisite to the successful submission of grant applications!

Grants.gov strongly suggests visiting CCR prior to this change and checking the account status. Some things to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?

- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about the switch from CCR to SAM, more information is available at https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N. To learn more about SAM, please visit https://www.sam.gov.

Note: CCR or SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. This systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect; or SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the grant deadline.***

An applicant can view their CCR Registration Status by visiting http://www.bpn.gov/CCRSearch/Search.aspx and searching by their organization's DUNS number. The CCR Website provides user guides, renewal screen shots, FAQs and other resources.

Applicants that fail to allow ample time to complete registration with CCR (prior to July 25, 2012) / SAM (starting July 30, 2012) and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at http://www.hrsa.gov/grants/apply/userguide.pdf. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at http://www.grants.gov/assets/ApplicantUserGuide.pdf. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

1) Downloading from http://www.grants.gov, or

2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 40 pages when printed by HRSA. The total file size may not exceed 10 MB. The 40-page limit includes the abstract, project narrative, and attachments. Standard forms are NOT included in the page limit. **We strongly urge applicants to print their application to ensure it does not exceed the 40-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

Applications must be complete, within the 40-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction Short Application Kit – Table of Contents

- It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; Counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site location(s)	Counted in the page limit.
Grants.gov Lobbying Form	Form	Complete this form online per the instructions embedded in the form.	Not counted in the page limit
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for **specific** sequence. Counted in the page limit.

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description
Attachment 1	Documentation of number of eligible FTEs – Required. Counted in the page limit.
Attachment 2	Documentation of accreditation and standing from ACGME, AOA, or CODA – Required from all new THCGME applicants and current awardees who are requesting expansion. Counted in the page limit.
Attachment 3	Other supporting documentation of direct and indirect graduate medical expenses – Counted in the page limit.
Attachment 4	Staffing plan, Position Descriptions and biographical sketches for key staff – Counted in the page limit.
Attachment 5	Organizational Chart – Counted in the page limit.

Application Format
Applications for funding must consist of the following documents in the following order:

i. ***Application Face Page***
Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.530.

DUNS Number
All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications ***will not*** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for an application with a missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) (soon to be SAM) in order to conduct electronic business with the Federal Government. CCR (or SAM) registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization CCR (or SAM) registration is active and the Marketing Partner ID (MPIN) is current. Information about registering with the CCR can be found at http://www.ccr.gov. Please see Section IV of this funding opportunity announcement for **IMPORTANT NOTICE: CCR to be moved to SAM starting July 30, 2012.**

ii. ***Table of Contents***
The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. ***Staffing Plan and Personnel Information***
Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff should be included in Attachment 4. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project should be included in Attachment 4. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

iv. ***Assurances***
Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

v. ***Certifications***
Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

vi. ***Project Abstract***
A one page summary of the application is encouraged. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. The abstract is often distributed to provide information to the public and Congress. Please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. Applicants are encouraged to include the following:

(1) A four or five sentence overview of the Teaching Health Center;
(2) Specific, measurable objectives which the Teaching Health Center will accomplish; and
(3) How the Teaching Health Center will accomplish its objectives during the funding period.

Please provide the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Training Discipline (family medicine, internal medicine, pediatrics, etc.)
- Number of THC resident FTEs being requested in Fiscal Year 2013
- Project Director name
- Address
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Organizational Website Address, if applicable

The project abstract is encouraged to be single-spaced and limited to one page in length.

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

Use the following section headers for the Narrative:

INTRODUCTION
In this section, the applicant is encouraged to provide the purpose of the proposed project.

ORGANIZATIONAL INFORMATION

In this section, the applicant is encouraged to provide eligibility and cost information associated with the graduate medical education program. Organizational information shall include, but is not limited to:

(1) Applicant organization's structure, including how eligibility criteria listed in Section III are met.

Include evidence that the applicant is a community-based ambulatory patient care center that operates a primary care residency program. Applicants are encouraged to provide the following information:

a. List the name of the sponsoring institution as recognized by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or Council on Dental Accreditation (CODA). Please include an organizational chart as Attachment 5 demonstrating the sponsoring institution of the residency training program.

b. Describe the organization's plans to expand its residency training capacity, as demonstrated in Attachment 1.

c. If the center collaborates with a hospital that currently receives, or will receive, funding from CMS, what steps will be taken to ensure that CMS funds and THCGME funds are not being used to cover the same training time?

Applicants applying as a GME consortium, are encouraged to provide additional information in this section. For example, list the members of the consortium and describe the role of the members concerning the selection of trainees, selection of faculty, and curricular development. Also, describe the THC's academic, financial and administrative operational responsibilities. Finally, describe the funding flow between members of the consortium as well as how spending and budgetary decisions are made.

(2) Description of:

a. The current curriculum; for example, longitudinal teaching curriculum on new models of care such as the patient centered medical home and inter-professional team-based care, or effective communication through enhanced cultural competency. May include novel patient access venues such as home care, and technological solutions including electronic communications such as tele-visits or tele-dentistry;

b. Curricular evaluation which may include assessments specifically addressing parameters such as quality of care, patient safety, cultural, and other competencies;

c. Quality improvement techniques, including quality measurement;

d. The use of Electronic Health Records (EHR) and the utilization of data from EHR records to evaluate and improve quality of care at the individual- and population-level or to address health disparities;

e. Innovative approaches that will be utilized to train residents in the care of underserved populations; and

f. Affiliations with academic health centers or other academic institutions and their contribution to the quality of training.

(3) Description of the current ambulatory care and community-based training settings and patient population. Evidence of demonstrated commitment to an underserved patient population, including underrepresented minority and/or other high risk populations.

(4) Characteristics of successful THCs may also be addressed in this section of the narrative, including:

a. Demonstrated institutional commitment to a dual mission of education and service; and
b. Patient- and community-based input into THC operation and management.

(5) Existing applicant resources, including any funding received by other sources (such as Medicare, Children's hospital GME, and Primary Care Residency Expansion). THCGME payments may supplement but not duplicate payments from other sources.

METHODOLOGY FOR CALCULATING PAYMENTS
The final formula methodology for determining the payments will include calculations for direct and indirect graduate medical expense payments. This formula is currently under review by the Department of Health and Human Services. For the start of the program (academic years 2011-12 and 2012-13), THCGME grantees received an interim payment amount of $150,000 per full-time equivalent (FTE) to support training. Once the formula methodology is detirmined, THCGME awards will be based on the new formula. Accordingly, for academic year 2013-14, payment amounts to individual THCs could increase or decrease relative to the interim payment level, based on the specifications of the new formula.

Direct Graduate Medical Expense Amount

Under the THCGME payment formula that is under review, the payment methodology will include calculations of direct graduate medical expense payments specified by statute as follows:

Direct graduate medical expense payment = (A) x (B)

A = the updated national per resident FTE amount. The updated national per resident amount is determined by dividing the national average per resident amount computed under section

340E(c)(2)(D) of the Public Health Service Act into a wage-related portion and a non-wage related portion by applying a proportion determined by the Secretary; the wage-related portion is multiplied by the factor applied under section 1886(d)(3)(E) of the Social Security Act (but without application of section 4410 of the Balanced Budget Act of 1997 during the preceding fiscal year for the THC's area). That value is then added to the non-wage portion.

The wage index and labor related share of the cost of the resident used to define wage-related portion is computed by the Centers for Medicare and Medicaid Services (CMS).

B = the average number of full-time equivalent residents in the THC's graduate approved medical or dental residency training program as determined under section 1886(h)(4) of the Social Security Act (without regard to the limitation under subparagraph (F) of such section) during the fiscal year.

Indirect Graduate Medical Expense Amount

The awards under the THCGME program for indirect graduate medical expenses associated with teaching residents for a fiscal year will be determined using a formula under review by the Secretary, as noted above. The interim payment per resident FTE per year includes direct and indirect costs.

Reconciliation

Applicants must provide documentary evidence of the number of full-time equivalent residents claimed in Attachment 1. This number should reflect proposed new residency training positions. **Because THCGME will only support NEW resident FTEs, applicants must also include the baseline number of resident FTE positions they have been training during the baseline period of the 2012-2013 academic year. For new THCs, the baseline will be zero. For existing THCs, the baseline count should reflect the number of filled resident FTE positions in the program, regardless of funding source**. Resident FTE is measured in terms of time worked during a residency training year; it is not a measure of the number of individual residents who are working. Applicants may count the time that the residents are training at the THC and other institutions, *as long as it is not claimed by other sources*, including the children's hospital GME program, Primary Care Residency Expansion Program, or through the CMS GME program. **Applicants are not permitted to receive payment from multiple Federal sources for the same time period of residency training. Failure to provide sufficiently clear and documented evidence of resident FTEs will make the applicant ineligible for an award.**

The authorizing statute requires a reconciliation process, through which overpayments may be recouped and underpayments may be adjusted. (See section 340H(f) of the Public Health Service Act.) The reconciliation process will require awardees to report changes in the number of resident FTEs enrolled at the end of each fiscal year.

EVALUATION PLAN

In order to conduct a meaningful evaluation, recipients will be expected to report performance measures and longitudinal outcome data for this funding. Measureable outcomes will include practice locations, distribution in underserved areas, and scope of practice for THC graduates. Since this data will not be available until after THC residents complete their training, applicants should propose and collect data on intermediate measures such as innovative curricular elements, implementation of interprofessional teams that provide person-centered care, improvement in quality parameters, improvement in patient care outcomes, and use of electronic medical technology. Reporting will be required on an annual basis. All recipients must agree to track the practice patterns of graduates for five years following the completion of their residency training. Eligible applicants will receive specific reporting requirements in their Notice of Award.

Applicants should present their evaluation plan to collect and analyze information on the measurable outcomes listed in the previous paragraph. The plan should address the following elements:

(1) Evaluation Technical Capacity: current evaluation experience, skills, and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;

(2) Evaluation Methods: evaluation questions; instruments/tools used; primary/secondary data sources, milestones, timeline, etc.;

(3) Quality Assurance Plan: process to validate data collection and results; and

(4) Evaluation Report: written description of evaluation activities, results, challenges, and recommendations.

ix. Attachments

The following items are requested to complete the content of the application. Please note that Attachments 1 and 2 are required from all new THCGME program applicants to verify applicant eligibility. Unless otherwise noted, attachments count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Documentation of number of eligible resident FTEs. Resident FTE is measured in terms of time worked during a residency training year. Depending on how the THC funds will be used it is not always a measure of the number of individual residents who are working. The documentation for Attachment 1 will be used to determine the baseline number of FTEs and plans for expansion. **Applicants are not permitted to receive payment from multiple sources for the same time period of residency training.**

Documentation includes the following information:

- Justification for resident FTE measurement based on the resident's rotation schedule; and

- The resident's rotation schedule for the academic year that demonstrates the amount of time a resident will spend in the THC, hospitals, or other non-THC settings during the current academic year. The rotation schedule must include for each rotation: the name of the rotation, rotation location, and the start and end dates of the rotation.

Applicants must also provide:

- The aggregate number of FTEs for the academic year beginning July 1, 2013; and
- **A projection of the program's proposed expansion over the next two years, including the continuation of training for THC residents funded in FY 2013.** This projection does not guarantee funding beyond awards made in association with this funding announcement. This information is necessary to project funding for the remainder of the funds availability period of the overall initiative.

Applicants may use any format to submit this projection; however, this information must be submitted as Attachment 1. Please refer to the example below for information to include.

NUMBER OF ELIGIBLE RESIDENTS/FTEs IN PROGRAM							
Academic Years		**Number of Residents**				**THC Addition to Base Number**	**Aggregate Number of FTEs in Program**
		PGY-1	**PGY-2**	**PGY-3**	**PGY-4**		
7/1/2009-6/30/2010							
7/1/2010-6/30/2011							
7/1/2011-6/30/2012							
7/1/2012-6/30/2013	**Baseline**						
7/1/2013-6/30/2014	Year 1						
7/1/2014-6/30/2015	Year 2						
7/1/2015-6/30/2016	Year 3						

PGY= post graduate year

Instructions for completing the Eligible Resident/FTE Chart (Attachment 1):

NUMBER OF ELIGIBLE RESIDENTS/FTEs IN PROGRAM							
Academic Years		**Number of Residents**				**THC Addition to Base Number**	**Aggregate Number of FTEs in Program**
		PGY-1	**PGY-2**	**PGY-3**	**PGY-4**		
7/1/2009-6/30/2010		A	A	A	A		
7/1/2010-6/30/2011							D
7/1/2011-6/30/2012							
7/1/2012-6/30/2013	**Baseline**						
7/1/2013-6/30/2014	Year 1	B	B	B	B	C	
7/1/2014-6/30/2015	Year 2						
7/1/2015-6/30/2016	Year 3						

OMB 0915-0061 Expiration Date; June 30, 2013

A) List the number of PGY-1, PGY-2, PGY-3, and PGY-4 residents enrolled in the residency program during academic years 7/1/2009-6/30/2010, 7/1/2010-6/30/2011, and 7/1/2011-6/30/2012. Also include the number of residents enrolled during the 7/1/2012-6/30/2013 **baseline** academic year.

B) List the **base number** of PGY-1, PGY-2, PGY-3, and PGY-4 residents you plan to train over the next three academic years. Please be sure to include in this section any THCGME residents funded by HRSA during Fiscal Years 2011 and 2012. These residents should not be included in the "Addition to Base Number" column (Section C) as they are not considered "new" residents and would not constitute an expansion of the program.

C) List the number of **expanded THC residents** you plan to add to your program over the next three academic years. The data should accurately reflect the program's plans to expand; however, please note that these projections do not guarantee funding beyond FY2013.

D) Include the **aggregate** number of FTEs that were enrolled, or that you plan to enroll, in the program during each of the listed academic years.

Failure to provide sufficiently clear and documented evidence of FTEs may jeopardize or decrease GME funding.

Attachment 2: Documentation of accreditation and status. Submit a copy of the letter of approval or accreditation from the appropriate accrediting agency.

Attachment 3: Other Relevant Documents to Project including supporting documentation of direct and indirect graduate medical education expenses. Applicants applying under a GME consortium should also include a copy of the institutional agreement that establishes the consortium.

Attachment 4: Position Descriptions and Biographical sketches for Program Director and key faculty. *Keep each to one page in length as much as is possible.* Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 5: Organizational Chart. The chart should illustrate the relationships among partners participating in the residency program and clearly identify which component will manage the various responsibilities and authorities of the program. For a consortium model, it should include the organizational and financial relationship between the consortium and the THC.

3. Submission Dates and Times

Application Due Date

The due date for applications for all programs under this funding opportunity announcement is **September 28, 2012 by 8:00 P.M. ET**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or widespread disruptions of service, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:
Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The Teaching Health Center Graduate Medical Education payment program is not subject to the provisions of Executive Order 12372, pertaining to Intergovernmental Review of Federal Programs, as implemented by 45 CFR 100.

5. Funding Restrictions

Funding can only be used for the costs of new resident positions in a newly-established THC or an expanded number of new resident slots in a pre-existing THC.

THCGME payments can be made in addition to existing GME payments from other sources. However, if the hospital claims the THC residents' inpatient time, the THC cannot also claim that time from HRSA. HRSA will work closely with CMS to maintain counts of resident FTE in teaching hospitals affiliated with THCs.

Costs may not be incurred prior to July 1, 2013. Costs associated with recruiting residents are unallowable.

Applications that do not clearly demonstrate that eligibility requirements are met will be considered non-responsive and will not be considered for funding under this announcement.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are ***required*** to submit ***electronically*** through Grants.gov. To submit an application electronically, please use the

APPLY FOR GRANTS section at http://www.grants.gov. When using Grants.gov applicants will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that organizations ***immediately register*** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR) (or System for Award Management (SAM) starting July 30, 2012. See Section IV of this document for more SAM details.)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR (or SAM – starting July 30, 2012) "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials, and FAQs are available on the Grants.gov web site at http://www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, an organization is urged to submit an application in advance of the deadline. If the application is rejected by Grants.gov due to errors, it must be corrected and resubmitted to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once, prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the Grants.gov application due date as the final and only acceptable application.

Tracking an application: It is incumbent on the applicant to track application status by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking an application can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. Be sure the application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review and Eligibility Screening Process

An external advisory panel will be convened to review THCGME applicants for eligibility. The advisory panel will verify organizational eligibility and program accreditation status. The Division of Medicine and Dentistry will review each THCGME Program application for eligibility including accreditation status, completeness, accuracy and compliance with the requirements outlined in the funding opportunity announcement. Applications will also be reviewed within HRSA by grants management officials (business and financial review) for content and response to the application requirements.

2. Anticipated Announcement and Award Dates

The anticipated date recipients will be notified of the status of funding is November 8, 2012, with funds to be available by July 1, 2013. The announcement date will enable THC awardees to offer these new residency training slots through the National Residency Match Program.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the application review, including a summary of the expert committee's assessment of the applicant's qualifications and eligibility for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. The anticipated Notice of Award announcement date is prior to the start date.

Reminder: The project period for this award will begin on July 1, 2013 and end on June 30, 2014. Initial funding is awarded to support the first three months July 1 through September 30, 2013. A post award action will be made to provide funding to support training from October 1, 2013 through June 30, 2014. This funding schedule reflects the statutory requirement to reconcile payments for costs incurred during the Federal Fiscal Year, as opposed to the academic year.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Non-Discrimination Requirements
To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/ocr/civilrights/understanding/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15. Additional cultural competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase

collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with Federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

Health IT
Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Status Reports**

1) **Annual Report**. New awardees and existing THCGME awardees who are proposing to further expand the number of new resident FTE slots must submit a report and complete reconciliation at the end of each Federal Fiscal Year. Existing THCGME awardees who will not expand the number of resident FTE slots beyond those already approved in FY 2012 will apply through annual reporting. The annual report for all recipients must include the following information for the academic year completed immediately prior to the Federal Fiscal Year:

- The accredited residency training program(s) operated by the qualified THC.
- The number of approved part-time or full-time equivalent resident training positions in the qualified THC.
- The number of primary care physicians and dentists who completed their residency training in the qualified THC. Include the number of THC graduates who currently care for vulnerable populations and/or provide care in underserved areas.
- Other information as deemed appropriate including, but not limited to, resident demographics, rural background, and medical education.

2) **Annual Evaluations Assessment**. Awardees will be required to report annually on various performance measures. This evaluation will demonstrate if the program is functioning according to its purpose and objectives. All applicants are encouraged to track the practice types and locations of graduates for five years following the

completion of their residency training. Eligible entities will receive specific reporting requirements upon award.

Failure to provide any of the above reports or a determination that the reports contain incomplete or inaccurate information will result in a reduction of the amount payable by at least 25%. Prior to imposing any such reduction, the THC will be provided notice and an opportunity to provide the required information within 30 days beginning on the date of such notice.

b. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the NoA.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Kim Ross, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2353
Fax: (301) 443-6343
Email: kross@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Kristin Gordon
Project Officer.
Attn: THCGME Program
BHPr, HRSA
Parklawn Building, Room 9A-43
5600 Fishers Lane
Rockville, MD 20857

Telephone: (301) 443-0337
Fax: (301) 443-8890
Email: KGordon@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

VIII. Other Information

Technical Assistance Call
A technical assistance call has been scheduled to help applicants understand, prepare and submit a grant application. Applicants will have an opportunity to ask questions as well. The conference call will be held as follows:
Date: August 17, 2012
Time: 1:00pm – 2:00pm EST
Toll-free number: 800-369-1843
Passcode: 5118105

The call will be recorded and will remain available until after the closing date of this announcement. Replay information is as follows:
Phone: 866-434-5274
Passcode: 1698

In addition, frequently asked questions and answers will be posted at http://www.hrsa.gov/grants/apply/assistance/teachinghealthcenters.

IX. Tips for Writing a Strong Application

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: http://www.hrsa.gov/grants/apply/index.html.

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://www.hhs.gov/asrt/og/grantinformation/apptips.html.