

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of National Health Service Corps

State Loan Repayment Program (SLRP)

Funding Opportunity Number: HRSA-22-048

Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.165

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: April 8, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: October 14, 2021

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Authority: Public Health Service Act, Title III, Section 338I(a)-(i) (42 U.S.C. 254q-1(a)-(i)).
American Rescue Plan Act of 2021 (P.L. 117-2), Section 2602

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](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2022 State Loan Repayment Program (SLRP). The purpose of this program is to make grants to the 50 states, the District of Columbia, and U.S. Territories to assist them in operating their own state educational loan repayment programs for primary care providers working in Health Professional Shortage Areas (HPSA) within their state. The American Rescue Plan Act provides funding to expand SLRP to provide grants to current grantees as well as to those States that have not previously participated.

Funding Opportunity Title:	State Loan Repayment Program (SLRP)
Funding Opportunity Number:	HRSA-22-048
Due Date for Applications:	April 8, 2022
Anticipated Total Annual Available FY22 Funding:	Approximately \$25,000,000 per year
Estimated Number and Type of Award(s):	Up to 50 grants
Estimated Award Amount:	Range: from approximately \$1 to \$1,000,000
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2022 through August 31, 2026 (4 years)
Eligible Applicants:	Entities eligible to apply for this grant program include the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. 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, 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](#) to learn more about the resources available for this funding opportunity.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND.....	2
II. AWARD INFORMATION	3
1. TYPE OF APPLICATION AND AWARD.....	3
2. SUMMARY OF FUNDING.....	3
III. ELIGIBILITY INFORMATION	3
1. ELIGIBLE APPLICANTS.....	3
2. COST SHARING/MATCHING.....	4
3. OTHER.....	4
IV. APPLICATION AND SUBMISSION INFORMATION	4
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	4
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	5
<i>i. Project Abstract</i>	7
<i>ii. Project Narrative</i>	8
<i>iii. Budget</i>	13
<i>iv. Budget Justification Narrative</i>	13
<i>v. Standardized Work Plan (SWP) Form</i>	14
<i>vi. Attachments</i>	14
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM).....	15
4. SUBMISSION DATES AND TIMES.....	16
5. INTERGOVERNMENTAL REVIEW.....	16
6. FUNDING RESTRICTIONS.....	16
V. APPLICATION REVIEW INFORMATION	17
1. REVIEW CRITERIA.....	17
2. REVIEW AND SELECTION PROCESS.....	20
3. ASSESSMENT OF RISK.....	20
VI. AWARD ADMINISTRATION INFORMATION	21
1. AWARD NOTICES.....	21
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	21
3. REPORTING.....	23
VII. AGENCY CONTACTS	24
VIII. OTHER INFORMATION	25
APPENDIX: SLRP CRITICAL ELEMENTS AND PROGRAM REQUIREMENTS	27

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the State Loan Repayment Program (SLRP).

Program Purpose

The purpose of this program is to make grants to the 50 states, the District of Columbia, and the U.S. Territories to assist them in operating their own state educational loan repayment programs for primary care providers working in Health Professional Shortage Areas (HPSA) within their state. SLRP supports loan repayment awards to health care providers in exchange for service in underserved communities. The American Rescue Plan Act provides funding to expand SLRP to provide grants to current grantees as well as to those States that have not previously participated.

SLRP recipients are afforded the flexibility to select the disciplines and HPSA sites that meet their unique workforce needs. To that end, HRSA is encouraging SLRP applicants to consider how SLRP funds might be used to advance HHS priorities.

Program Goals

The goals of this program are to:

1. Recruit and retain providers to sustain a growing primary health care workforce working in HPSA within their state;
2. Encourage state level partnership/cooperation with other stakeholders to address/meet state's health care workforce needs;
3. Increase access to primary care services in underserved communities/populations;
4. Decrease health care disparities in underserved communities; and
5. Improve overall health care outcomes in underserved communities.

Program Objectives

Objectives:

- Develop partnerships between academia, primary care delivery sites, Primary Care Associations, Primary Care Offices, Governors' Offices, Health Departments, and community-based organizations
- Increase primary health care workforce serving in HPSA
- Incentivize providers to serve in HPSA by offering loan repayment covering eligible educational loans

HHS and HRSA Priorities

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

- Ending the crisis of opioid addiction and overdose in America
- Improving access to mental health care

- Transforming the healthcare system through value-based care delivery and quality improvement initiatives
- Transforming the workforce – by targeting the need
- Strengthening health care access through telehealth
- Preventing and reducing maternal mortality
- Ending the HIV epidemic

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that grantees are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. Applicants must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities.

2. Background

This program is authorized by the Public Health Service Act, Title III, Section 338I(a)-(i) (42 U.S.C. 254q-1(a)-(i)) and Section 2602 of the American Rescue Plan Act (ARP) of 2021 (P.L. 117-2). Since SLRP's inception in 1987, clinicians have been recruited and retained in HPSA across the Nation following the completion of their service obligation. SLRP utilizes the expertise of each recipient to ensure the investment best suits the community's needs. Successful projects have improved access to primary health care services for underserved communities and individuals. In addition, many recipients take a coordinated approach to align federal, state, and other loan repayment programs to meet the state's health care professional needs.

The American Rescue Plan Act of 2021 appropriates \$800 million for the National Health Service Corps in FY21, of which \$100 million is dedicated to SLRP to assist states in the recruitment of a primary health care workforce.

Note: ARP funds are anticipated to be expended by the end of FY 2026, and the flexibilities granted by ARP will expire. Beginning in FY 2027 the statutory requirement for a \$1 for \$1 state match, as well as the prohibition on use of funds for administrative expenses, are expected to be required should the program be re-competed. States are encouraged to plan proactively to ensure continuity of the state's primary health care workforce.

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](#).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$25,000,000 to be available annually to fund estimated 50 recipients.

A maximum of 10 percent of funding may be requested per year for administrative and management of the program; e.g. Project staff time, indirect costs, etc.

The period of performance is September 1, 2022 through August 31, 2026 (4 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. HRSA will make awards to as many applicants as are recommended by the Objective Review Committee, based on the availability of funds. In the event there are more recommended applicants than funds available, HRSA will implement a funding tier system commensurate to the score given by the Objective Review Committee. Applicants in the highest scored tier may receive the full requested amount, while those who scored high enough to be recommended for funding but in a lower tier may receive a lower than requested amount.

The following provisions related to APR funding are one-time flexibilities that will expire at the end of the project period in 2026.

- A maximum of 10 percent of funding may be requested per year for administrative and management costs of the program
- Cost sharing/matching is not required.

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

Entities eligible to apply for this grant program include the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

In order to be eligible, states must demonstrate that the program operated with the grant funds will be administered directly by a state agency. States must also agree that the

grant funds will be used to pay all or part of the principal, interest, and related expenses of qualifying educational loans of health care professionals, in return for their provision of primary health care services in federally designated HPSA.

The contract between the state and the health care professional must contain a breach provision and other terms that are not more favorable than the terms provided under the National Health Service Corps (NHSC) Loan Repayment Program (LRP). See 42 U.S.C. 254q-1(c).

2. Cost Sharing/Matching

Cost sharing/matching is not required. States will not be required to demonstrate a \$1 for \$1 match for the federal funding received through this award.

3. Other

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

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- Exceeds the page limit referenced in Section IV

Multiple Applications

NOTE: Multiple applications from an organization are not allowable. Each state or territory may only submit one application.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the **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. **Applications received without the appropriate attachments/tables will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

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 [Grants.gov: HOW TO APPLY FOR GRANTS](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-048 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. 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 HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

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

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limit. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-048, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 65 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-048 before 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 8 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 online at the [HHS Office of the Assistant Secretary for Preparedness \(ASPR\)](#) website.

Program Requirements

SLRP improves access to primary health care services for underserved communities and individuals by requiring recipients to:

- Operate their own educational loan repayment programs for primary care providers working in HPSA within their state.
- Assign eligible health care providers to serve in designated HPSA.

In order to meet these statutory requirements, SLRP has the following critical elements:

- Participant Eligibility
- Discipline Eligibility
- Practice Site Eligibility
- Program Administrative Management and Oversight

Please see [Appendix: SLRP Critical Elements and Program Requirements](#) for program requirements associated with these critical elements.

Program-Specific Instructions

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

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
3. Which of the clinical priorities will be addressed by the project, if applicable; and
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

NARRATIVE GUIDANCE

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

<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

ii. *Project Narrative*

This section provides a comprehensive 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](#)

This section must help reviewers understand the needs of the underserved populations in your state and how the project will improve health care for these populations. Briefly state the purpose of your proposed project and how it relates to the purpose of this funding opportunity. Cite demographic data whenever possible to support the needs identified below.

- Describe the targeted population and the current gaps in primary care, dental, or mental health care workforce, including the socio-economic and cultural determinants of health and health disparities impacting the population or communities served and/or unmet workforce needs.
 - Describe the capacity of the existing health care workforce including any relevant health care workforce trends that have been identified.
 - Identify the targeted workforce disciplines and specific types of HPSA that your proposed project will address.
 - If applicable, describe health care workforce needs that align with the clinical priorities of addressing opioid abuse and mental health conditions.
- **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: [Sample Work Plan Template](#)).

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

instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package.

(b) METHODOLOGY/APPROACH -- [Corresponds to Section V's Review Criterion #2 \(b\)](#)

Describe your objectives and proposed activities and how they will address your project purpose and stated needs regarding services and targeted population, as well as the critical elements Participant Eligibility, Discipline Eligibility, Practice Site Eligibility, and Program Administrative Management and Oversight (described in detail in the Appendix).

Participant Eligibility

- Describe the process to determine program eligibility for participants, including applicable federal and state requirements. See the Appendix for more information about eligible participants.
 - Describe recruitment strategies and activities to foster a competitive applicant pool and increase program participation, as well as strategies and activities to retain providers in underserved communities.
 - Include a discussion of the policies and processes that states will use to determine and verify eligibility of qualifying educational loans for repayment under the SLRP contract.
 - Include the processes for verifying all funds provided under the SLRP contract have been used to repay qualifying educational loans that were approved before issuing a subsequent contract.

Discipline Eligibility

- Identify the primary care disciplines that will be supported by the program and how the eligible disciplines you propose to award will impact the access to primary care services to specific population. See the Appendix for more information about eligible SLRP disciplines.
 - Describe how these disciplines will meet the health care workforce gaps identified above.
 - Indicate whether or not the selection of eligible disciplines is determined by state law or policy.
 - Indicate how the disciplines align with the clinical priorities of addressing opioid abuse and mental health conditions, if applicable.
 - Identify the types of populations that will benefit from this funding.
 - Identify the types of primary care services that will be supported due to this funding.
 - Will this funding expand the composition of providers from your current recruitment efforts?

Practice Site Eligibility

- Identify which site types will be supported by SLRP. See the Appendix for more information about eligible site types.

- Describe practice site recruitment strategies; the process for determining site eligibility; and the monitoring process for sites with SLRP participants.
- See *Attachments* section below for more information about Memoranda of Understanding (MOU) and sub-recipient agreements.

Program Administrative Management and Oversight

- Provide an overview of the organizational and management structure of the state entity that would be administering the Loan Repayment program. See the Appendix for more information about [Program Administrative Management and Oversight](#).
- Describe any partnerships and collaborations with other organizations, including:
 - Description of how the program would be coordinating with federal, state and other organized activities within the state which relate to health care workforce services and resources.
 - Partnerships with organizations that formally or informally provide program guidance such as an advisory committees or other entities.
- Describe the strategies and processes proposed to ensure that sites and the participants remain in compliance with program and state guidelines, including:
 - Policies and processes that will be utilized by states to ensure that program requirements are met and service obligations are fully completed.
 - Actions taken when a participant fails to complete the obligation.
 - The monitoring and service verification process.
 - The involvement of the practice sites in participant monitoring.
 - The process to ensure that salaries for SLRP participants are at the prevailing rate and not reduced because of their SLRP award.
 - Monitoring process to ensure the continued eligibility of program participants.

(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, including:

- Obstacles related to the critical elements described in the above sections (*Work Plan and Methodology/Approach*).
- *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 \(a\)](#)

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. In the Attachments section (IV. 2. vi., *Attachment 2*), attach a complete staffing plan and

job descriptions for key personnel. Biographical sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. 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.

Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: [HRSA Health Workforce: Report on Your Grant](#). Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.

Document the procedure for assuring the data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for individuals participating in the Program. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. 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.

(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, including a description of specific actions you will take to:

- a. Highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices.
 - b. Discuss challenges that you are likely to encounter on how the state program will continue to engage stakeholders and other public and private partners to secure funding sources that will support the continuity of the State's primary health care workforce.
 - c. Provide a timetable for becoming self-sufficient.
 - d. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- [Corresponds to Section V's Review Criterion #4](#)*

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant

experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v.1, *Attachment 4*.) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The staffing plan and job descriptions for key faculty/staff must be included in *Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel)*. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

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

- Section D (*optional*) **Other Support**. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. Budget

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

SLRP Programs are allowed to make an award of up to \$25,000 a year to a participant.

In addition, the State Loan Repayment Program allows the following:

- A maximum of 10 percent of funding may be requested per year for administrative and management costs of the program; e.g. Project staff time, indirect costs, etc.

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.

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

v. Standardized Work Plan (SWP) Form

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

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

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Clearly label **each attachment**.

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

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. 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 3: Project Organizational Chart

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

Attachment 4: Tables, Charts, etc.

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

Attachment 5: Sample Contract (will not count towards page limit)

Provide a copy of a sample contract used for SLRP participants. This attachment does not count toward the maximum number of pages for this application. Ensure that the contract includes a default provision that must be spelled out clearly and must be at least as stringent as (i.e., not more favorable than) the NHSC LRP default penalty found at 42 U.S.C. § 254o(c) (1).

Attachment 6: Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be 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.).

Attachments 7: Other Relevant Documents

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)

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

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

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements and if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- [Dun and Bradstreet](#)
- [System for Award Management \(SAM\)](#)
- [SAM.gov Knowledge Base](#)
- [Grants.gov](#)

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized 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 *April 8, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

SLRP 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 4 years, up to \$1,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon 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.

Funds under this announcement must be used to repay the qualifying educational loans of health care professionals who have entered into SLRP contracts with the states.

SLRP Programs are allowed to make an award of up to \$25,000 a year to a participant.

You may use a maximum of 10 percent of the award towards administering the program.

You cannot use funds under this notice for the following purposes:

- i) within the State to provide technical or other nonfinancial assistance to Infant Mortality Grants under section 330(f) of the Public Health Services Act (PHSA);
- ii) under a memorandum of agreement entered into with the State to Homeless Grants under section 330(h) of the PHSA; or
- iii) under Grants to States for Operation of Office of Rural Health under section 338J of the PHSA.

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 sub-recipients 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.

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

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

This section will help reviewers understand the state, as well as the needs of the communities within the HPSA that the program supports.

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

- The purpose of the proposed project outlines the needs of the program to address state needs.
- The extent to which the State's assessment identifies particularly significant or unique workforce challenges relevant to other states in their region or nationally.
- The extent to which the state describes and documents the need for the targeted workforce disciplines.
- The validity of the demographic data cited (i.e., whether the data are publically available and peer-reviewed, if applicable).
- The extent to which the socio-economic and cultural determinants of health and health disparities impacting the population served by this segment of the health care workforce are discussed.
- The degree to which the State's need for primary health care professionals in federally designated HPSA is consistent with the health care professions and specialists identified in the SLRP application guidance.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section \(a\) Work Plan, Sub-section \(b\) Methodology/Approach, and Sub-section \(c\) Resolution of Challenges](#)

Criterion 2 (a): WORK PLAN (10 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section \(a\) Work Plan](#)

The extent to which a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives are provided. The description must include timeline, stakeholders, and a description of the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Criterion 2 (b): METHODOLOGY/APPROACH (30 points) – [Corresponds to Section IV's Response to Program Purpose Sub-section \(b\) Methodology/Approach](#)

The extent to which the proposed project responds to the critical elements, requirements and expectations of the program and addresses the needs highlighted in the *Purpose and Need* section, including:

- The extent to which the applicant addresses by category the specific population and related primary health care service(s) to be impacted.
- The extent to which the applicant details how an expansion of projected disciplines they propose to recruit will impact identified needs in the state. Eligible disciplines are listed in the Appendix.
- The strength of the proposed goals and objectives and their relationship to the identified program critical elements.
- The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs.

- The degree to which the applicant describes strong and effective coordination with federal, state, and other programs for meeting the State’s health care professional needs, including HRSA-supported State-based activities and the NHSC Loan Repayment Program.

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

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

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – [Corresponds to Section IV’s Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#)

The extent to which requested measurable outcomes are reported, including both an internal program performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a).

Specific criteria include:

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- The extent to which data collected is incorporated into program operations to ensure continuous quality improvement.
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes.
- The extent to which the dissemination of project results (feasibility and effectiveness) are described.
- The extent to which project results may be national in scope, the degree to which the project activities are replicable.

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

After federal funds end, describe an effective plan for project sustainability. Discuss challenges that you are likely to encounter on how the state program will continue to engage stakeholders and other public and private partners to secure funding sources that will support the continuity of the State’s primary health care workforce.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – [Corresponds to Section IV’s Organizational Information, Resources and Capabilities](#)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through your project narrative, as well as through your Attachments. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs

and requirements of the proposed project. The degree to which the applicant describes the institutional experience in managing similar programs and focuses discussion on the development of a plan for tracking future outcomes for the proposed project.

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

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

This includes the extent to which:

- Costs, as outlined in the budget and required resources sections are reasonable given the scope of work;
- Key personnel have adequate time devoted to the project to achieve project objectives;
- The budget and budget justification follows the program-specific budget guidelines under Section IV and the SF-424 R&R Application Guide, costs are clearly justified by a narrative description, includes an itemized cost breakdown, if requested, including up to the allowable 10 percent administrative and management costs.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Other Funding Factors

In the event that there are more recommended applicants than funds available, HRSA will implement a funding tier system commensurate to the score given by the Objective Review Committee. Applicants in the highest scored tier may receive the full requested amount, while those who scored high enough to be recommended for funding but in a lower tier may receive a lower than requested amount.

See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect

cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the NOA on or around the start date of September 1, 2022. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities.

The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See [Civil Rights for Providers of Health Care and Social Services](#) and [Civil Rights: HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals. See [Fact Sheet on Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient \(LEP\) Persons](#) and www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Civil Rights: Discrimination on the Basis of Disability](#)
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see [Civil Rights: Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience and Religious Freedom: Conscience Protections for Health Care Providers](#) and [HHS: Religious Freedom](#).

[Executive Order on Worker Organizing and Empowerment](#)

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

Requirements of Sub awards

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 sub recipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded sub recipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

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

- 1) **Progress Report(s) (Non-Competing Continuation).** 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.

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

Further information will be available in the NOA.

- 2) **Annual Performance Report (Field Strength Report).** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

The annual performance report will address all activities from September 1 to August 31, and will be due to HRSA on September 21st each year. If award activity extends beyond August 31 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

- 3) **Final Program Report.** A Final Report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at [HRSA: Electronic Handbooks](#).

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. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Nandini Assar
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Email: nassar@hrsa.gov

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

Paula Gumbs
Project Officer, Division of National Health Service Corps.
Attn: State Loan Repayment Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 14N58A
Rockville, MD 20857
Telephone: (301) 443-7581
Email: Pgumbs@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. Always obtain a case number when calling for support. 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) 464-47722 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: [HRSA: Electronic Handbooks \(EHBs\)](#)

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 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 [HRSA: State Loan Repayment Program \(SLRP\)](#) 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 [HRSA: How to Prepare Your Application](#).

Appendix: SLRP Critical Elements and Program Requirements

SLRP has four (4) critical elements that address the statutory requirements. Recipients must ensure compliance with these critical elements and federal staff will monitor compliance during the life of the grant.

The critical elements are:

1. Participant Eligibility
2. Discipline Eligibility
3. Practice Site Eligibility
4. Program Administrative Management and Oversight

Critical Element 1: Participant Eligibility

SLRP participants must meet the following program eligibility requirements:

1. Must be United States citizens or nationals.
2. Must **not** have an outstanding contractual obligation for health care professional service to the Federal Government (e.g., an NHSC Scholarship or Loan Repayment Program obligation, or a NURSE Corps Loan Repayment Program obligation), a state loan repayment program (other than the one receiving HRSA grant funds), or other entity unless that service obligation will be completely satisfied before the SLRP contract has been signed. Please note that certain provisions in employment contracts can create a service obligation (e.g., an employer offers a physician a recruitment bonus in return for the physician's agreement to work at that facility for a certain period of time or pay back the bonus).

EXCEPTION: Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in SLRP. In making awards to reservists, SLRP recipients must inform the potential SLRP participant that:

- ✓ Placement opportunities may be limited by SLRP in order to minimize the impact that a deployment would have on the vulnerable populations served by the reservist.
- ✓ Military training or service performed by reservists will not satisfy the SLRP service commitment.
- ✓ If participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 35 workdays per service year, the SLRP service obligation must be extended to compensate for the break in service.
- ✓ If the approved SLRP site where the reservist is serving at the time of his/her deployment is unable to reemploy that reservist, SLRP will reassign the participant to another SLRP-approved service site to complete his or her remaining SLRP service commitment. Because it is sometimes difficult to identify short-term assignments, a participant may be asked by the service site to sign an employment contract that extends beyond the completion date of his or her SLRP service commitment.

- ✓ If the participant is a reservist and is called to active duty, the amount of time he/she is on active duty (which does not count as SLRP service) must be added to the length of the original SLRP obligation.
3. Must not have:
 - Federal judgment liens.
 - A current default on any federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, federal income tax liabilities, Federal Housing Authority Loans, etc.) even if the creditor now considers them to be in good standing;
 - Breached a prior service obligation to the federal/state/local government or other entity, even if they subsequently satisfied the obligation; and
 - Had any federal or non-federal debt written off as uncollectible or received a waiver of any federal service or payment obligation.
 4. Must practice **full-time or half-time** in providing **primary health care services** at an eligible site.
 - **“Full-time”** service is defined in the NHSC statute as a minimum of 40 hours per week, for a minimum 45 weeks per year.
 - **“Half-time”** service is defined in the NHSC statute as a minimum of 20 hours per week (not to exceed 39 hours per week) for a minimum 45 weeks per year.
 5. Must work in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists and other mental health care providers must serve in a mental health HPSA.
 6. Must agree to use SLRP funds only to repay qualifying educational loans. Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the education of the participant.

Critical Element 2: Discipline Eligibility

SLRP participants must have completed training in an accredited graduate training program in, and possess an active and valid license (without restrictions or encumbrances) to practice in one of the following **eligible disciplines**:

- MD: Allopathic Medicine
- DO: Osteopathic Medicine
- DDS/DMD: General and Pediatric Dentistry
- NP: Nurse Practitioner
- CNM: Certified Nurse-Midwife
- PA: Physician Assistant
- RDH: Registered Dental Hygienist
- HSP: Health Service Psychologist (Clinical and Counseling)
- LCSW: Licensed Clinical Social Worker
- PNS: Psychiatric Nurse Specialist
- LPC: Licensed Professional Counselor
- MFT: Marriage and Family Therapist
- RN: Registered Nurse

- Pharm: Pharmacist
- Alcohol and Substance Abuse Counselors licensed/credentialed/certified by their state of practice that meet educational requirements and master's degree requirement

Approved Primary Care Specialties for Physicians:

- Family Medicine (and osteopathic general practice)
- Internal Medicine
- Pediatrics
- Obstetrics/Gynecology
- Geriatrics
- Psychiatry

General Practitioners (physicians who have not completed residency training programs) are not eligible for funding under SLRP.

Approved Primary Care Specialties for Nurse Practitioners and Physician Assistants:

- Adult
- Family
- Pediatrics
- Psychiatry/mental health
- Geriatrics
- Women's health

Critical Element 3: Practice Site Eligibility

Health care professionals participating in SLRP must fulfill their service obligation at an eligible practice site. The following site types are eligible to be approved as practice sites for participants:

1. Federally Qualified Health Centers (FQHCs)
 - Community Health Centers
 - Migrant Health Centers
 - Homeless Programs
 - Public Housing Programs
2. FQHC Look-A-Likes
3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics
4. Other Health Facilities
 - Community Outpatient Facilities
 - Community Mental Health Facilities
 - State and County Health Department Clinics
 - Immigration and Customs Enforcement Health Service Corps
 - Free Clinics
 - Mobile Units
 - School-based programs

- Critical Access Hospitals affiliated with a qualified outpatient clinic
- State Mental Health Facilities

5. Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs

- Federal Indian Health Service (IHS) Clinical Practice Sites
- Tribal/638 Health Clinics
- Urban Indian Health Program
- IHS and tribal hospitals – click to view [National Health Service Corps' IHS and tribal hospital site expansion](#)

6. Correctional or Detention Facilities

- Federal Prisons
- State Prisons

7. Private Practices (Solo or Group)

To be eligible, practice sites must also meet the following criteria:

1. Public and non-profit private entities located in and providing health care services in HPSA. Non-profit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose.
2. For-profit health care facilities operated by non-profit organizations must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.
3. All practice sites must be located in federally-designated HPSA. Medically Underserved Areas or Populations and shortage areas designated by the state do not qualify.
4. Eligible practice sites must charge for professional services at the usual and customary prevailing rates except free clinics.
5. Eligible practice sites must provide discounts for individuals with limited incomes (i.e., use a sliding fee scale). For information about current HHS Poverty Guidelines, please visit [Federal Register / Vol. 86, No. 41 / Thursday, March 4, 2021 / Notices](#)
 - For those with annual incomes at or below 100 percent of the HHS Poverty Guidelines, states must ensure that practice sites provide services at no charge or at a nominal charge.
 - For individuals between 100 and 200 percent of the HHS Poverty Guidelines, states must ensure that practice sites provide a schedule of discounts, which must reflect a nominal charge covered by a third party (either public or private).

- A state may allow practice sites to charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges.

Critical Element 4: Program Administrative Management and Oversight

SLRP recipients must adhere to the following program requirements. These requirements will be monitored by HRSA staff.

- SLRP programs are allowed to make an award of up to \$25,000 a year in federal funds to a participant.
- EXCEPTION: Recipients may make awards of more than \$25,000 per year if the amount over and above the \$25,000 comes from non-federal sources.
- Participants' loan balances must be verified before making initial and continuation awards. Describe the verification process. Contracted participants are required to use the funds to repay qualifying educational loans.
- SLRP participant contracts must contain the following information and terms:
 1. Contract period (award period).
 2. Total award amount of contract.
 3. Name and location of approved practice site (including 9-digit zip code and HPSA identification number).
 4. The state agrees to pay all or part of the principal, interest, and related expenses of the qualifying educational loans of the health care professional. If the award amount exceeds \$50,000 per year, the individual must agree to serve at a site that is in a high need HPSA that is authorized for placement of an NHSC Scholarship Program participant and the additional funds must come from non-federal sources. In return for repayment of qualifying loans, the individual agrees to provide primary health care services for a minimum of 2 years full-time or 2 years for half-time at half the award amount for service at a public or nonprofit private entity that is located in and providing health care services in a federally designated HPSA.
 5. The health care professional agrees to provide either full- or half-time clinical service at a site located in and providing health care services in a HPSA.
 6. The health care professional agrees to accept reimbursement under Medicare, Medicaid and the Children's Health Insurance Program, as appropriate for his/her designated discipline, to utilize a sliding fee scale, and to see all patients regardless of their ability to pay.
 7. If the participant fails to begin or complete service, he/she will incur a debt to the state in an amount not less than the damages that would be owed under the NHSC LRP default provision (see below).

8. The state must have a waiver provision to accommodate cases where the participant is unable to complete the service obligation due to illness or other compelling personal circumstances. The waiver provision must not be more favorable than the NHSC LRP's waiver provision at 42 U.S.C. § 254(o)(d)(2). That provision allows the Secretary of HHS to waive, in whole or in part, an NHSC LRP service or payment obligation in cases where compliance by the individual would be impossible or would involve an extreme hardship to the individual and enforcement of such obligation with respect to any individual would be unconscionable. The Secretary may also suspend (rather than permanently waive) a participant's obligation for up to 1 year if his/her compliance with the obligation is temporarily impossible or an extreme hardship.
 9. The state shall cancel the obligation in the case of the participant's death.
 10. The state may allow participants to request termination of their SLRP contract. The contract must clearly state the terms and conditions for termination. The state may fashion its own termination provision so long as it is not more favorable than the NHSC LRP's termination provision, which requires the participant to make a written request for termination and return any funds disbursed to him/her, no later than 45 days before the end of the fiscal year in which the contract was awarded.
- In addition to the above required terms, SLRP recipients are strongly encouraged to include the following information and terms:

1. Beginning and ending dates of service commitment.

Note: A participant's employment at the service site prior to the effective date of the SLRP contract does **not** qualify for service credit. In addition, if the state contract allows participants a certain time period within which to commence service (e.g., within 3 months of signing the contract), service credit must begin only after the participant has actually begun practice at the service site in accordance with SLRP service requirements. For example, the NHSC LRP contract provides that service credit will begin on the date the contract has been signed by both parties (the participant and an authorized agency official) or the date that the participant begins practice at the approved site, whichever is later.

2. The number of absences allowed in a service year, for purposes of earning service credit.

Participants are required to serve at least 45 weeks per year; participants who fail to serve at least 45 weeks for any reason (vacation, sick leave, Continuing Medical Education, etc.) fail to meet this requirement.

3. Any additional variations on the clinical service requirements.

For example, the state has the flexibility to consider teaching as clinical practice for up to 8 hours per week for SLRP participants serving full-time. If a clinician is serving at a HRSA-funded Teaching Health Center, up to 20 hours per week of teaching can count towards the full-time service obligation.

Note: For SLRP participants serving half-time, no more than 4 hours of the minimum 20 hours per week may consist of teaching or practice-related administrative activities. If the approved site is a HRSA-funded Teaching Health Center, teaching activities shall not exceed 10 hours per week.

- SLRP recipients must adhere to the NHSC LRP default provision found at 42 U.S.C. § 254o(c)(1). SLRP participants are considered to be in default if they do not complete the period of obligated service at an eligible site in accordance with their SLRP contract, or otherwise fail to comply with the terms of the contract, even if no monies have yet been disbursed to the participant. That is, if a state does not release SLRP funds to a participant until the service obligation is completed, the participant's failure to complete service would still be considered a default that is reportable to HRSA, and he/she would still incur a debt to the State. The amount owed is due to be paid within one year of breach.

The NHSC LRP default provision is found at 42 U.S.C. § 254o(c)(1) and reads as follows:

If (for any reason not specified in subsection (a) of this section or section 254p(d) of this title) an individual breaches the written contract of the individual under section 254l-1 of this title by failing either to begin such individual's service obligation in accordance with section 254m or 254n of this title or to complete such service obligation, the United States shall be entitled to recover from the individual an amount equal to the sum of—

(A) the total of the amounts paid by the United States under section 254l-1(g) of this title on behalf of the individual for any period of obligated service not served;

(B) an amount equal to the product of the number of months of obligated service that were not completed by the individual, multiplied by \$7,500; and

(C) the interest on the amounts described in subparagraphs (A) and (B), at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach;

except that the amount the United States is entitled to recover under this paragraph shall not be less than \$31,000.

A breach formula that is different than the one above may be used in SLRP contracts; however, the amount due to the State cannot be less than what would be owed if the above formula was used. In addition, the State must require that individuals who breach owe not less than \$31,000 to the State, even if its breach formula would result in a lower amount due.

- Where a state has had one or more initial breaches by health care professionals of SLRP contracts in the fiscal year preceding that of the grant application, the Secretary of HHS is required by law to offset the state's grant award. The offset formula is found at 42 U.S.C. § 254q-1(g)(2). The Secretary may waive the reduction in the amount of the subsequent grant award only if it is determined that a health care professional's breach was attributable solely due to having a serious illness.