U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

Bureau of Health Workforce

Division of Medicine and Dentistry

Grants to States to Support Oral Health Workforce Activities

Funding Opportunity Number: HRSA-22-050

Funding Opportunity Type(s): Competing Continuation and New

Assistance Listings (AL/CFDA) Number: 93.236

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: January 31, 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: November 17, 2021

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See Section VII of this Notice of Funding Opportunity (NOFO) for a complete list of agency contacts.

Authority: 42 USC §256g (§340G of the Public Health Service (PHS) Act)

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 the fiscal year (FY) 2022 Grants to States to Support Oral Health Workforce Activities program. The purpose of this program is to support States in developing and implementing innovative programs to address the oral health workforce needs of designated Dental Health Professional Shortage Areas (Dental HPSAs).

Funding Opportunity Title:	Grants to States to Support Oral Health Workforce Activities
Funding Opportunity Number:	HRSA-22-050
Due Date for Applications:	January 31, 2022
Anticipated Total Annual Available FY 2022 Funding:	$12,800,000
Estimated Number and Type of Award(s):	Up to 32 grant(s)
Estimated Annual Award Amount:	Up to $400,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	Yes
Period of Performance:	September 1, 2022 through August 31, 2026 (4 years)
Eligible Applicants:	Governor-designated, State governmental entities. Only one application per State will be accepted. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Grants to States to Support Oral Health Workforce Activities program.

Program Purpose

The purpose of this program is to help States develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas (Dental HPSAs) in a manner appropriate to each State's individual needs.

Program Goals

The goals of this program are to:

1) Encourage and support State innovation that will increase oral health services for populations living in Dental HPSAs;
2) Encourage and support the strategic use of evaluation to improve program performance, assess program impact, and address the concerns and needs of key stakeholders and decision makers within the State; and
3) Encourage States to develop ways to sustain those programs that increase the accessibility and quality of oral health services within Dental HPSAs, which can include the adoption of the innovation by stakeholders within the State.

Program Objectives

1) Develop and implement one or more innovative programs to meet the oral health workforce needs of Dental HPSAs in your State.

   This must be the aim of your proposal as it aligns with the purpose of the Grants to States to Support Oral Health Workforce Activities program, For the purposes of this funding opportunity, an "**innovative program"** is a new or significantly changed program or service delivery system for your State that uses new ideas, methods and/or approaches to address the oral health workforce needs of Dental HPSAs in your State. Maintenance, additional funding, or minor changes to an established program, is not considered an innovative program.

   i) Allowable activities for new or significantly changed programs or service delivery systems include:

   1. Loan forgiveness and repayment programs for dentists who—
      a. agree to practice in designated dental health professional shortage areas;

     b. are dental school graduates who agree to serve as public health dentists for the Federal, State, or local government; and

     c. agree to—
         i. provide services to patients regardless of such patients' ability to pay; and
         ii. use a sliding payment scale for patients who are unable to pay the total cost of services;

2. Dental recruitment and retention efforts;
3. Grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et. seq.) to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such practices;
4. The establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools;
5. Programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in designated health professional shortage areas, including services and facilities for children with special needs, such as-
   a. The expansion or establishment of a community-based dental facility, free-standing dental clinic, consolidated health center dental facility, school-linked dental facility, or United States dental school-based facility;
   b. The establishment of a mobile or portable dental clinic; and
   c. The establishment or expansion of private dental services to enhance capacity through additional equipment or additional hours of operation;
   d. The establishment or development of models for the provision of dental services to children and adults, such as dental homes, including for the elderly, blind, individuals with disabilities, and individuals living in long-term care facilities; and
   e. The establishment of initiatives to reduce the use of emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting
6. Placement and support of dental students, dental residents, and advanced dentistry trainees;
7. Continuing dental education, including distance-based education;
8. Practice support through teledentistry in accordance with State laws;
9. Community-based prevention services such as water fluoridation and dental sealant programs;
10. Coordination with local educational agencies within the State to foster programs that promote children going into oral health or science professions;
11. The establishment of faculty recruitment programs at accredited dental training institutions whose mission includes community outreach and service and that have a demonstrated record of serving underserved States; and

12. The development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State.

In accordance with 42 U.S.C. § 256g(b)(13) (§ 340G(b)(13) of the Public Health Service (PHS) Act), the following activities are also allowed under this funding opportunity:

13-A. Dental workforce programs designed to address opioid use disorder by advancing better practices for pain management and/or improving access to treatment and recovery services. Such programs may include the clinical training of oral health providers in the identification of and treatment of individuals with substance use disorders.
13-B. Activities designed to assess and/or address the impact of COVID-19 on the oral health workforce in underserved areas, which may include activities designed to better prepare the oral health workforce to adapt and respond to future public health emergencies and training on community mitigation strategies.
13-C. Activities to develop or improve dental therapy programs, including dental health aid therapist programs, in accordance with State laws and policies.

Proposals that involve loan repayment and water fluoridation systems activities must demonstrate that they do not duplicate other federal programs and demonstrate significant innovative changes. For States proposing Activity 13-C, dental therapy must be legally authorized in your State at the time of application. You are encouraged to work with tribal entities in your State for dental therapy under the Indian Health Service Community Aide Program.

As the ability of States to track their oral health workforce is essential to identifying and addressing workforce shortages, applications from States who cannot adequately track and assess the oral health workforce capacity within their State **must** include the development/enhancement of this capacity in their proposal under Activity 12. Activities solely to assess or track the impact of COVID-19 on the oral health workforce in underserved areas fall under activity 13-B. States are encouraged to use their programs to increase the diversity of their oral health workforce to better serve the oral health workforce needs in Dental HPSAs. Increasing diversity in the oral health workforce can dramatically reduce barriers to access for rural and underserved communities, as well as improve oral health care utilization and outcomes.

Telehealth and teledentistry can be an important tool for delivering oral health services and resources to the State's and HRSA's target populations. Teledentistry is the use of the telehealth systems and methodologies in dentistry. Telehealth is defined as the use of electronic information and telecommunications technologies to support and promote, at a distance, health

care, patient and professional health-related education, health administration, and public health. You are strongly encouraged to use teledentistry in your proposed innovative programs when feasible or appropriate. Additional information on telehealth can be found at https://telehealth.hhs.gov/. In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you or your partners to seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see https://www.usac.org/rural-health-care/. Patients may also be eligible for free or low cost mobile or broadband services through the Universal Service Lifeline program at https://www.lifelinesupport.org/.

You are encouraged to consider incorporating facilities that are automatically designated as HPSAs based on statute or through regulation in your plans. Sites that receive automatic HPSA designations include Federally Qualified Health Centers (FQHCs), FQHC Look-A-Likes, Federal Indian Health Service (IHS) facilities, IHS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, and CMS-Certified Rural Health Clinics (RHCs). For more information visit https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation.

If you are interested in expanding or establishing oral health services and facilities in Dental HPSAs that will serve older adults, you are encouraged to consider integrating age-friendly health systems concepts.

2) Evaluate each innovative program for use in continuous quality improvement, assessment of outcomes and achieving desired results, and to inform key decision makers. Evaluation must be an objective of your program and include the evaluation of each innovative program proposed. Awardees must develop a written evaluation plan by the end of the first budget period to strategically improve project performance, measure impact, and for use in sustaining their successful innovative programs or encouraging adoption by key decision makers.

3) Sustain successful parts of your programs beyond the period of federal funding, which may include adoption of the innovation by other entities within your State.

HHS and HRSA Priorities

The Grants to States to Support Oral Health Workforce Activities program prioritizes transforming the oral health workforce, by targeting the needs of designated Dental HPSAs through the development and implementation of innovative programs.

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 recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You 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

The Grants to States to Support Oral Health Workforce Activities program is authorized by 42 USC §256g (§340G of the Public Health Service (PHS) Act).The program awards grants to help States develop and implement innovative programs to address the dental workforce needs of designated Dental HPSAs in a manner appropriate to the States' individual needs.

Title 42 USC §256f (§340F of the Public Health Service (PHS) Act) defines "a designated dental health professional shortage area" as "an area, population group, or facility that is designated by the Secretary as a dental health professional shortage area under section 254e or designated by the applicable State as having a dental health professional shortage." As of June 30, 2021, there were 6,578 federally designated Dental HPSAs impacting over 61 million individuals and it would take 10,982 dentists, properly distributed, to remove these designations.[1] For more information and to explore data on Dental HPSAs, please visit https://data.hrsa.gov/topics/health-workforce/shortage-areas.

The program authorization provides for a number of specific activities that allow for a broad range of programs including support for dental pipeline and training programs, recruitment and retention programs for dental providers, the establishment or expansion of service delivery infrastructure, and population-based services and public health infrastructure. Examples of current or previously funded innovative programs include dental training rotations in underserved rural clinical sites, preventive services to tribal communities, the leveraging of new and expanded scopes of practice in new care models, new models of care with new types of oral health professionals, exploration of teledentistry or mobile care models, the testing of new payment models, training on opioids, and the assisting of dentists in establishing or taking over rural practices. While the approaches proposed are diverse, one thing that is common to all approaches is the requirement to address particular Dental Health HPSA workforce needs in the State through innovation.

The program authorization also allows the Secretary the flexibility to identify additional appropriate activities that States may pursue under this program.

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[1] Bureau of Health Workforce Health Resources and Services Administration (HRSA) U.S. Department of Health & Human Services. Designated Health Professional Shortage Areas Statistics: Third Quarter of Fiscal Year 2021 Designated HPSA Quarterly Summary As of June 30, 2021. Accessed from https://data.hrsa.gov/topics/health-workforce/shortage-areas on July 14, 2021.

In addition to the twelve specific activities outlined in the authority, this funding opportunity includes three additional activities as allowed under 42 USC §256g(b)(13) (§340G(b)(13) of the Public Health Service (PHS) Act).

13-A: Addressing opioid use disorder through safe and effective pain management and identification and treatment of substance abuse. Opioid overdose deaths in the United States quadrupled between 1999 and 2015 and rates of death involving heroin, synthetic opioids, or a combination have increased more rapidly in recent years.[2] Drug overdose deaths in the U.S. rose 29% in 2020 to an estimated 93,331, including 69,710 involving opioids, according to preliminary data released by the Centers for Disease Control and Prevention (CDC).[3] Overdose from prescriptions opioids has been a driving factor in the increase of opioid overdose deaths, with sales of opioids to pharmacies, hospitals, and doctors' offices rising dramatically with no overall change the amount of pain Americans report.[4] While the overall national opioid dispensing rate declined from its peak in 2012 to 2019, dispensing rates continued to remain very high in certain areas and vary widely across different states and counties.[5] As prescribers of opioids in the United States, dentists can help minimize the potential for their misuse and increase access to dental treatment through prevention, early intervention, and health system integration. A recent study found that patients that filled an opioid prescription after a dental procedure had an overdose rate of 5.7 per 10,000 verses 2.2 for those that did not.[6] HRSA has a number of investments targeting opioid use disorder and substance use disorder across its Bureaus and Offices that you may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit https://www.hrsa.gov/opioids. Find additional details on the opioid epidemic at https://www.hhs.gov/opioids/about-the-epidemic/index.html.

13-B: Activities designed to assess and/or address the impact of COVID-19 on the oral health workforce in underserved areas. During the response to COVID-19 the Centers for Disease Control and Prevention (CDC) Guidance for Dental Settings recognized dental settings have unique characteristics that warrant specific infection control considerations and recommended prioritizing only the most critical dental services while minimizing the impact of delaying other services. [7] At the state level, many oral health

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[2] O'Donnell JK, Gladden RM, Seth P. Trends in Deaths Involving Heroin and Synthetic Opioids Excluding Methadone, and Law Enforcement Drug Product Reports, by Census Region — United States, 2006–2015. MMWR Morb Mortal Wkly Rep 2017;66:897–903. DOI: http://dx.doi.org/10.15585/mmwr.mm6634a2.

[3] American Hospital Association. Jul 14, 2021. https://www.aha.org/news/headline/2021-07-14-cdc-drug-overdose-deaths-294-2020

[4] Centers for Disease Control and Prevention, Opioid Overdose: Understanding the Epidemic, August 30, 2017. Accessed on September 27, 2017 from https://www.cdc.gov/drugoverdose/epidemic/index.html.

[5] Centers for Disease Control and Prevention. Drug Overdose: U.S Opioid Dispensing Rate Maps. Accessed on 9/2/2021 from https://www.cdc.gov/drugoverdose/rxrate-maps/index.html.

[6] Rowe C, Vittinghoff E, Santos GM, Behar E, Turner C, Coffin PO. Performance Measures of Diagnostic Codes for Detecting Opioid Overdose in the Emergency Department. Acad Emerg Med. 2017 Apr;24(4):475-483. doi: 10.1111/acem.13121. Epub 2017 Mar 17. PMID: 27763703.

[7] Centers for Disease Control and Prevention, Guidance for Dental Settings updated December 4, 2020 accessed on 9/1/2021 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#print.

programs in community settings, such as school based programs and service delivery in long term care facilities, were affected by steps taken to minimize the spread of COVOD-19, and partner organizations, such as local health departments, were too overwhelmed with their response to COVID-19 to focus on oral health issues. The American Dental Association (ADA), through regular surveys, found that the resumption of routine service was slower at public facilities that with private practices.[8] At the same time, states may have found innovative ways to address oral health needs during the pandemic, such new and increased uses and reimbursement of teledentistry.[9] Though the pandemic is not yet over, States may need to assess the impact of COVID-19 on their oral health workforce, address areas of concern, and take advantage of policy changes and lessons learned during the pandemic.

13-C: Activities to develop or improve dental therapy programs, including dental health aid therapist programs, in accordance with State laws and policies. Dental Therapists (DT) are primary care oral health professionals, who provide general dental care including restorative and limited surgical services. The first State dental therapy legislation passed in 2009. Today, DTs are authorized in thirteen States and two territories and a number of other States are considering authoring DTs. [10] DTs most often are required to work in specific communities (e.g. tribal) and/or serve specific populations (e.g. underserved, Medicaid) in order to increase dental access to underserved, rural/geographically isolated populations. [11,12,13,14,15,16]   Dental Health Aide Therapist (DHAT) is a particular model of Dental Therapy. DHATs are most often individuals from the tribal communities they serve. DHATs have also been recognized by the Indian Health Service under the Community Health Aide Program provided that

[8] American Dental Association, Health Policy Institute. Will COVID-19 Weaken the Dental Care Safety Net? September 1, 2020 Webinar, https://www.youtube.com/watch?v=_azqSwE2L8s&feature=youtu.be

[9] Allie Atkeson. State Levers to Support Dental Care in COVID-19's Public Health and Economic Emergency. National Academy for State Health Policy.

August 31, 2020. Accessed on 9/2/2021 from https://www.nashp.org/state-levers-to-support-dental-care-in-covid-19s-public-health-and-economic-emergency/.

[10] Lynch, Ann. Update on Dental Therapy in the United States. *Perspectives on the Midlevel Practitioner, a supplement to Dimensions of Dental Hygiene*. November 2020(12):28-30.

[11] National Conference of State Legislators, NCSLSOP: Practitioner: Oral Health Providers: Dental Therapists. Accessed on March, 4 2021 from https://scopeofpracticepolicy.org/practitioners/oral-health-providers/sop/dental-therapists/

[12] Dental Therapy Start up Guide for Tribal Leaders. https://www.nihb.org/docs/03252019/NIHB%20TOHI%20Guidebook%20WEB.pdf[12]

[13] Bolin KA,Assessment of treatment provided by dental health aide therapists in Alaska: a pilot study. J Am Dent Assoc. 2008 Nov;139(11):1530-5; discussion 1536-9.

[14] Chi DL, Lenaker D, Mancl L, Dunbar M, Babb M. Dental therapists linked to improved dental outcomes for Alaska Native communities in the Yukon-Kuskokwim Delta. J Public Health Dent. 2018 Mar;78(2):175-182. doi: 10.1111/jphd.12263.

[15] Senturia K, Fiset L, Hort K, Huebner C, Mallott E, Milgrom P, Nelson L, Parrish C, Cunha-Cruz J. Dental health aides in Alaska: A qualitative assessment to improve paediatric oral health in remote rural villages. Community Dent Oral Epidemiol. 2018 Aug;46(4):416-424. doi: 10.1111/cdoe.12385.

[16] Brickle CM, Self KD. Dental Therapists a New Oral Health Practitioners: Increasing Access for Underserved Populations. JDE Sept 2017. Supplement (eS65)

they meet national training and certification requirements and practice in States that authorize the use of DHAT services.[17]

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the Health Workforce Glossary. In addition, the following definitions apply to the Grants to States to Support Oral Health Workforce Activities program for Fiscal Year 2022:

Age-friendly Health Systems – The essential elements of age-friendly health systems are to know and align care with the patients, and their caregivers, specific health outcomes and care preferences; use age-friendly medication; prevent, identify, treat and manage mental and behavioral health issues; and ensure patients maintain function/mobility.[18]

Dental Health Professional Shortage Area (Dental HPSA) - An area, population group, or facility that is designated by the Secretary as a dental health professional shortage area under section 254e or designated by the applicable State as having a dental health professional shortage (42 USC §256f (§340F of the PHS Act)). Also referred to as a Dental Health HPSA. A Dental HPSA is sometimes referred to as a Dental Health HPSA. See also Health Professional Shortage Area (HPSA) in the Health Workforce Glossary.

Innovative Program- A new or significantly changed program or service delivery system that uses new ideas, methods and/or approaches, designed to improve how the dental workforce needs of designated Dental HPSAs are addressed. The program must be new to your State to be considered innovative. Maintenance, expansion, or minor changes to an established program or service is not considered an innovative program. Programs that simply increase funded positions or service capabilities through efforts very similar to those already in use are not considered innovative programs.

Teledentistry- The use of telehealth systems and methodologies in dentistry. See also Telehealth in the Health Workforce Glossary.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation and New

HRSA will provide funding in the form of a grant.

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[17]Community Health Aid Program, Indian Health Service Circular No. 20-06. Accessed on March 4, 2021 frohttps://www.ihs.gov/ihm/circulars/2020/community-health-aide-program/
[18] The John A. Hartford Foundation & The Institute for Healthcare Improvement. (2018). *Age-Friendly Health Systems*.

2. Summary of Funding

HRSA estimates approximately $12,800,000 to be available annually to fund 32 recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $400,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2022 through August 31, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for Grants to States to Support Oral Health Workforce Activities program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce a recipient's future funding after the first year if they are unable to fully succeed in achieving the goals and objectives listed in the application or cannot further develop or implement one or more innovative programs proposed.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include only Governor-designated, State government entities, such as the office of State's dental director or a State-run university or dental school. In additional to the 50 States, eligible applicants include the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, America Samoa, the Federated States of Micronesia, the Republic of Marshall Islands, and the Republic of Palau. Private institutions are not eligible to apply. States are encouraged to work with tribal entities to facility greater consultation and coordination between State and tribal governments.

All applications submitted by any State-governmental entity other than the office/division housing the State dental director (such as a State-run university of dental school) MUST include a letter of support in Attachment 9 from either the Governor or the State's dental director that specifically endorses the applicant as the State's sole designated representative to apply for these federal dollars on the State's behalf. Such applicants must coordinate with the office/division housing the State dental director as only one application per State will be accepted. The letter must detail how the State's dental director will be actively involved in the project, include the State's investment of resources to the project and any planned coordination activities at the State level, and these must be included in the application. **Applications from State government**

entities, other than the office/division housing the State dental director, that do not contain this letter WILL NOT be considered for funding.

An application submitted by the State governmental office/division housing the State dental director does not need to include a letter of support from the Governor. For States without an official oral health program or without a State-level oral health leadership position, the eligible entity to apply on the State's behalf would include the individual or entity within the State government that holds the primary responsibility for the State's dental workforce.

All States are eligible to apply. If you are a current recipient with a period of performance ending August 31, 2022 at the time of submission, you are eligible to apply. If you are a current recipient with a period of performance ending August 31, 2023, you may apply for a new award with different innovative programs. For more information, contact your HRSA project officer.

2. Cost Sharing/Matching

Cost sharing/matching is required for this program. 42 USC §256g(d) (§340G (d) of the Public Health Service (PHS) Act) requires a 40 percent match in non-federal contributions for this grant. States must match at least 40 percent of federal funds provided under this grant either in cash or in-kind. In-kind contributions may include plant, equipment, and services and may be provided from State, local, or private sources. The budget justification narrative located in Section IV.2.iv MUST include a line-item breakdown and narrative description of all matching funds proposed for this project. Matching funds must be non-federal contributions related directly to carrying-out project activities. Applications that fail to address cost sharing/matching requirements will be deemed ineligible and not considered for funding under this announcement (see *Attachment 9*).

3. Other

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

- Exceeds the ceiling amount in Section II.2.

- Exceeds the page limit outlined in Section IV.2

- Fails to satisfy the deadline requirements referenced in Section IV.4

- Fails to include a required letter of support from either the Governor or the State's dental director that specifically endorses the applicant as the State's sole designated representative to apply. See Section III.1 and Section vi Attachment 9 for additional details concerning this requirement for additional details.

- Fails to provide the required letter with all mandatory assurances as outlined in Section vi Attachment 9

NOTE: Multiple applications from a State are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application. In the event applications are received from more than one entity within a State, the application from the office/division housing the State dental director will supersede applications from any other State-governmental entity.

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

Beneficiary Eligibility Requirements

Financial support for trainees is an allowable expense under some activities. Recipients of financial support must 1) be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States, 2) demonstrate need of the support, and 3) meet other criterial outlined in the activity.

Recipients of loan repayment under this grant cannot receive financial support from another federally-funded program requiring the fulfillment of a service commitment that would run concurrently with commitments under the State's proposed innovative program. This includes, but is not limited to, scholarship and loan repayment programs through the National Health Service Corps (NHSC), the Indian Health Service (IHS), HRSA's Faculty Loan Repayment Program, and the Armed Forces Health Professions Scholarship Programs. The Public Service Loan Forgiveness Program is not considered a service obligation. In addition to the listed examples, a more complete list can be found on page 12 of the NHSC guidelines. Those listed programs include qualifying and non-qualifying educational loans: https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/nhsc-students2service-LRP-application-program-guidance.pdf. In addition, the loans must remain in good standing in order to receive loan repayment.

Federal employees are not allowed to receive financial support under this grant program.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-050 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 general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *[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 Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **75 pages** when printed by HRSA. The page limit includes project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *[SF-424 R&R Application Guide](#)* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary."

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-050, 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 (see Attachment 10) 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 75 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-22-050 prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10: Other Relevant Documents*.

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

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

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

You must propose one or more innovative programs to meet the oral health workforce needs of Dental HPSAs in your state. All innovative programs must fall under one or more allowable activities outlined in Section I.1 Program Objectives. In addition, you must develop and implement an evaluation of each program that will assist you in improving program performance, assessing program outcomes and impact, and sustaining or diffusing your successful innovations and program.

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 or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:

1. A brief overview of the project as a whole;

2. Specific, measurable objectives that the project will accomplish;

3. Which of the clinical priorities will be addressed by the project, if applicable; and

4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project.

NARRATIVE GUIDANCE

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

Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (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 description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

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

    State the purpose of your proposal. To align with the purpose of this funding opportunity, the aim of your proposal must be to develop and implement one or more innovative programs to address the dental workforce needs of designated dental health professional shortage areas (Dental HPSAs) in your State.

    Outline the capacity of the existing oral health workforce in your State and indicate any gaps that exist. Include any relevant oral health workforce trends. Outline the oral health workforce needs of your State's Dental HPSAs and underserved populations. Identify the specific oral health workforce needs in Dental HPSAs they address. Describe how these needs affect the supply and distribution of the oral health workforce and affect the access to quality oral health services in Dental HPSAs. Include any relevant oral health workforce trends that have been identified. Provide and cite recent data whenever possible to support the information provided.

    Describe the specific Dental HPSAs you plan to target through your proposed innovative program(s), including the population, the oral health workforce, oral health care infrastructure, gaps in the oral workforce, and unmet oral health needs. Include factors that contribute to the gaps and unmet needs such as location of services, language, geography, transportation barriers, or care coordination. Describe specific populations or communities that your innovative program(s) will target within the Dental HPSAs including accessibility of quality oral health services, oral health status, social determinants of health, any health disparities, and issues of health equity. If the specific Dental HPSAs to be targeted are not known, indicate what criteria will be used to select them.

    For programs targeting specific workforce needs at the State level, describe the ability of your State to track its oral health workforce, identifying workforce shortages, and assess and monitor oral health workforce needs. Highlight any gaps that prevent your State from adequately tracking and assessing the oral health workforce capacity within your State and indicate how you will develop this capacity under Activity 12 and under Activity 13-B if they relate to the impact of COVID-19. Describe any other needs at the State level to assess, monitor, and meet the oral health workforce needs of Dental HPSAs in the State that you will address through innovative programs under Activity 12 or Activity 13-B.

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

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

Clearly describe each proposed innovative program you plan to develop and implement and how they meet the oral health workforce needs of the Dental HPSAs identified in the Purpose and Need section of your narrative. For each innovative program, describe in detail your proposed project goals, objectives, activities, and intended outcomes. Objectives should be specific, measurable, achievable, and realistic within the four-year project period.

Clearly identify the innovation(s) that are being tested by each proposed program and indicate how you anticipate the innovation(s) will improve the oral health workforce in the targeted Dental HPSAs. For existing programs, clearly outline how the proposed innovations are significantly different from the existing program. Provide evidence that supports the innovation being implemented and the outcomes expected. If you are proposing to expand a recently piloted innovative program, provide evidence from the pilot program that supports further expansion.

Describe the methods that you will use to develop and implement each program. Clearly explain the key elements of each innovative program proposed. Include as applicable development of tools, resources, trainings, outreach, collaborations, communication methods, information sharing, and efforts to involve patients, families, and communities, or any other methods or materials that are important to implement the program.

Describe any State policies, regulations, or laws you are leveraging in your innovative project(s), including recent changes in your State's practice acts or scopes of practice for any oral health providers. For States proposing programs under Allowable Activity 13-C, cite the State law making dental therapy legal and indicate if it is restricted to tribal areas. Do not include pending or proposed legislation as the basis of your methodology.

You must also provide an innovative program profile for **each** innovative program you propose in *Attachment 8*. The program profile is meant to provide a brief overview of key components of your innovative programs and serve as a resource for reviewers and HRSA staff and to facilitate peer to peer support among State awardees. You may reference your program profiles in your narrative. Each program profile should be no more than one page and include the following information.

- A brief description of the proposed program. Include key features, methods, and partner of the program and identify the setting and population served.

- Which of the thirteen allowed activities the program falls under (see <u>Section I.1 Purpose);</u>
- If the program is new or, if not, what significant changes are proposed;
- A description of the innovations being implemented. Include the new ideas, methods, and/or approaches that will be used and how they are new to the field and/or new to your State;
- What improvements in the dental workforce or the oral health services and delivery system you expect to see in the affected Dental HPSAs; and
- How these improvements will increase access to high quality oral health services for the underserved populations.

If you propose to scale-up a recently piloted innovative program you must provide data from your pilot program that justifies its expansion, in addition to the requirements listed above.

If you propose loan repayment and water fluoridation systems activities, you must describe other federal programs in the State that support these activities and demonstrate that the proposed activities do not duplicate the other federal programs.

Evaluation must be included as one of your objectives. However, outline your methodology for your evaluation under the *IMPACT: (a) Evaluation and Technical Support Capacity* section of your narrative and include your plans for implementing your evaluation under the *METHODOLOGY/APPROACH: (b) Work Plan* section of your narrative and your Standardized Work Plan.

Describe your State's oral health workforce data collection, analysis, and planning infrastructure including any gaps. States who cannot adequately track and assess the oral health workforce capacity **must** include development/enhancement of this capacity in their proposal under Activity 12 or under 13-B, if related to COVID-19. Applicants other than the office/ division housing the State dental director should coordinate with the relevant State entities to accomplish this objective.

If you are not the office/division housing the State dental director, indicate how you will coordinate your proposed programs and evaluation with that office/division.

Logic Model

Submit a logic model for designing and managing the project as *<u>Attachment 1</u>*. A logic model is a one-page diagram that presents the conceptual framework for a proposed innovative programs and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support

resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

- *(b) WORK PLAN -- Corresponds to Section V's Review Criterion 2 (b)*
  Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. 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 innovative programs' 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 SWP mandatory form in the Application Package.

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

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

  - Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of your application and, further, the extent to which these contributors address the cultural, racial, and linguistic and/or geographic needs of the populations and communities served.

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

If your plan includes hiring new personnel, awarding contracts, or making sub-awards, then you must take into account the processes and time needed to put these parts of your plan in place. Describe these process and how you will meet the proposed timeline. If your SWP projects new contracts and new hires to be in place within the first three months of the grant period, you must clearly explain how this can be reasonably achieved within your organizations standard policies and procedures.

List any project/performance sites and provide information regarding any consortium or contractual arrangements with any collaborating organizations. You may incorporate, by reference, the information from the *Staffing Plan and Job Descriptions for Key Personnel (Attachment 2*) or key personnel biographical sketches (uploaded in the SF-424 R&R Senior/Key Person Profile form) when discussing responsible staff.

- *(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 your innovative programs and the activities described in your work plan. For each challenge, outline your approach to resolve the challenge. Include in your challenges:

  - Policy, rulemaking, or clearance processes that can delay implementation of your innovative programs.
  - Internal processes related to proposed contracts, staff hiring, or subawards that could threaten the timely implementation of your project plan.
  - Potential obstacles to implementing the evaluation objective and meeting HRSA's reporting requirements (as described in Section IV.2.ii. IMPACT (a) Evaluation and Technical Support Capacity).
  - Any other challenge that is likely to impact your work plan implementation, timeline, or the outcomes of your innovative programs.

- *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)*
Evaluation must be included as one of your objectives and its implementation outlined in your SWP. You must design your evaluation efforts to meet the needs of your States and also the requirements of HRSA for reporting on performance metrics and monitoring of progress towards your goals and objectives and implementation of your SWP.

Innovative Program Evaluation Plan

Describe how you plan to develop and use evaluation to improve program performance, measure the outcomes and impact of your innovative programs, and sustain successful parts of your program or encourage adoption of the innovation by others. For each of these areas you must describe:

- The key decision makers and stakeholders that will be the target of your evaluation and their needs;

- The methodology and metrics you will use to carry out the evaluation; and

- How your proposed evaluation will meet the needs of the key decision makers and stakeholders.

Describe your plan to assess long-term outcomes and sustainability of your innovative programs. Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics.

Continuous Program Assessment and Improvement: You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Key stakeholders and decision makers for this part of your evaluation must include the Project Director but, may include others such as program staff and partners. Additional information on RCQI is available at the following website: https://www.healthworkforceta.org/rapid-cycle-quality-improvement-resources/.

Innovative Program Outcomes: You must describe how program performance and outcomes will be evaluated against the goals and objectives of your proposal. Key stakeholders and decision makers for this part of your evaluation must include the Project Director but, may include other decision makers such as leaders your agency or department, potential funders, and potential adopters of your innovative program. For each proposed innovative program indicate:

- What improvements you expect over current or similar programs;

- How you plan to measure these improvements and what benchmark you will compare them against e.g., base-line data, State or national measure, etc.

- What level of achievement(s) will be considered successful.

Describe what methods you will use to implement this part of your evaluation including how you will collect, store, safeguard, and analyze the necessary data and information. You must indicate what benchmark you will use to measure outcomes against for example, baseline data, State measures, or national measures. Demonstrate 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.

If there are portions of your innovative program evaluation plan that are not yet determined, describe the methodology and steps you will use to make final revisions to your evaluation plan during the first budget period and indicate why they will be effective. All States are required to submit a revised innovative program evaluation plan at the end of the first year.

To measure program impact, final evaluation plans must include at least one metric for each innovative program that can be compared to a bench mark such as baseline data, a national or State measure, or a Healthy People 2030 target. You are encouraged to review oral health measures in Healthy People 2030 (https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions) and the Dental Quality Alliance website (https://www.ada.org/resources/research/dental-quality-alliance?utm_medium=VanityUrl). You are encouraged to include collection of National Provider Identifiers (NPI) for trainees', loan repayment recipients, and other oral health providers receiving direct support from your programs for analysis and evaluation to assess long term or post program completion outcomes and impacts. HRSA will provide additional potential measures for the revised plans, however a State may propose alternate measures if there is a source of data and comparison benchmark. Your metrics may measure the impact of your program(s) on the oral health workforce, access to care for the targeted Dental HPSAs, quality of care received by patients in the targeted Dental HPSAs, estimated cost effectiveness or efficiency of the care delivered by your innovative program(s), any other key evaluative measures you identify. Your measures should be categorized according to their impact on improving the supply of the oral health workforce, improving the distribution of the oral health workforce, improvement of the quality of oral health services provided, or increasing access to oral health services to the targeted Dental HPSAs or populations.

For innovative programs related to the development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State (Allowable Activity 12) measures may also focus on the impact on your State's ability to identify and address oral health needs in the State, especially in Dental HPSAs. While impact on oral health outcomes are encouraged, measures for these programs may also include improvements in your States ability to measure, track, and assess oral health workforce needs, develop, implement, and manage effective policies and programs, assess oral health of populations, building partnerships, improvement in evaluation capabilities, and other capabilities needed to address the State's oral health needs in Dental HPSAs.

Key Decision Makers and Stakeholders: Describe the information needs of key decision makers and stakeholders or how you will assess them. Describe how your evaluation plan and methodology will meet those needs. Include a plan to

disseminate reports, products, and/or project materials so project information is provided to your key target audiences. Also describe how you will disseminate results and materials to other State oral health programs and larger audiences. Publication of results is encouraged. Indicate the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

HRSA Required Performance and Progress Reporting

HRSA requires awardees to report annually on workforce and oral health service outcomes in their Annual Performance Reports. The most recent required data forms and reporting manual for this program may be viewed at https://bhw.hrsa.gov/funding/report-on-your-grant under the Oral Health Workforce Development Grants header. Describe your strategy to collect, manage, analyze and track data (e.g., experience of assigned staff, data sources, frequency of data collection, analysis, etc.), including the systems and processes you will use, to report on HRSA's performance measures. Describe any potential obstacles for implementing your strategy to meet HRSA's Annual Performance Report requirements and your plan to address them.

Awardees must report quarterly on the progress on the program's goals and objectives and annually in their Non-competing Continuation (NCC) Progress Report. This includes progress on your evaluation objective. Describe your strategy to collect, manage, and analyze data to monitor and report on the implementation of your SWP, and progress toward meeting goals and objectives. Describe what will be monitored for reporting on program accomplishments such as numbers of providers trained, individuals served, clinical quality indicators, and numbers of providers placed in a targeted Dental Health HPSA. You may include metrics from your Innovative program evaluation plan or HRSA's Annual Performance Reports but are not limited to them.

Technical Support Capability

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. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form.

Demonstrate that you will have the expertise, resources, capabilities, and the technical capacity to carry out your proposed evaluation activities. Describe your key evaluation personnel and how their skills, training, capabilities, and experience qualify them to successfully develop and implement your evaluation plan. If you propose using funds to support new staff or contractors with evaluation expertise to implement your evaluation activities, describe the level of skills, education and

experience required for those positions. You may incorporate, by reference, information from your *Staffing Plan and Job Descriptions for Key Personnel (Attachment 2)* or key personnel biographical sketches (uploaded in the SF-424 R&R Senior/Key Person Profile) when discussing the organization's technical support capacity. Describe the supporting staff, resources, data, agreements, operating procedures, and infrastructure that will allow your evaluation plans to be successfully implemented.

Describe any potential obstacles for developing, implementing, and carrying out your State evaluation plan and HRSA's performance measurement and monitoring requirements and how you plan to address them.

Mandatory: All applicants MUST provide assurances in Attachment 9 that it possesses sufficient infrastructure to evaluate and report on the outcomes resulting from the activities to be funded through the grant. **Applications that fail to attach this assurance as outlined in Attachment 9 will not be considered for funding.**

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion 3 (b)*
  Awardees are expected to sustain key elements of their innovative programs, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the workforce and populations in the target populations and Dental HPSAs. If you propose a demonstration project with the intent that others will adopt your innovative model then the adoption of that model may be considered a method of sustainability.

Provide a clear plan to sustain the successful innovative programs or key elements after the period of federal funding ends. Include the following in your plan:

1) Key strategies to sustain your innovative programs;
2) Use of evaluation results to identify effective key elements of the program;
3) Identification of potential sources of support which may include but are not limited to new funding, in-kind resources, absorption of activities by you or your program partners under existing operating budgets, or adoptions of your innovations by third parties under a diffusion of innovation model;
4) Use of evaluation results to inform key decision makers;
5) A timeline to become sustainable;
6) Challenges that are likely to be encountered in sustaining programs and approaches to resolve them.

Do not assume that additional grant support beyond the four-year project period will be available to sustain your program.

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

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

Provide information on your current mission, structure and scope of current activities and describe how these contribute to your organization's ability to leverage available resources, and meet the program requirements and expectations. Describe how the unique needs of target populations in the Dental HPSAs served are routinely assessed.

Describe collaborative linkages and partnerships, such as State oral health coalitions, dental schools, other State divisions/departments (Primary Care Office, Rural Health, Medicaid Directors, etc.), local health departments, and school districts. Include a [Project Organizational Chart (Attachment 4)](#) that demonstrates effective collaboration among partners and proper oversight of progress and activities. Identify and describe the facilities and organizational resources of the project's performance site(s). For all key personnel, describe how their current positions, skills and knowledge, and previous experience demonstrate their capability to perform in their proposed role.

If you are not the office of the State dental director, then include a description of who will coordinate with that office and the role of that office in your proposed project.

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.

  Mandatory: All applicants MUST provide assurances in Attachment 9 that it possess sufficient infrastructure to manage the activities to be funded through the grant. Applications that fail to attach this assurance as outlined in Attachment 9 will not be considered for funding.

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 your 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. All applicants are required to upload the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) budget form as Attachment 11.

The Research & Related Budget is a mandatory form, applicants should submit only the required fields in this form and use the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) to submit all budget information.

Required fields for the Research & Related Budget include:
Section A
- Budget Type – Choose Project or Subaward/Consortium
- Start Date – Enter requested start/proposed start date of budget period
- End Date - Enter requested start/proposed end date of budget period
- First Name – Enter First name of Senior/Key Person
- Last Name – Enter Last name of Senior/Key Person
- Requested Salary – Indicate only the amount of the salary being requested for this budget period
- Fringe Benefits – Enter applicable fringe benefits, if any.
- Funds Requested
- Total Senior/Key Person

Section L
- Budget Justification – Upload blank document

Do not enter any additional information into the R&R Budget, please use the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) to submit all budget information (Uploaded as Attachment 11)

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) Form Subaward Budget Attachment(s) Form.

The SF-424 Research and Related (R&R) Budget (Total Fed + Non-Fed) Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the Grants to States to Support Oral Health Workforce Activities program requires the following:

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states,

"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." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Justification Narrative*
- See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

The budget justification narrative must describe all line-item federal funds (including subawards), and matching non-federal funds proposed for this project. Explain the amounts required thoroughly, but be concise. Be sure you're the amounts in your budget justifications correspond to those in your SF-424 Research and Related (R&R) (Total Fed + Non-Fed) line item budget sheet. Do NOT use the budget justification narrative to expand the project narrative. Do NOT simply duplicate your SF-424 Research and Related (R&R) (Total Fed + Non-Fed) line item budget in a spreadsheet without appropriate explanations.

Please note: all budget justification narratives count against the page limit. Your budget must be complete and all amounts budgeted must be reasonable and necessary to carry out your proposed grant activities.

Your budget justification narrative MUST therefore include:

- A one-year *SF-424 Research and Related (R&R) (Total Fed + Non-Fed)* line item budget form set and budget justification for EACH of the four budget periods for federal funds requested,
- A one-year matching SF-424 Research and Related (R&R) (Total Fed + Non-Fed) line item budget form set and budget justification for EACH of the four budget periods,
- Sufficient cost information e.g., rates, quantities, etc., to explain the amounts requested in each line item,
- A brief description of how each item will support the achievement of your proposed goals and objectives, and
- Careful explanation of how each item in the "other" category is justified.

In addition, the Grants to States to Support Oral Health Workforce Activities program requires the following:

States who received funding through both the HRSA State Oral Health Workforce program and a CDC funding State-based oral health program cannot conduct duplicative activities, and funding and support activities for the two programs must be clearly defined, tracked, and reported separately. However, the programs may be complimentary in nature. For example, an oral health facility funding under this program can serve as a referral site for a CDC funded dental sealant program and coordinate efforts.

If your plan includes hiring new personnel, awarding contracts, or making sub-awards, then you must take into account the processes and time needed to put these parts of your plan in place. Awarded applicants are expected to ensure that new hires are on-board within three months of the planned employees start date in the SWP. Additionally, failure to execute any sub-awards or contracts in a timely manner, as noted in the work plan, may lead to administrative action, up to termination of the award.

Mandatory Assurance: All applicants MUST provide assurances in Attachment 9 that, with respect to the costs to be incurred in carrying out the grant funded activities, they will provide non-Federal contributions in an amount equal to not less than 40 percent of Federal funds provided under the grant. The State may provide the contributions in cash or in kind, fairly evaluated, including plant, equipment, and services and may provide the contributions from State, local, or private sources. Matching funds must relate directly to project activities. **Applications that fail to attach this assurance as outlined in Attachment 9 will not be considered for funding.**

> *Travel*: Applicants must include annual travel for the Project Director, or a designee, to attend the National Oral Health Conference.
>
> *Participant/Trainee Support Costs*: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs" which includes the summation of all trainee costs.
>
> *Consultant Services:* If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

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 (b).

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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Logic Model

Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

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

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 deliverables. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 4: Project Organizational Chart

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

Attachment 5: Tables, Charts, etc. (Optional)

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

Attachment 6: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material

for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the progress report after the Objective Review Committee evaluates the competing continuation applications.

Identify your current (or previous) grant number, include the most important objectives from your approved application (including any approved changes), and document overall program accomplishments under each objective over the entire period of performance. Where possible, include the proposed and actual metrics, outputs, or outcomes of each project objective.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. More specifically, the report should include:

(1) <u>The period covered (dates).</u>

(2) <u>Specific objectives</u> - Briefly summarize the specific objectives of the project.

(3) <u>Results</u> - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 7: 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 the organization role as outlined in the SWP, and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.) outlined in the application.

Attachment 8: Innovative Program Profiles

Provide a profile for each innovative program proposed. Program profiles provide more information than the can done it the project abstract for each innovative program. Each profile should be brief and not exceed one page. Each profile should:

- Provide a brief description of the innovative program.
- Indicate all of the allowed activities the program falls under (see Section I.1 Purpose);
- Indicate if the program is new or, if not, what significant changes are proposed;

- Describe the new ideas, methods, and/or approaches that will be used. Include a description of how your methods are new to the field and/or new to your State;
- Indicate what improvements in the dental workforce or the oral health services and delivery system you expect to see in the affected Dental HPSAs; and
- Describe how these improvements will increase access to high quality oral health services for the underserved populations.

Attachment 9: Program Specific Assurances and Eligibility Documents (MANDATORY)

Certifications: All applicants MUST provide a letter, from an authorizing official for the organization that provides the following assurances:

- That, with respect to the costs to be incurred in carrying out the grant funded activities, they will provide non-Federal contributions in an amount equal to not less than 40 percent of Federal funds provided under the grant. The State may provide the contributions in cash or in kind, fairly evaluated, including plant, equipment, and services and may provide the contributions from State, local, or private sources. Matching funds must relate directly to project activities.
- That it possess sufficient infrastructure to manage the activities to be funded through the grant
- That it possesses sufficient infrastructure to evaluate and report on the outcomes resulting from such activities.

Applications that fail to provide this letter with all assurances will not be considered for funding.

Eligibility Letter: All applications submitted by any State-governmental entity other than the office/division housing the State dental director (such as a State-run university or dental school) MUST also attach a letter of support from either the Governor or the State's dental director that specifically endorses the applicant as the State's designated representative to apply for these Federal dollars on the State's behalf. **Applications that fail to include this letter as required will be deemed ineligible and not considered for funding.** See Section III.1 Eligibility for more information.

Attachment 10: Indirect Cost Rate Agreement (NOT counted in the page limit)

Provide a copy of the most recent negotiated Indirect Cost Rate Agreement or Cost Allocation Plan.

Attachment 11: Research & Related Budget (Total Fed + Non-Fed)

Applicants must download a copy of the SF424 Research & Related Budget (Total Fed + Non-Fed) located here: Https://apply07.grants.gov/apply/forms/sample/RR_FedNonFedBudget_2_0-V2.0.pdf. Applicants must upload a completed copy of the SF-424 Research & Related Budget (Total Fed + Non-Fed) as Attachment 11.

Attachments 12-15: Other Relevant Documents (Optional)

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 you have 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. 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 (https://www.dnb.com/duns-number.html)

- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)

- Grants.gov (https://www.grants.gov/)

For more 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. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages, instead the updated common certification and representation requirements will be stored and maintained within 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.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 *January 31, 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

The Grants to States to Support Oral Health Workforce Activities program is not 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 must request funding for a period of performance of up to four years, at no more than $400,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's *SF-424 R&R*

Application Guide for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, funds for this program may not be used for new construction or for the purpose of conducting major renovation activities, nor can funding be used for the acquisition of real property. For clarification, please contact the Project Officer.

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 all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under 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, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Five review criteria are used to review and rank the Grants to States to Support Oral Health Workforce Activities program applications. Reviewers apply a scoring rubric when assigning points for each criterion. Below are descriptions of the review criteria and their scoring points.

Lack of clarity, insufficient information or inconsistent data within your application may affect reviewer's ability to evaluate your response and lead to lower scores.

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

The extent to which the application demonstrates the oral health workforce needs and challenges in their State's Dental HPSAs and those the application addresses. This includes the extent to which:

- the application demonstrates the oral health workforce needs and associated contributing factors;
- the oral health workforce needs of Dental HPSAs are described;
- the specific oral health workforce needs targeted in the application are clear and well justified;
- the application aims to improve oral health workforce and oral health services and outcomes for the highest need communities and populations within targeted Dental Health HPSAs;
- the application describes the specific Dental HPSAs targeted by the proposed innovative program(s), including the target populations, unmet oral health needs, health disparities, and the oral health care infrastructure, including the oral health workforce and any gaps that exist; and
- if significant gaps exist in the State's ability to track and assess its oral health workforce, it is addressed by a proposed innovative program under Activity 12 or also Activity 13-B if related to COVID-19.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

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

The extent to which the application clearly outlines goals, objectives, and proposed innovative programs that reasonably address the needs outlined under the Purpose and Needs section and provides support for the innovations proposed. This includes the extent to which:

- the proposed innovative programs' innovations are clearly identified, and meet the definition of Innovative Program;
- the proposed innovative changes to established program are significant.
- each program falls under one or more of the allowable activities, as outlined in Section I.1, and they are clearly identified;
- the proposed project goals, objectives, sub-objectives and intended outcomes are clear and the objectives are specific, measurable, achievable, and realistic within the project period;

- the proposed innovative programs are likely to address the needs of the Dental HPSAs where they will be implemented, as outlined in the Purpose and Needs section;
- the data and other evidence provided support the innovations proposed as reasonable approaches address the needs outlined in the Purpose and Needs section and achieve the desired outcomes;
- evaluation is included as an objective;
- the State's current ability to effectively track and assess the State's oral health workforce capacity has been described and, if applicable, any weaknesses in the oral health workforce data collection, analysis, and planning infrastructure have been adequately addressed under Activity 12 or Activity 13-B if related to COVID-19;
- if applicable, existing State laws allowing dental therapy are cited and explained for innovative programs addressing Allowable Activity 13-C; and
- if applicable, the proposed loan repayment and water fluoridation systems activities clearly demonstrate that the proposed activities do not duplicate other federally funded State programs for these activities.

Criterion 2 (b): WORK PLAN (10 points) – Corresponds to *Section IV's Response to Program Purpose Sub-section (b) Work Plan*

The extent to which the SWP outlines the steps needed to reasonably achieve their proposed goals and objectives within the project period. This includes the extent to which:

- the SWP is reasonable and achievable within the timeline and overall project period;
- the SWP covers all proposed innovative programs and implementation of the evaluation outlined in the Evaluation and Technical Support section of the narrative;
- consortium or contractual arrangements with any collaborating organizations are listed for the performance site(s), including the targeted Dental HPSAs identified in the Purpose and Needs Section, and addressed in the Methodology Section;
- the SWP includes sufficient detail (objectives, timeline, responsibilities, and key tasks to allow tracking of progress, on at least a quarterly basis, on goals, objectives, outcomes, and program implementation);
- internal processes for hiring, contracting, and making subawards are explained and are reasonably accounted for in the SWP;
- the SWP includes the evaluation objective and clear steps towards its implementation; and
- programs will be coordinated with the office/division housing the State dental director if that office/division are not the applicant.

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 the application demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise. This includes the extent to which:

- potential obstacles and challenges, during the design and implementation of the innovative programs are outlined and addressed;
- policy, rulemaking, or clearance processes that can delay implementation are discussed and accounted for;
- any internal processes related to proposed contracts, staff hiring, or subawards that could threaten the timely implementation of your project plan are accounted for and addressed;
- potential obstacles related to the implementation of the evaluation are discussed and addressed; and
- the approaches to resolving potential challenges are clear and reasonable.

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to *Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity*

The extent to which the application outline meaningful evaluation plans, including technical support capacity, to improve innovative program performance, assess outcomes, inform key decision makers, and meet HRSA reporting requirements. This includes the extent to which:

- the steps to develop and use evaluation to improve program performance, measure the outcomes and impact, and inform key decisions are clear, reasonable, and justified.
- the innovative program evaluation plan will support continuous program assessment and improvement throughout the grant period of performance;
- the Innovative Program Evaluation Plan clearly indicates what improvement they expect from their innovative programs;
- the Innovative Program Evaluation Plan allows States to determine how successful their proposed innovative programs were at achieving desired improvements;
- the State will measure outcomes against a benchmark;
- the innovative program evaluation plan has identified the key decision makers and stakeholders to aid in sustaining or adopting successful innovative program models or elements; and

- the innovative program evaluation plan will effectively meet the information needs of key decision makers and stakeholders.

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HRSA Reporting

The extent to which:

- the State strategies and capabilities are sufficient to report effectively on HRSA performance metrics annually; and
- the State strategies and capabilities to track the development and implementation of their innovative programs and report on progress related to their goals and objectives are sufficient to report effectively to HRSA progress on their SWP goals, and objectives quarterly and annually.

Technical Capacity

- The extent to which the State has the capabilities to implement and carry out their evaluation effectively.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to *Section IV's Impact Sub-section (b) Project Sustainability*

The extent to which the application provides a clear and feasible plan to sustain effective innovative program elements after grant funding ends. This includes the extent to which:

- the sustainability plan uses evaluation results to identify effective elements of their innovative programs to sustaining;
- the plan identifies feasible potential sources of support or other methods to sustain effective innovative programs after grant funding ends;
- the sustainability plan uses evaluation results to inform key decision makers, which may include potential adopters of key elements of the innovative program;
- the application describes a solid plan for sustaining the successful key elements of the proposed innovative programs after the period of federal funding ends; and
- the application identifies potential challenges to sustaining effective innovative programs and feasible approaches to address them are identified.

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

The extent to which the application demonstrates the capacity of the State to develop, implement, and manage the proposed innovative programs. This includes the extent to which:

- The application demonstrates the capacity of the State to oversee the fiscal and administrative aspects of the proposed innovative programs including fiscal and administrative matters including timely hiring, contracting, and purchasing relevant to their SWP and Staff Chart;

- The application demonstrates strong support from proposed partners that are aware and committed to their role in the implementation of the proposed innovative programs; and

- The State has the needed data and technical resources to manage their evaluation or possesses capabilities to develop such resources and capabilities.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget Justification Narrative and SF 424 Budget Forms

The extent to which the application provides a reasonable and sufficient budget for costs that are necessary to implement their proposed innovative programs: This includes the extent to which:

- the application presents a completed line item budget and budget justification for each of the four years;
- the budget justification gives sufficient detail to determine how the line item amounts were determined;
- the budgeted items are reasonable and necessary to develop, implement, and evaluate the proposed innovative programs;
- the budget details for contracts and staff reflect those outlined SWP and Staffing Plan and accounts for time needed to hire unfilled positions and award contracts;
- the budget includes annual travel to the National Oral Health Conference for the project director or their designee;
- the budget justification includes a complete line item breakdown and narrative description and justification of all matching funds proposed four each of the four years; and
- matching funds clearly meets the 40% match requirements, outlined in *Section III.2: Cost Sharing/Matching* of this NOFO, for each of the four years, including percentage, sources, and *relationship to proposed activities.*

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. 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 Notice of Award (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 https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- 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 https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://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* http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. *See* https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- 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* https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

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

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 Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

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

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance

information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

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

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

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

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

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

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.

- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.

- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

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

5) **Other Required Reports and/or Products**. The awardee will submit a revised evaluation plan at the end of the first year. See Section IV.2,ii 3*a) EVALUATION AND TECHNICAL SUPPORT CAPACITY*

6) **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.

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:

Carolyn J. Cobb
Grants Management Specialist Division of Grants Management Operations
Office of Federal Assistance and Management
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0829
Email: ccobb2@hrsa.gov

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

Thomas Vallin, MPH
Project Officer, Division of Medicine and Dentistry
Attn: Grants to States to Support Oral Workforce Activities
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 144B
Rockville, MD 20857
Telephone: (301) 443-1307
Email: TVallin@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: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

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

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Frequently Asked Questions (FAQs) can be found on the program website https://bhw.hrsa.gov/funding/apply-grant#oral-health and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.