U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

Bureau of Health Workforce

Division of Medicine and Dentistry

Geriatrics Workforce Enhancement Program

Funding Opportunity Number: HRSA-24-018

Funding Opportunity Type(s): New

Assistance Listing Number: 93.969

Application Due Date: February 26, 2024

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

Issuance Date: November 27, 2023

Jennifer Solomon, MA
Project Officer, Division of Medicine and Dentistry
Call: 301-443-0024
Email: GWEP@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 294c(a) and 298; Public Health Service Act sections 753(a), and 865.

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII Agency Contacts.](#)

SUMMARY

Funding Opportunity Title:	Geriatrics Workforce Enhancement Program
Funding Opportunity Number:	HRSA-24-018
Assistance Listing Number:	93.969
Due Date for Applications:	February 26, 2024
Purpose:	The purpose of the Geriatrics Workforce Enhancement Program (GWEP) is to educate and train the health care and supportive care workforces to care for older adults by collaborating with community partners. Applicants must maximize patient and family engagement to address care gaps and improve health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties using the Age-Friendly Health Systems Framework.[1]
Program Objective(s):	1. Develop reciprocal partnerships between academia, primary care sites/delivery systems (including nursing homes), and community organizations, to transform clinical training environments into integrated geriatrics and primary care sites/delivery systems that are age-friendly and dementia-friendly.

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[1] The John A. Hartford Foundation & The Institute for Healthcare Improvement. (2009- 2023). Age-Friendly Health Systems. Retrieved on August 2, 2023 from https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative.

	2. Provide interprofessional geriatrics clinical training and education to students, residents, fellows, faculty, and preceptors in Tribal, Tribal Organizations, Underserved and/or Rural (TTOUR) primary care sites/delivery systems with the intent to have them practice in these sites upon completion of their program. 3. Establish and/or maintain education and training programs in TTOUR primary care sites/delivery systems that provide the supportive care workforce, direct care workers, and the primary care workforce with the knowledge and skills to improve the care of older adults, including persons living with dementia, by using innovative technology and methods.

Eligible Applicants:	The following entities are eligible applicants:
	• Schools of Allopathic Medicine
	• Schools of Osteopathic Medicine
	• Schools of Nursing
	• Schools of Allied Health
	• Schools of Pharmacy
	• Schools of Dentistry
	• Schools of Public Health
	• Schools of Optometry
	• Schools of Chiropractic
	• Schools of Veterinary Medicine
	• Schools of Podiatric Medicine
	• Physician Assistant Education Programs
	
	The following accredited graduate programs are also eligible applicants:
	• Health Administration
	• Behavioral Health and Mental Health Practice including:
	   • Clinical Psychology
	   • Clinical Social Work
	   • Professional Counseling
	   • Marriage and Family Therapy
	
	Additional eligible applicants include:
	• a health care facility,

	• a program leading to certification as a certified nurse assistant, • a partnership of a school of nursing and health care facility, or • a partnership of a program leading to certification as a certified nurse assistant, and a health care facility. Community-based organizations, Tribes, and tribal organizations may apply if otherwise eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$43,000,000 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	Up to 43 new cooperative agreements
Estimated Annual Award Amount:	Up to $1,000,000 per award, subject to the availability of appropriated funds At least $230,000 must be used for Alzheimer's Disease and Related Dementias (ADRD) activities annually.
Cost Sharing or Matching Required:	No
Period of Performance:	July 1, 2024 through June 30, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Sheila Burks Grants Management Specialist Division of Grants Management Operations, OFAM Email: sburks@hrsa.gov

	Program issues or technical assistance:
	Jennifer Solomon, MA
	Project Officer, Division of Medicine and Bureau
	Attn: GWEP Program
	Bureau of Health Workforce
	Email: GWEP@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in *HRSA R&R Application Guide (R&R Application Guide)*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

We 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 to learn more about the resources available for this funding opportunity.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Geriatrics Workforce Enhancement Program (GWEP). The purpose of the GWEP is to educate and train the health care and supportive care workforces to care for older adults by collaborating with community partners. Applicants must maximize patient and family engagement to address care gaps and improve health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties using the Age-Friendly Health Systems Framework.[2]

Program Goal:

The goal of the GWEP is to educate and train the primary care and geriatrics workforces and other appropriate specialties to provide age-friendly and dementia-friendly care for older adults in integrated geriatrics and primary care sites/delivery systems.

Program Objectives

1. Develop reciprocal partnerships between academia, primary care sites/delivery systems (including nursing homes), and community organizations, to transform clinical training environments into integrated geriatrics and primary care sites/delivery systems that are age-friendly and dementia-friendly.

2. Provide interprofessional geriatrics clinical training and education to students, residents, fellows, faculty, and preceptors in Tribal, Tribal Organizations, Underserved and/or Rural (TTOUR) primary care sites/delivery systems with the intent to have them practice in these sites upon completion of their program.

3. Establish and/or maintain education and training programs in TTOUR primary care sites/delivery systems that provide the supportive care workforce, direct care workers, and the primary care workforce with the knowledge and skills to improve the care of older adults, including persons living with dementia, by using innovative technology and methods.

For more details, see Program Requirements and Expectations.

2. Background

The GWEP is authorized by 42 U.S.C. § 294c(a) and 298; Public Health Service Act sections 753(a) and 865.

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[2] Op Cit. The John A. Hartford Foundation & The Institute for Healthcare Improvement.

One in five Americans will be 65 years or older by 2040.[3] Approximately 80 percent of older adults have at least one chronic condition, such as Alzheimer's Disease and Related Dementias (ADRD).[4] The current health care workforce is inadequate to meet their health care and long-term services and supports needs, and the demand for geriatrics providers will exceed supply by 2035.[5]

This generation of older adults will be unique from its predecessors due to higher education levels, increased longevity, more widely dispersed families, and more racial and ethnic diversity, making their need for health care services much different than previous generations.[6] There are critical shortages of health professionals in rural, urban, and tribal communities.[7, 8] Across the health professions, training is inadequate for both the formal and informal primary care workforces in how to integrate geriatrics with primary care.[9] Patients, families and caregivers need education and training to improve self-management skills and knowledge, to understand acute and chronic disease management, and how to work within the health care delivery system.[10]

The GWEP program will address these issues by providing support to eligible entities for age-friendly and dementia-friendly education and training activities in geriatrics for the primary care and geriatrics health care workforces that are in TTOUR primary care sites/delivery systems.

Program Definitions

To better understand this NOFO, go to the dictionary of key program-related terms at [Health Workforce Glossary](#).

The following definitions apply to the GWEP Program for Fiscal Year 2024 NOFO.

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[3] The Urban Institute. The US Population is Aging. (no date). Retrieved on July 7, 2023 from https://www.urban.org/policy-centers/cross-center-initiatives/program-retirement-policy/projects/data-warehouse/what-future-holds/us-population-aging.
[4] National Council on Aging. The Top 10 Most Common Chronic Conditions in Older Adults. (April 23, 2021) Retrieved on July 7, 2023 from https://www.ncoa.org/article/the-top-10-most-common-chronic-conditions-in-older-adults.
[5] National Center for Workforce Analysis. (November 2022). Primary Care Workforce: Projections, 2020-2035. Retrieved on February 27, 2023 from https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Primary-Care-Projections-Factsheet.20f.
[6] Vincent GK, Velkoff VA. The next four decades: The older population in the United States: 2010 to 2050. U. S. Census Bureau. (2010). Retrieved on September 20, 2023 from The Next Four Decades: The Older Population in the United States: 2010 to 2050 (census.gov).
[7] American Hospital Association, Strengthening the Health Care Workforce. (November 2021). Retrieved June 30, 2023 from strengthening-the-health-care-workforce-II.pdf (aha.org).
[8] Minemyer, P., OIG identifies care quality issues plaguing Indian Health Service Hospitals. Fierce Healthcare. (October 10, 2016). Retrieved on June 30, 2023 OIG identifies care quality issues plaguing Indian Health Service hospitals | Fierce Healthcare.
[9] Foley KT, Luz CC. Retooling the Health Care Workforce for an Aging America: A Current Perspective. Gerontologist. (June 2, 2021). Retrieved on July 7, 2023 from Retooling the Health Care Workforce for an Aging America: A Current Perspective – PubMed (nih.gov).
[10] Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. JAMA, 288. (October 9, 2002). Retrieved on September 20, 2023 from https://pubmed.ncbi.nlm.nih.gov/12365965/

Age-Friendly Health System means a healthcare system that improves the quality of care for older adults and optimizes value for health systems by providing older adults with the best care possible; reducing healthcare related harms to older adults to close to zero; satisfying older adults with their care; and optimizing value for individuals including patients, families, caregivers, direct care workers, healthcare providers, and health professions students, residents, fellows, and faculty, and health systems. The essential elements of age-friendly health systems are a) What Matters (to the older adult); b) Medication; c) Mentation; and d) Mobility.

Caregiver means a family member, friend, neighbor, or other individual who provides unpaid assistance to a person with a chronic illness or disabling condition.

Certification means a process by which an agency or organization validates, based upon predetermined standards, an individual health provider's qualifications and knowledge for practice in a defined functional or clinical area.

Certified Nursing Assistant (CNA) Program means a CNA program provided by a community college, trade school, or medical facility that provides a 6-to-12 week CNA certificate program that is approved by the state's nursing board.

Community-based organization (CBO) means a public or private non-profit that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

Direct Care Worker per the PHS Act definition, has the meaning given that term in the 2010 Standard Occupational Classifications of the Department of Labor for Home Health Aides [31–1011], Psychiatric Aides [31–1013], Nursing Assistants [31–1014], and Personal Care Aides [39–9021].[11]

Fellowship program means at least a one-year, interprofessional, organized training effort sponsored by an eligible applicant that is designed to provide training in integrating clinical geriatrics into primary care and geriatrics/primary care education for healthcare professionals who have completed a graduate education program in their discipline, and now seek to develop specialized knowledge and skill in the care of older adults. The fellowship program goal is to prepare the learner for interprofessional practice, and certification, in one or more specialties related to the care of older adults. Fellows may be awarded fellowships at a rate to be determined by the applicant organization. The goal of this program is to prepare individuals to be geriatrics specialists.

Graduate Education Program or Training means a program administered by an institution of higher learning, leading to a master's or higher degree.

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[11] U.S. Bureau of Labor Statistics. Standard Occupational Classification. (2010). Retrieved on August 31, 2023 from https://bls.gov/soc/2010/2010_major_groups.htm

Health Care Workforce means geriatrics specialists, primary care providers, other appropriate specialists, direct care workers, community health workers, health care support workers, and health professions students, residents, fellows, faculty, and other health care professionals.

Health Care Support Workers means the following occupations: Home Health and Personal Care Aides; Psychiatric Aides; Orderlies; Nursing Assistants; Occupational Therapy Aides; Occupational Therapy Assistants; Physical Therapist Aides; Physical Therapist Assistants; Massage Therapists; Healthcare Support Workers, All Other; Pharmacy Aides; Medical Transcriptionists; Medical Equipment Preparers; Veterinary Assistants and Laboratory Animal Caretakers; Phlebotomists; Dental Assistants; Medical Assistants.[12]

Level 1 Age Friendly Health Systems Recognition means a participant has completed a 4Ms Care Description to outline how it will assess, document, and act on all 4Ms at its care setting. At first, their 4Ms Care Description might represent a plan that they will test and work towards reliably performing.

Level 2 Age Friendly Health Systems Recognition means a participant has - Committed to Care Excellence and is working towards a reliable practice of addressing of the 4Ms. They have achieved Level 1 recognition and have submitted to the Institute for Healthcare Improvement at least three months of counts of the number of older adults that have received care that included all 4Ms.

Schools of Nursing means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are— (A) authorized to sit for the National Council Licensure Examination-Registered Nurse (NCLEX–RN); or (B) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse.

Stipends are not salary and do not create an employment relationship with either the federal government or the recipient/subrecipient organization.

Supportive Care Workforce means patients, families, caregivers, and nonmedical service providers (such as housekeepers, food servers, and transportation providers).

TTOUR Primary Care Sites/Delivery Systems include but are not limited to the below sites:

Adult Daycare Sites	Nursing Homes/Facilities
Ambulatory Care Clinics	Primary Care Clinics
Assisted Living Sites	Rural Health Clinics
Critical Access Hospitals	Ryan White Centers

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[12] U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics. (May 2022). Retrieved on August 31, 2023 from https://www.bls.gov/oes/current/oes310000.htm .

Emergency Care	Senior Centers
Federally Qualified Health Centers	Senior Housing
Home and Community-based Services	HRSA Funded Teaching Health Centers
Medical Homes	

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

1) Participating in the planning, development, and evaluation of all phases of the project.

2) Reviewing procedures to be implemented for accomplishing the objectives of the cooperative agreement.

3) Reviewing project training and education products such as videos, toolkits, assessment tools, on-line curricula, manuscripts, and special issues of journals as they are being developed and prior to dissemination.

4) Assisting recipients and their partners in developing a national GWEP network to share resources, best practices, and lessons learned.

5) Providing assistance in the establishment and facilitation of effective reciprocal partnerships with federal, state, and local agencies, HRSA projects and other resource centers, and other entities that may be relevant to the project's mission.

6) Providing programmatic input and consultation for development and delivery of education and training materials.

7) Working with recipients and their partners to develop and implement quality improvement assessment and evaluation strategies to provide age-friendly and dementia-friendly care, and quality improvement initiatives.

8) Working with the recipients in finalizing the Standardized Work Plan (SWP) and with the quarterly progress updates.

9) Providing information resources.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

1) Participating in ongoing monthly technical assistance calls with other recipients and HRSA staff.
2) Discussing quarterly reviews of the SWP with the HRSA staff.
3) Providing the HRSA project officer with an opportunity to review project information prior to dissemination.
4) Establishing contacts relevant to the project's mission such as GWEP partners, federal, state, and local partners, and other HRSA projects.
5) Coordinating activities with other GWEP recipients where possible.
6) Working with HRSA to evaluate program performance and respond to HRSA reporting requirements.

2. Summary of Funding

We estimate $43,000,000 will be available each year to fund 43 recipients. You may apply for a ceiling amount of up to $1,000,000 annually (reflecting direct and indirect costs). **Your request for each subsequent year of the period of performance cannot exceed your year 1 request**.

The actual amount available will not be determined until the enactment of the final FY 2024 federal appropriation.

At least $230,000 must be budgeted to provide ADRD education and training annually. Funds must be used to educate and train the health care and supportive care workforces in ADRD in TTOUR primary care sites and delivery systems and provide financial support to trainees in these sites.

A budget that is 100% for ADRD education is allowed if it includes stipend/traineeships/fellowships support activities.

The period of performance is July 1, 2024 through June 30, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

[45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

Limitations on Indirect Cost Rates for Training and Education Grants:

Training awards are budgeted and reimbursed at 8 percent of modified total direct costs (MTDC). To calculate the (MTDC), we exclude from the direct cost base:

- Direct cost amounts for, equipment, tuition, fees and participant support costs

- Subawards and subcontracts exceeding $25,000

State or local governments, and federally recognized Indian tribes, receive reimbursement based on their negotiated rate or state cost allocation plans. State universities or hospitals are not considered governmental agencies.

III. Eligibility Information

1. Eligible Applicants

The following domestic entities are eligible applicants:

- Schools of Allopathic Medicine
- Schools of Osteopathic Medicine
- Schools of Nursing
- Schools of Allied Health
- Schools of Pharmacy
- Schools of Dentistry
- Schools of Public Health
- Schools of Optometry
- Schools of Chiropractic
- Schools of Veterinary Medicine
- Schools of Podiatric Medicine
- Physician Assistant Education Programs

The following accredited graduate programs are also eligible applicants:

- Health Administration
- Behavioral Health and Mental Health Practice including:

  - Clinical Psychology
  - Clinical Social Work
  - Professional Counseling
  - Marriage and Family Therapy

- Additional eligible applicants include:

  - a health care facility
  - a program leading to certification as a certified nurse assistant,
  - a partnership of a school of nursing and health care facility, or

- a partnership of a program leading to certification as a certified nurse assistant, and a health care facility.

Community-based organizations, Tribes, and Tribal organizations may apply if otherwise eligible.

All eligible applicants must be accredited. In *Attachment 7* the applicant organization must provide:

- a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and

- the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required.

If a partner institution holds the accreditation for the training program, a letter of agreement should be provided as well.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

- Exceeds the funding ceiling amount of $1,000,000 annually.

- Fails to have budgeted at least $230,000 annually for ADRD activities.

- Fails to include accreditation documentation for the applicant organization.

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

Maintenance of Effort

You must agree to maintain non-federal funding for award activities. This must be at least at the same spending level for the fiscal year prior to the fiscal year for which you receive the award, as 42 U.S.C. § 295n-2(b) requires.

Federal funds should add to, not replace, existing non-federal spending for such activities. Complete the Maintenance of Effort information and submit as *Attachment 4*.

We will enforce statutory Maintenance of Effort requirements through all available mechanisms.

Multiple Applications

Multiple applications from an institution will be accepted; however, only one application will have the potential for being funded. We will only review your **last** validated application for each distinct project before the Grants.gov due date.

Beneficiary Eligibility

A trainee receiving support from award funds under this program must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other "qualified alien" under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended.

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](). Use the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](). If you choose to submit using an alternative online method, see [Applicant System-to-System]().

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See [Section IV.2.i Project Abstract]() for content information.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-018 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *R&R Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *R&R Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **80 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information]() of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)
- Accreditation Documentation
- Biographical Sketches

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-018 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-018 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[13] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[14]
- If you cannot certify this, you must include an explanation in **Attachment 11-15**: *Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *R&R Application Guide*)

Program Requirements

Successful recipients must address the following program requirements.

1. Develop reciprocal partnerships between applicant and a) academic schools of health professions, b) TTOUR primary care sites/delivery systems, and c) community organizations to transform primary care sites/delivery systems that provide age-friendly and dementia-friendly care for older adults.

2. Train the health care workforce in TTOUR primary care sites/delivery systems to provide age-friendly and dementia-friendly health care for older adults and achieve and maintain Level 1 and/or Level 2 Age-Friendly Health System recognition.

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[13] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[14] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

3. Provide students, residents, and/or fellows with a minimum of eight weeks per year of longitudinal clinical rotations in TTOUR primary care sites/delivery systems including nursing homes. Provide stipends/traineeships/fellowships to students, residents and/or fellows while they are in clinical rotation(s) at TTOUR primary care sites/delivery systems.

4. Provide faculty and preceptors with the knowledge and skills to educate the health care workforce to provide age-friendly and dementia-friendly care to older adults in TTOUR primary care sites/delivery systems.

5. Using the apprenticeship framework, provide education and training for direct care workers to support career advancement (ex. Certificate, etc.) within their discipline as geriatrics specialists. For example, the development of career ladders for certified nursing assistants to become advanced geriatrics specialists and/or community health workers to become advanced geriatrics specialists.

6. Provide interprofessional training that involves at least three health care professions, one of which is medicine. Interprofessional training and education must address the primary care needs of older adults in TTOUR primary care sites/delivery systems including all of the following topics:

   o   continuum of care for older adults;
   o   ADRD and other mental health issues including delirium, anxiety, depression, substance use and opioid use disorders, and serious mental illness;
   o   risk reduction for chronic disease, including dementia;
   o   early detection, diagnosis, treatment, and management of dementia;
   o   enrollment of older adults in clinical trials;
   o   impact of climate change, emergencies, and disasters on the health and health care of older adults;
   o   health inequities, disparities, social determinants of health and culturally and linguistically competent health care;
   o   elder justice;
   o   training on performing the annual wellness visit;
   o   training on vaccinations; and
   o   use of methods such as MCC e-Care Plan, artificial intelligence and assistive technology, and mobile health technologies to provide telehealth and in-person care delivery.

7. Deliver age-friendly and dementia-friendly programs that provide health care and supportive care workers with the knowledge and skills to improve care to older adults.

8. Partner with schools of nursing and nursing homes to integrate into the curriculum age-friendly didactic content and clinical care learning opportunities on care of older adults, including persons living with dementia, who reside in nursing homes. The overall goal is to increase the number of nurses who elect to practice in nursing homes after graduation.

9. Adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#) when evaluating their program.

10. Participate in federally-designed evaluations to assess program effectiveness and efficiency upon request.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *R&R Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See [Form Alert](#) in Section IV.1 Application Package. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *R&R Application Guide.* When applicable, identify if a funding priority/ preference is being requested.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction and Purpose	*Criterion 1: PURPOSE AND NEED*
Organizational Information	*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES*
Need	*Criterion 1: PURPOSE AND NEED*
Approach	*Criterion 2: RESPONSE TO PROGRAM PURPOSE sub-section (b) APPROACH*
Work Plan	*Criterion 2: RESPONSE TO PROGRAM PURPOSE sub-section (a) WORK PLAN*
Resolution of Challenges	*Criterion 2: RESPONSE TO PROGRAM PURPOSE sub-section (c) RESOLUTION OF CHALLENGES*
Evaluation and Technical Support Capacity	*Criterion 3: IMPACT sub-section (a) EVALUATIVE MEASURES*

Narrative Section	Review Criteria
Sustainability	*Criterion 3: IMPACT sub-section (b) SUSTAINABILITY*
Budget and Budget Justification Narrative	*Criterion 5: SUPPORT REQUESTED*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear. Project activities must comply with the non-discrimination requirements described in Section VI.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction and Purpose – Corresponds to Section V's* [Review Criterion #1Purpose and Need](#)

  1. Briefly describe the purpose of the proposed project as it relates to the goal of this NOFO, the needs of the target population to be served, current social determinants of health and health inequities experienced by this population, and the geriatric education and training needs of health care and supportive workers to improve care to older adults.

  2. Include the efforts you will make to address the non-academic barriers (physical health, psychological health, physical environment, social environment, and economic stability) to trainees' (students', program participants') access to education and success in your program.

  3. Propose a framework (an actionable model) that targets learning disparities and expands learning opportunities to support diversity, equity, and inclusion, which may include recruitment of students from rural and underserved areas.

- *Organizational Information – Corresponds to Section* [V's Review Criterion #4 Organizational Information/Resources/Capabilities](#)

  1. Succinctly describe your organization's current mission, structure, personnel, organizational partners, and scope of current activities and how these elements all contribute to the organization's ability to implement the goals, objectives and [program requirements.](#)

  2. Describe tools and strategies for ongoing staff training, outreach, collaborations, communication, and information sharing/dissemination.

  3. Include a project organizational chart (requested in Section IV.2.v./vi., **Attachment 2**). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

4. Include in **_Attachment 3_**, memorandums of understanding or agreement, and letters of agreement or similar documents from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application.

5. Include in **_Attachment 6_** a letter of support from the applicant organization that specifically indicates an understanding and commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) by the applicant organization.

6. Include the staffing plan and job descriptions for key faculty/staff in **_Attachment 1._**

   o Describe the minimum qualifications for each faculty position in the job description.
   o Functional and program responsibilities must be specified in the narrative and position descriptions. A position description should not exceed one page in length but can be as short as one paragraph in length due to page limits.

Biographical Sketches

Provide a biographical sketch for key faculty/staff contributing to the project. Include the individual's current position and sufficient detail to assess their qualifications for the position. **_Each biographical sketch should be limited to one page_**. Include all degrees and certificates.

Biographical sketches 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:
  o Institution and location
  o Degree (if applicable)
  o Date of degree (MM/YY)
  o Field of study
- Section A (*required*) **Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their 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*) **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.

- When applicable, biographical sketches must include training, language fluency and experience working with populations that are culturally and linguistically different from their own.

- *Need – Corresponds to Section V's Review Criterion #1 Purpose and Need*
  Sample Text:

  1. Describe the interprofessional geriatrics team-based education and training needs of the health care workforce that will transform your TTOUR primary care sites/delivery systems to provide age-friendly and dementia-friendly health care and long-term services and supports and improve health outcomes.

  This section will help reviewers understand whom you will serve with the proposed project. Use and cite demographic data whenever possible to support the information provided.

- *Approach – Corresponds to Section V's Review Criterion #2 Response to Program Purpose sub-section (b) Methodology/Approach*

  In your application, and consistent with the Program Requirements in this NOFO:

  1. List the project objectives and proposed activities and provide evidence for how they link to the project purpose and needs. These are the same project objectives in the SWP.

  2. Discuss how students, residents, and fellows with an interest in choosing to practice in TTOUR primary care sites/delivery systems and nursing homes will be identified.

  3. Demonstrate how you will provide TTOUR primary care sites/delivery systems training to the supportive care workforce, direct care workers, and the primary care workforce on topics that include using, MCC e-Care Plan, artificial intelligence and assistive technology, and mobile health technologies to provide telehealth and in-person care delivery.

  4. Demonstrate how your GWEP project will assist your primary care partners in TTOUR clinics in achieving and maintaining Level 1 and/or Level 2 Age-Friendly Health System recognition from the Institute for Healthcare Improvement.

  5. Provide a table description of the TTOUR training site(s) in **Attachment 8**. Include the name of the TTOUR primary care site and number of trainees (students, residents, and fellows) for each year of the award. A sample is provided below.

     Table 1: TTOUR Primary Care Sites

Name of Health Clinic Training Site	Clinic Training Site Full Address (EXAMPLE Main Street, Town, State, Extended Zip code)	Number of trainees involved in grant activities per year.	Is site located in a tribal facility listed in https://www.ihs.gov/findhealthcare/? (Yes or No)	Is site located in rural area as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-heal (Yes or No)	Is site located in a Primary Care HPSA with a score of 17 or greater as listed at https://data.hrsa.gov/tools/shortage-area/hpsa-find (Yes or No)

6. Explain how you will educate and train the health care and supportive care workforces with the knowledge and skills to improve health care and outcomes for older adults, with an emphasis on care provided to persons living with a dementia diagnosis.

7. Explain how you will use the apprenticeship framework to provide education and training for direct care workers to support career advancement (ex. Certificate, etc.) within their discipline as geriatrics specialists.

8. Demonstrate how you will partner with nursing schools and nursing homes to provide didactic content and clinical care learning opportunities to nursing students on the age-friendly care of older adults residing in nursing homes, including persons living with dementia.

9. Explain your strategies to improve trainee (student, program participant) cultural competence to meet the needs of underserved communities and increase the use of culturally and linguistically appropriate services by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.

- *Work Plan – Corresponds to Section V's Review Criterion #2 Response to Program Purpose sub-section (a) Work Plan*

  1. Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance.

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

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

4. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities. Include the extent to which these contributors address the needs of the population being served in the TTOUR primary care sites/delivery systems.

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

6. Indicate how academic, clinical care, and community organizations developed the plan to work together, including highlighting which of the reciprocal partners contributed key personnel to which objectives.

In your application, provide a detailed work plan that demonstrates your experience or ability 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. Include a brief narrative element as outlined, in addition to completing the SWP.

The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goal 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. The objectives must be those of this NOFO which can be found on page 1. Sub-objectives can be tailored to your project needs. Sub-objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in Health Equity in the "Other Priority Linkage" if your sub-objectives align with this priority. Form instructions are provided along with the SWP form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA Electronic Handbooks (EHBs) once award is made, in order to review and finalize the completed SWP.**

- *Resolution of Challenges – Corresponds to Section V's [Review Criterion #2(c) Response](#) [to Program Purpose subsection (c) Resolution of Challenges](#)*

  In your application:

  1. Discuss challenges that you are likely to encounter in designing and implementing the activities described including educating and training the health care workforce to transform health care systems to provide age-friendly and dementia-friendly care to older adults seeking care at TTOUR primary care sites/delivery systems.

2. Describe potential challenges with recruitment of the interprofessional health care and supportive care workforces, to assess and address the primary care needs of older adults in TTOUR primary care sites/delivery systems.

3. Describe potential challenges with establishing/maintaining education and training programs in TTOUR primary care sites/delivery systems for the health care and supportive care workforce.

4. Discuss the approaches you will use to resolve the challenges described above.

▪ *Evaluation and Technical Support Capacity – Corresponds to Section V's [Review Criterion #3(a)](#) [sub-section (a) Evaluation and Technical Support Capacity](#)*

In your application:

1. Describe how education and training activities are linked to the four 4Ms using outcomes measures such as the Merit-based Incentive Payment System (MIPS), or Minimum Data Set (MDS) 3.0 Quality measures, or Uniform Data System (UDS) measures (specifically colorectal cancer screening, diabetes, and hypertension), or other validated outcomes assessments.

2. Describe your organizational profile, budget, partners, key staffs' experience, skills, and knowledge, key processes, and expected outcomes of the funded activities.

3. Describe the systems and processes that you'll use to track performance outcomes. Describe how you'll collect and manage data (for example, assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of those outcomes. At the following link you'll find examples of the current required reporting forms required for this grant program: http://bhw.hrsa.gov/grants/reporting/index.html. Note: Performance measures and data forms are subject to change each academic year. Document the procedure for assuring the data collection, management, storage, and reporting for eligible individuals participating in the Program, as well as a process to track trainees after program completion/graduation for up to 1 year. (Note: Trainees in eligible professions/disciplines who receive HRSA funds as a result of this award are required to apply for National Provider Identifier (NPI) for the purpose of collecting post-graduation employment demographics).

4. Describe your plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Include descriptions of the inputs (for example, organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be

measured, and expected outcomes of the funded activities. Evaluations must adhere to HHS Evaluation Policy and evaluation standards and best practices described in OMB Memorandum M-20-12.

5. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous evaluation work. Describe any potential obstacles for implementing the program OMB Memorandum M-20-12 performance evaluation and meeting our performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which project activities are replicable.

- *Sustainability – Corresponds to Section V's Review Criterion #3(b) Impact sub-section (b) Project Sustainability*

    1. Include a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; and (c) provide a timetable for becoming self-sufficient.

    2. Propose a project sustainability plan for when the period of federal funding ends that addresses how TTOUR primary care sites/delivery systems will:

        o Maintain Level 1 or Level 2 Age-Friendly Health System recognition of their primary care health systems or sites.

        o Maintain dementia-friendly care.

        o Continue partnerships between academia, TTOUR primary care sites/delivery systems, and community organizations that provide interprofessional training and education to the health care workforce.

        o Continue to deliver community services to improve health care and outcomes for older adults, with an emphasis on care provided to persons living with a dementia diagnosis.

    3. Describe challenges that are likely to be encountered in sustaining the program and propose approaches that will be used to resolve these challenges.

iii. *Budget*

Budget - Corresponds to Section V's Review Criterion #5 Support Requested

The *R&R Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *R&R Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Subawards/subcontracts

Upload a detailed line-item budget form for each subaward to the Subaward Budget Attachment(s) Form. NOTE: The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (such as back-up information) are included in the page limit.

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

Specific Instructions

GWEP requires the following:

- Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition, and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.
- **The budget amount for each year of the period of performance must not exceed the year 1 request**. If a successful applicant requests funds in Years 2 – 5 that exceed the year 1 request, then HRSA will reduce budget years 2 - 5 down to the budget year 1 amount.
- A budget that is 100% ADRD education is allowed if it includes stipend/traineeships/fellowships support activities.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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." Effective January 2023, the salary rate limitation is $212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Justification Narrative*

Budget - Corresponds to Section V's Review Criterion #5 Support Requested

See Section 4.1.v. of the *R&R Application Guide.*

In addition, GWEP requires the following:

In your application:

- The budget and budget justification must document how funds are provided to each partner in proportion to its contribution to the partnership and the education and training projects. If a partner does not have the administrative capacity to spend the funds directly, the budget justification must show what funds the eligible entity is expending on behalf of that partner.

- Describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit.

- Provide justification for all line-items for each of the five years of your program and provide a brief summary describing total direct and indirect costs annually and across all five years of the project.

  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.

  ADRD Budget Documentation: Prepare a budget in table format in **Attachment 5** for your ADRD activities and costs associated with these activities for each of the five years of the award.

ADRD Activities*	Year 1 Costs	Year 2 Costs	Year 3 Costs	Year 4 Costs	Year 5 Costs	Total
Activity 1						
Activity 2						
Total						

*You may add extra rows for activities if needed.

  Stipends, Traineeships, Fellowships: A stipend is a payment to an individual to help meet that individual's expenses during the training period. Stipends are not salary and should not be provided as a condition of employment with either the Federal Government or the recipient/subrecipient organization.

  o Stipends, traineeships, and fellowships are allowed for students, residents and/or fellows while they are in training in clinical rotation(s) at a TTOUR clinical site.

- Stipend support for health care and supportive care workers during the period of training is allowed.

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 they will perform, the total number of days, travel costs, and the total estimated costs.

Travel: Include travel support for up to four individuals to attend one recipient meeting to be held annually over 2 days. During the 5-year period of performance, two of the meetings will be in the Washington, D.C. area and the other three will be held in conjunction with a national geriatrics meeting. In addition to the project director, representation should include individuals from your reciprocal partners (academia, a primary care delivery site, and a community-based organization).

v. *Standardized Work Plan (SWP) Form*

As part of the application package submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative

vi. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement, proof of non-profit status (if it applies), biographical sketches, and accreditation documents are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel – required (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 include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2: Project Organizational Chart - required

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

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Contracts – required

Provide any documents that describe working relationships within the GWEP reciprocal partnerships and other entities, and programs cited in the proposal. Documents that

confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 4: Maintenance of Effort Documentation - required

You must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. We'll enforce statutory MOE requirements.

NON-FEDERAL EXPENDITURES	
FY 2023 (Actual) FY2023 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2024 (Estimated) FY2024 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 5: ADRD Budget Documentation Table – required

Provide an [ADRD budget documentation table](#) showing your ADRD activities and costs for each year of award.

Attachment 6: Applicant Organization Letter of Support - required

Provide a letter of support from the applicant organization. This letter of support must be from someone who holds the authority to speak for the applicant organization or department (CEO, Chair, etc.), and must be signed, currently dated, and on organizational letter head. A letter of support must specifically indicate an understanding and commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) by the applicant organization.

Attachment 7: Accreditation Documentation – required, not counted toward page limit

You must provide:

- a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation

- the dates of initial accreditation and next accrediting body review for each specialty

- the accreditation start and expiration dates

- a web link to the accreditation status. The full letter of accreditation is not required.

If a partner institution holds the accreditation for the training program, a letter of agreement should be provided as well.

Attachment 8: Documentation of [TTOUR Training Sites](#) - required

Provide a table describing the TTOUR Training Sites, including the name of the training and practice site(s) and number of trainees (students, residents, and fellows) for each year of the award.

Attachment 9: Letters of Support - as applicable

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be dated and signed on organizational letter head specifically indicating a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 10: Request for Funding Priority or Priorities- as applicable

To receive a funding priority, include documentation that you qualify for the priority. See [Section V.2.](#)

Attachments 11-15: Other Relevant Documents – as applicable

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[15]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management (SAM)](#) ([SAM Knowledge Base](#))

- [Grants.gov](#)

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[15] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)**.**

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *R&R Application Guide.*

*Note***:** Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *February 26, 2024 at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *R&R Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

GWEP does not need to follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *R&R Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the [Consolidated Appropriations Act, 2023 (P.L. 117-328)](#) apply to this program. See Section 4.1 of the *R&R Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

Project Director
The Project Director (PD) must be a masters-prepared health professional or a masters prepared health educator, who is also a geriatrics or gerontology specialist (except for project directors of certified nursing assistant (CNA) programs who must be at least bachelor's-level prepared health professional), and employed by the applicant organization at the time of application. The PD should dedicate approximately 20 to 50 percent of his/her time (may be in-kind or funded by grant funds) to grant activities appropriate to their level of work on the project.

You cannot use funds under this notice for the following:

- To acquire real property or for construction;

- To pay for equipment costs not directly related to the purposes of this award; or

- For continuing education certificates.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *R&R Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

If funded, for-profit organizations are prohibited from earning profit from the federal award (45 CFR § 75.216(b)).

Limitations on Indirect Cost Rates for Training and Education Awards:
Training awards are budgeted and reimbursed at 8 percent of modified total direct costs (MTDC). To calculate the (MTDC), we exclude from the direct cost base:

- Direct cost amounts for, equipment, tuition, fees and participant support costs

- Subawards and subcontracts exceeding $25,000

State or local governments, and federally recognized Indian tribes, receive reimbursement based on their negotiated rate or state cost allocation plans. State universities or hospitals are not considered governmental agencies.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications. Project activities must comply with the non-discrimination requirements described in Section VI

We use five review criteria to review and rank GWEP applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's [Introduction and Purpose](#) *and* [Need](#)
Reviewers will consider how well you:

1. Describe how the GWEP project will address education and training of health care and supportive care workforces in TTOUR primary care sites/delivery systems.

2. Document the interprofessional geriatrics team-based education and training needs of the TTOUR primary care sites/delivery systems, including the extent to which it clearly identifies vulnerable target population(s), location/community, and its unmet health needs, using data from reliable and recent data sources.

3. Describe the geriatrics education and training needs of the health care and supportive care workforces.

4. Describes how the applicant will address the non-academic barriers to learning (physical health, psychological health, physical environment, social environment, and economic stability) and help trainees (students, program participants) succeed in the program.

5. Provide a plan for implementation of a framework (an actionable model) that targets learning disparities and expands learning opportunities to support diversity, equity, and inclusion, which may include recruitment of students from rural and underserved areas.

Criterion 2: RESPONSE (50 points) – Corresponds to Section IV's Response to Program Purpose Sub-section [(a) Methodology/Approach](#), Sub-section [(b) Work Plan](#) and Sub-section [(c) Resolution of Challenges](#)

Criterion 2 (a): WORK PLAN (20 points) – Corresponds to Section IV's [Work Plan](#)

Reviewers will consider how well you:

1. Describe how the program design and how the targets fit into the overall timeline of award implementation.

2. Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.

3. Describe how your organization will ensure funds are sub-awarded, expended on contracts, and properly documented and used.

4. Indicate how academic, clinical care, and community organizations developed the plan to work together, including highlighting which of the reciprocal partners contributed key personnel to which objectives.

Criterion 2 (b): METHODOLOGY/APPROACH (25 points) – Corresponds to Section IV's Approach

Reviewers will consider how well you:

1. Provide a TTOUR Training Site table as **Attachment 8.**

2. List the overall objectives used in the SWP and proposed activities and provides evidence for how they link to the project purpose and stated needs.

3. Describe how students, residents, and fellows with an interest in choosing to practice in TTOUR primary care sites/delivery systems will be identified.

4. Respond to the program objectives and addresses how they link to the project purpose and needs.

5. Demonstrate how you will provide TTOUR primary care sites/delivery systems training to the supportive care workforce, direct care workers, and the primary care workforce on topics that include using MCC e-Care Plan, artificial intelligence and assistive technology, and mobile health technologies to provide telehealth and in-person care delivery.

6. Demonstrate how your GWEP project will assist your primary care partners in TTOUR primary care sites in achieving and maintaining Level 1 and/or Level 2 Age-Friendly Health System recognition from the Institute for Healthcare Improvement.

7. Explain your strategies to improve trainee (student, program participant) cultural competence to meet the needs of underserved communities and increase the use of culturally and linguistically appropriate services by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Resolution of Challenges:

 Reviewers will consider how well you:

1. Discuss challenges that you are likely to encounter in designing and implementing the activities described including educating and training the health care and supportive care workforces.

2. Describe potential challenges with recruitment of the interprofessional health care and supportive care workforces, to assess and address the primary care needs of older adults in TTOUR primary care sites/delivery systems.

3. Describe potential challenges with establishing/maintaining education and training programs in TTOUR primary care sites/delivery systems for the health care and supportive care workforces.

Criterion 3*: IMPACT (15 points) – Corresponds to Section Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Sustainability*

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) –

Reviewers will consider how well you:

1. Describe how education and training activities are linked to the four 4Ms topics using outcomes measures such as the Merit-based Incentive Payment System (MIPS), or Minimum Data Set (MDS) 3.0 Quality measures, or Uniform Data System (UDS) measures (specifically colorectal cancer screening, diabetes, and hypertension), or other validated outcomes assessments.

2. Include a procedure for assuring the data collection, management, storage, and reporting for eligible individuals participating in the Program, as well as a process to track trainees (students/participants) after program completion/graduation for up to 1 year.

3. Describe how you will report on the measurable outcomes being requested, including both the internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a).

4. Specific criteria include:

   o The extent to which the evaluation plan includes a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes.

   o The extent to which the application incorporates data collected into program operations to ensure continuous quality improvement and the strength and effectiveness of the method proposed to monitor and evaluate the project results.

   o Evidence that the evaluative measures will be able to assess:

     ▪ 1) to what extent the program objectives have been met, and

> - 2) to what extent these can be attributed to the project.

- ○ The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles.

- ○ The extent to which the feasibility and effectiveness of plans for dissemination of project results is described.

- ○ The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 3 (b): PROJECT SUSTAINABILITY (5 points) – [Corresponds to Section IV's Sustainability](#)

Reviewers will consider how well you:

1. Provide a plan for exploring opportunities to continue the project training and education products which includes curricula beyond federal funding.

2. Propose a timetable for becoming self-sufficient.

3. Describe how the plan addresses sustaining key elements of the supported activities such as educational strategies, partnerships, tangible next steps for continuing the project activities, lessons learned through innovative activities, evaluation beyond the duration of the project and how the enhancements will be incorporated into the training and education/curriculum.

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's [Organizational Information](#)

Reviewers will consider how well you:

1. Describe the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project and training requirements.

2. Provide evidence of institutional support such as letters of agreement (***Attachments 3, 6***) and support (***Attachments 6, 9***), in kind contribution of faculty/instructors, consultants, staff (***Attachments 1,4, 6***) and resources (***Attachments 2, 6***), and other partners providing support (***Attachments 3, 6, 9***).

3. Demonstrate program capacity to provide the type and volume of learning experiences, academic partnerships, and community resources needed for participants to meet the competencies and clinical training experiences required for the program.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification Narrative

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

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

   The extent to which:

   a. The SF-424 R&R is complete (includes all 5 budget periods) and responsive to the budget information requested within this NOFO and SF-424 R&R Application Guide.
   b. The application does not exceed the $1,000,000 ceiling annually including direct and indirect costs.
   c. The annual budget does not exceed the year 1 request.
   d. The amount budgeted for ADRD activities is at least $230,000 annually. NOTE: A budget that is 100% ADRD education is allowed if it includes stipends/traineeships/fellowships support activities.

   2. The extent to which the percent effort of key personnel is sufficient to achieve the project objectives.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *R&R Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors
  - o Funding Priority Points
  - o Special Consideration

For this program, HRSA will use:

Priority Point(s)

This program includes a funding priority, as authorized by PHS Act section 753(a)(5). A funding priority is the favorable adjustment of review scores of individually approved

applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points.

The GWEP has two funding priorities:

Priority 1: HRSA shall give priority to programs that demonstrate coordination with another Federal or State program or another public or private entity (2 points); and

Priority 2: HRSA shall give priority to applicants with programs or activities that are expected to substantially benefit rural or medically underserved populations of older adults or serve older adults in Indian Tribes or Tribal organizations (3 points).

You may apply for Priority 1 and/or Priority 2.

Priority 1 - HRSA shall give 2 priority points to programs that demonstrate coordination with another Federal or State program or another public or private entity. Partial points will not be awarded.

Priority 1 Qualification:

In order to qualify for Priority 1, applicants must submit as **Attachment 10- Priority 1**, a letter from the applicant that demonstrates coordination with a federal or state program or other public or private entity that provides education and engagement of patients, families, and caregivers on disease management and strategies to meet the needs of caregivers of older adults in the community. Label as Priority 1.

Priority 2- HRSA shall give 3 priority points to applicants with programs or activities that are expected to substantially benefit rural or medically underserved populations of older adults or serve older adults in Indian Tribes or Tribal organizations (i.e., TTOUR primary care sites/delivery systems).

Priority 2 Qualification:

In order to qualify for Priority 2, applicants will need to demonstrate in **Attachment 10- Priority 2**, their ability to provide access to health care in one of the four areas: tribal, tribal organization, medically underserved or rural, as defined in this NOFO using the following three criteria below:

- Located in primary care HPSAs with a score of 17 or above as found in the HPSA Find tool (https://data.hrsa.gov/tools/shortage-area/hpsa-find) OR

- Located in an area considered rural as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-health OR

- Located in a tribal facility serving American Indians or Alaskan Natives. Find Health Care | Indian Health Service (IHS)

Provide documentation of meeting the criteria for priority 2 in table format in **Attachment 10** that includes:

Name of Health Clinic Training Site	Clinic Training Site Full Address (Main Street, Town, State, Extended Zip code)	Is site located in a tribal facility listed in https://www.ihs.gov/findhealthcare/? (Yes or No)	Is site located in rural area as determined by the Federal Office of Rural Health Policy (FORHP), using the Rural Health Grants Eligibility Analyzer at https://data.hrsa.gov/tools/rural-heal (Yes or No)	Is site located in a Primary Care HPSA with a score of 17 or higher as listed at https://data.hrsa.gov/tools/shortage-area/hpsa-find (Yes or No)

Funding Special Considerations and Other Factors

This program includes special consideration, as authorized by Section 753(a)(5)(B) of the PHSA to entities that provide services in states with the highest demand for long-term care services and geriatric workforce professionals. HRSA will use this special consideration in order to fund no more than one awardee per state with the exception of these states, where up to two awards per state may be made. For the purposes of this NOFO, these states with the highest demand for these services and professionals are California, New York, Pennsylvania, Florida and Texas. [16] HRSA may need to fund out of rank order in order to make up to two awards for these states. All other states and territories may only receive up to one award per state/territory.

A special consideration is the favorable consideration of an application by HRSA funding officials. It is based on the extent to which your application addresses the specific focus of special consideration. If your application does not receive special consideration, it will be given full and equitable consideration during the review process.

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

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:

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[16] National Center for Health Workforce Analysis. Workforce Projections. (2020). Retrieved on June 28, 2023 from https://data.hrsa.gov/topics/health-workforce/workforce-projections.

- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *R&R Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *R&R Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect or started during the award period.

- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply.

- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

Award recipients must comply with Section 6 of the *R&R Application Guide* and the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA

2) **Progress Report**(s). The recipient must submit a progress report to us annually. The NOA will provide details. We will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the

project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

In addition, recipients 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 activities based on the information submitted in the SWP.

3) **Performance Reports.** Recipients must submit a Performance Report through the Electronic Handbooks (EHBs) annually. 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 us on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, we may require a Final Performance Report (FPR) to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

4) **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/EAuthNS/external/account/SignIn

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.

  o Summary Information:

  o Project overview.

  o Project impact.

  o Prospects for continuing the project and/or replicating this project elsewhere.

  o Publications produced through this grant activity.

  o Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

5) **Federal Awardee and Integrity Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information

Responsibility / Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Sheila Burks
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-443-6452
Email: sburks@hrsa.gov

Program issues or technical assistance:

Jennifer Solomon
Project Officer, Division of Medicine and Dentistry
Attn: GWEP Program
Bureau of Health Workforce
Health Resources and Services Administration
Call: 301-443-0024
Email: GWEP@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *HRSA R&R Application Guide (R&R Application Guide)*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 R&R - Box 18)	SFLLL (Disclosure of Lobbying Activities)	My attachment = ___ pages
Application for Federal Assistance (SF-424 R&R - Box 21)	Cover Letter Attachment	My attachment = ___ pages
RESEARCH & RELATED Senior/Key Person Profile)	Biographical Sketch	(Does not count against the page limit)
Project/Performance Site Location(s)	Additional Location(s)	My attachment = ____ pages
RESEARCH & RELATED BUDGET – A. Senior/Key Person	Additional Senior Key Persons	My attachment = ____ pages
RESEARCH & RELATED BUDGET – C. Equipment Description	Additional Equipment	My attachment = ____ pages
RESEARCH & RELATED BUDGET – L. Budget Related	Budget Justirfication	My attachment = ____ pages
RESEARCH & RELATED Other Project Information	8. Project Narrative	My attachment = ____ pages

RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	11. Equipment	*My attachment = ____ pages*
RESEARCH & RELATED Other Project Information	12. Other Attachments	*My attachment = ____ pages*
Attachments Form	Attachment 1*: Staffing Plan and Job Descriptions for Key Personnel*	*My attachment = ___ pages*
Attachments Form	Attachment 2: *Project Organizational Chart*	*My attachment = ___ pages*
Attachments Form	Attachment 3: *Letters of Agreement, Memoranda of Understanding, and/or Contracts*	*My attachment = ___ pages*
Attachments Form	Attachment 4: *Maintenance of Effort Documentation*	*My attachment = ___ pages*
Attachments Form	Attachment 5*: ADRD Budget Documentation Table*	*My attachment = ___ pages*
Attachments Form	Attachment 6: *Applicant Organization Letter of Support*	*My attachment = ___ pages*
Attachments Form	Attachment 7: *Accreditation Documentation*	*Not included in page limit*
Attachments Form	Attachment 8: *Documentation of TTOUR Training Sites*	*My attachment = ___ pages*
Attachments Form	Attachment 9: *Letters of Support*	*My attachment = ___ pages*
Attachments Form	Attachment 10*: Request for Funding Priority or Priorities*	*My attachment = ___ pages*
Attachments Form	Attachment 11: *Other Relevant Documents*	*My attachment = ___ pages*

Attachments Form	Attachment 12: *Other Relevant Documents*	*My attachment = ___ pages*
Attachments Form	Attachment 13: *Other Relevant Documents*	*My attachment = ___ pages*
Attachments Form	Attachment 14: *Other Relevant Documents*	*My attachment = ___ pages*
Attachments Form	Attachment 15: *Other Relevant Documents*	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-018 80 pages		**My total = ____ pages**

Appendix B: Resources

Administration for Community Living Health Promotion and Disease Prevention Programs
- **Health and Wellness Program pages**: https://www.acl.gov/node/569
  Discretionary and mandatory funded health promotion grant programs:
- **Chronic Disease Self-Management** - These programs provide people with disabilities and older adults with education and tools to help them manage chronic conditions. More information can be found at Chronic Disease Self-Management Education Programs | ACL Administration for Community Living
- **Health Promotion** - Grants to states and territories support programs for older adults to promote healthy lifestyles and support healthy behaviors. More information can be found at Health Promotion | ACL Administration for Community Living.
- **Falls Prevention** - These grants use evidence-based community programs to reduce falls, which is a leading cause of injury for older adults. More information can be found at Falls Prevention | ACL Administration for Community Living.

Age Friendly Systems
- **Creating an Age-Friendly Public Health System**
  https://www.johnahartford.org/images/uploads/reports/Age_Friendly_Public_Health_Convening_Report_FINAL.pdf
- **Age-friendly Health Systems**
  Age-Friendly Health Systems | Institute for Healthcare Improvement (ihi.org)

CDC Programs
- **The Healthy Brain Initiative Road Map** *State and Local Road Map for Public Health, 2023-2027* The Healthy Brain Initiative (HBI) Road Map is a framework designed to help public health professionals lead with urgency and act for impact. The new edition of the #HBIRoadMap has 24 actions to promote brain health, improve diagnoses, and maximize care in your community. It can be found at alz.org/HBIRoadMap
- **New Indian Country Road Map** is the first-ever public health guide focused on dementia in American Indian and Alaska Native communities. The Road Map is designed to support discussion about dementia and caregiving within tribal communities and to encourage a public health approach—as part of a larger holistic response. More information can be found at: Road Map for Indian Country | Alzheimer's Disease and Healthy Aging | CDC

Elder Abuse, Neglect and Exploitation
The National Center on Elder Abuse created a Research to Practice brief entitled Elder Abuse Screening Tools for Healthcare Professionals which may be useful here. The link is: https://eldermistreatment.usc.edu/wp-content/uploads/2023/07/Elder-Abuse-Screening-Tools-for-Healthcare-Professionals.pdf

Eldercare Locator
The Eldercare Locator is supported by the Administration for Community Living to assist older adults and their families find help and services in the community. The link is: https://eldercare.acl.gov/Public/Index.aspx

Guiding an Improved Dementia Experience (GUIDE) Model Fact Sheet. The link is https://innovation.cms.gov/media/document/guide-dementia-fs

Guiding an Improved Dementia Experience (GUIDE) Model Webpage. The link is https://innovation.cms.gov/innovation-models/guide

How to Measure Project Improvement
How will you know that a change in practice that results for training and education is an improvement? Measurement is a critical part of testing and implementing changes; measures tell you whether the changes being made actually lead to improvement. However, measurement for improvement should not be confused with measurement for research. Their differences can be found at the following website: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx

HRSA Training Curriculum: Alzheimer's Disease and Related Dementias
HRSA has responded to the dementia public health epidemic by developing a comprehensive curriculum to educate the workforce to provide high quality care to Persons Living with Dementia. In addition, HRSA has addressed the need to include caregivers as members of the interprofessional team and to help them maintain their health. HRSA has created a 27-module curriculum for health educators to train the health professions students, faculty, providers, direct care workers, patients, families, and caregivers about dementia care, and to help providers address caregiver needs. The curriculum can be found at:
https://bhw.hrsa.gov/alzheimers-dementia-training?msclkid=51779f70c0e311ecaf320156eb8631a9..

HRSA Health Workforce Connector
Connect program graduates with the HRSA Health Workforce Connector and other existing employment support resources so they can obtain primary care employment with rural and/or underserved populations, preferably in community based clinical settings. The HRSA Workforce Connector can be accessed at https://connector.hrsa.gov/connector/.

KAER Toolkit for Brain Health
The GSA Kickstart Assess Evaluate Refer (KAER) Toolkit for Brain Health and numerous other resources addressing Alzheimer's disease, related dementias, and a variety of symptoms associated with neurological conditions, including pseudobulbar affect and dementia-related psychosis, are available to support improved care for older adults across the care continuum. The KAER toolkit can be accessed at https://gsaenrich.geron.org/brain-health.

Multiple Chronic Conditions (MCC) e-Care Plan Project Aims to Develop Tools to Support Care Coordination and Research for People with MCC

The [Multiple Chronic Conditions (MCC) e-Care Plan Initiative](#) ("MCC e-Care Plan Project"), a joint project between the Agency for Healthcare Research and Quality (AHRQ) and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), aims to promote the interoperable collection, use, and sharing of comprehensive, person-centered health and social data across settings; facilitate coordinated, person-centered care planning approaches that integrate the full care team (including the patient) across settings; and build data capacity to conduct pragmatic Patient Centered Outcomes Research (PCOR).

National Academies of Sciences, Engineering and Medicine
- **Artificial Intelligence in Health Professions Education at** [Artificial Intelligence in Health Professions Education: Proceedings of a Workshop | The National Academies Press](#)
- **Global Forum on Innovation in Health Professional Education**
  [Global Forum on Innovation in Health Profession on | National Academies](#)

National Institute on Aging
- The National Institute on Aging (NIA) at NIH, in collaboration with the Alzheimer's Association has created the **National Strategy for Recruitment and Participation in Alzheimer's and Related Dementias Clinical Research** project to encourage older adults and their family caregivers, including underrepresented populations, to consider participating in research. More information can be accessed at https://www.nia.nih.gov/research/recruitment-strategy and at https://www.nia.nih.gov/sites/default/files/2019-05/ADEAR-recruitment-guide-508.pdf.

Nursing Homes
- Reifsnyder, J., Kolanowski, A., Dunbar-Jacob, J. *Practice & Leadership In Nursing Homes. Building On Academic-Practice Partnerships*, 2023. Sigma Theta Tau International. ISBN 978-1646481255.

Social Determinants of Health

It is important for primary care providers to understand that it is important to identify and address social determinants of health for individuals and families to achieve optimal health outcomes and whole-person care Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Centers for Disease Control and Prevention has more information about SDOH at [Social Determinants of Health at CDC | About | CDC](#)

State & Territorial Health Department Websites
https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html

Vaccine Information for Adults
https://www.cdc.gov/vaccines/adults/rec-vac/index.html

White House Fact Sheets
- FACT SHEET: President Biden Issues Executive Order on Safe, Secure, and Trustworthy Artificial Intelligence
https://www.whitehouse.gov/briefing-room/statements-releases/2023/10/30/fact-sheet-president-biden-issues-executive-order-on-safe-secure-and-trustworthy-artificial-intelligence/
- FACT SHEET: Biden-Harris Administration Takes Steps to Crack Down on Nursing Homes that Endanger Resident Safety
https://www.whitehouse.gov/briefing-room/statements-releases/2023/09/01/fact-sheet-biden-harris-administration-takes-steps-to-crack-down-on-nursing-homes-that-endanger-resident-safety/
- FACT SHEET: Biden-Harris Administration Announces Most Sweeping Set of Executive Actions to Improve Care in History
https://www.whitehouse.gov/briefing-room/statements-releases/2023/04/18/fact-sheet-biden-harris-administration-announces-most-sweeping-set-of-executive-actions-to-improve-care-in-history/

Workforce Shortages
- Long-Term Services and Support: Demand Projections, 2021-2036 October 2023:
https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/ltss-projections-factsheet-10-23.pdf
- Physician Workforce: Projections, 2021-2036 October 2023:
https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/physicians-projections-factsheet-10-23.pdf