

U.S. Department of Health and Human Services



Health Resources & Services Administration

Maternal and Child Health Bureau

Division of Maternal and Child Health Workforce Development (DMCHWD)

Leadership Education in Adolescent Health (LEAH) Program

Funding Opportunity Number: HRSA-22-072

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings (AL/CFDA) Number: 93.110

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 15, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: November 3, 2021

MODIFIED November 10, 2021 to:

Revise Section IV's Crosswalk Table (page 11) and Narrative Section (page 25) for Evaluation and Technical Support Capacity to align with corresponding Review Criteria #3 Evaluative Measures (page 40) and #4 Impact (page 41); update Accessibility Provisions and Non Discrimination Requirements, and update dates in LEAH history on page 5.

MODIFIED January 6, 2022 to extend the Application Due Date to February 15, 2022

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 701(a)(2)(Title V, § 501(a)(2) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Leadership Education in Adolescent Health (LEAH) Program. The purpose of this program is to improve the quality of care and equitable access to appropriate health services for adolescents and young adults (AYA) by preparing leaders in AYA¹ health through interdisciplinary training at the graduate and post-graduate levels.

The FY 2022 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	The Leadership Education in Adolescent Health (LEAH) Program
Funding Opportunity Number:	HRSA-22-072
Due Date for Applications:	February 15, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$3,245,594 (includes \$30,000 for recipient meeting, which will be awarded annually, after the period of performance begins) subject to the appropriation of funds for each year
Estimated Number and Type of Award(s):	LEAH Program: Up to seven awards LEAH Supplement (Optional): Up to two supplements per year, subject to the appropriation of funds for each year

¹ The LEAH program addresses health concerns surrounding individuals between the ages of 10-25 years.

Estimated Award Amount:	LEAH Program: Up to \$459,370 per year subject to the appropriation of funds for each year LEAH Supplement (Optional): One-time supplement per LEAH program, up to \$50,000, subject to the appropriation of funds for each year. May be awarded in any of the 5 budget years for a funding period of 1 year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2027 (5 years)
Eligible Applicants:	Only domestic public and nonprofit private institutions of higher learning may apply for training grants (See 42 CFR § 51a.3(b)). See <u>Section III.1</u> of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, November 10, 2021
Time: 2 p.m. – 3:30 p.m. ET

Weblink:

<https://hrsa.gov.zoomgov.com/j/1601919826?pwd=eIVZWU05Z0hRdi9ubUd6SDdjNkJEdz09>

Call-In Number: 833-568-8864

Meeting ID: 160 191 9826

Passcode: B99XP9Cp

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Leadership Education in Adolescent Health (LEAH) Program. The purpose of the LEAH Program is to improve the quality of care and equitable access to appropriate health services for adolescents and young adults (AYA) by preparing leaders in AYA health through interdisciplinary training at the graduate and post-graduate levels. This is accomplished through five (5) overarching objectives to:

- (1) Prepare diverse AYA health professionals, through didactic, experiential, and research-based interdisciplinary education and training in core health disciplines of medicine, nursing, nutrition, psychology, and social work.
- (2) Expand diversity, equity, and inclusion related to race, ethnicity, geography, and special populations within all training program components, including but not limited to trainee/faculty recruitment, staffing plan, curricula, clinical and experiential activities, and research foci to address health disparities² and increase health equity for AYA.
- (3) Develop curricula, training activities, and investigative research to produce evidence-based products and practices in primary care, AYA specialty service, and public health.
- (4) Improve access to behavioral, emotional, mental, developmental, and psychosocial health services, well-being, and support for AYA.
- (5) Develop, expand, and disseminate population-based strategies and effective practices through collaboration and coordination of telehealth, tele-education/distance learning, technical assistance (TA), and continuing education (CE).

You may apply for either the:

- (1) LEAH Program (base award of up to \$459,370 per year for 5 years) alone; or,
- (2) LEAH Program (base award of up to \$459,370 per year for 5 years) with a possible one-year, one-time supplement (of \$50,000) awarded once during the 5-year period of performance. See **Attachment 7** for guidance in applying for the “Optional LEAH Supplement.” Such supplemental funds will be:

² For purposes of this NOFO, consistent with policy of the National Institutes of Health, the term “U.S. disparity populations” refers to the following populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Sexual and gender minorities, Socioeconomically disadvantaged populations, and Underserved rural populations. See [National Institute on Minority Health and Health Disparities, Health Disparity Populations \(April 1, 2021\)](#).

- Awarded at HRSA’s discretion; subject to the appropriation of funds for each year;
- Related to successful performance of the recipient; and
- Used to enhance LEAH training programs’ ability to focus on emerging issues and innovative training practices to improve the lives of AYA.

2. Background

MCHB Background and Strategic Plan

The Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women’s health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America’s mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

Goal 4: Maximize impact through leadership, partnership, and stewardship

MCHB is committed to promoting equity³ in health programs for mothers, children, and families. Addressing issues of equity involves an understanding of intersectionality and how multiple forms of discrimination impact individuals’ lived experiences.⁴

To learn more about MCHB and the bureau’s strategic plan, visit <https://mchb.hrsa.gov/about>.

The LEAH Program is authorized by 42 U.S.C. § 701(a)(2)(Title V, § 501(a)(2) of the Social Security Act).

The LEAH program addresses three goals within MCHB’s strategic plan:

- **Goal 1:** Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations through provision of the annual

³ Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

⁴ Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf>.

preventive/well visit, including sexual and reproductive health services and mental, emotional, and behavioral health screening, addressing both intentional and unintentional injury prevention, for AYA.

- **Goal 2:** Achieve health equity for MCH populations through promotion of diversity, cultural responsiveness, and inclusion in gender-diverse care; and in consideration of social determinants of health, family influences, and involvement with AYA.
- **Goal 3:** Strengthen public health capacity and workforce for MCH through interdisciplinary education and leadership training of graduates and post-graduates in core health professions and provision of TA, CE, and telehealth to Title V, MCH, and AYA partners and providers.

Need for the LEAH Program:

Adolescence (ages 10–17) and young adulthood (ages 18–25) represent crucial developmental periods characterized by significant physical, emotional, and intellectual changes, as well as changes in social roles, relationships, and expectations. This complex interaction of biopsychosocial factors shapes health trajectories across the life course related to short and long-term health behaviors, including exercise, diet, oral health, safe driving, substance abuse, violence, and sexual activity.^{5,6,7,8} Many of the health behaviors that are initiated in adolescence are key predictors of long-term morbidity and premature mortality in the United States, including tobacco, alcohol and substance use, metabolic disease, and exposure to cancer risks (e.g., HPV).

Adolescents and young adults (AYA) currently comprise 20.7 percent of the U.S. population⁹ but account for disproportionate rates of mortality from preventable causes of death such as motor vehicle crashes, homicide, and suicide, particularly among populations which have been historically marginalized or underserved, **Error! Bookmark not defined.** including sexual minorities.¹⁰ There is consistent evidence that at all ages, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth are at higher risk of poor mental health and suicide than their heterosexual and cis-gender

⁵ National Research Council and Institute of Medicine. 2009. Adolescent health services: Missing opportunities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12063>.

⁶ Park MJ, Scott JT, Adams SH, Brindis CD, Irwin CE. Adolescent and young adult health in the United States in the past decade: Little improvement and young adults remain worse off than adolescents. *J Adolesc Health*. 2014;55(1):3–16. doi: 10.1016/j.jadohealth.2014.04.003.

⁷ Silk H, Kwok A. Addressing adolescent oral health: A review. *Pediatr Rev* 2017;38(2):61-8.

⁸ Shannon CL, Klausner JD. The growing epidemic of sexually transmitted infections in adolescents: A neglected population. *Curr Opin Pediatr* 2018;30(1):137-43.

⁹ U.S. Census Bureau, Population Division. (June 2020). Annual estimates of the resident population for selected age groups by sex for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-AGESEX). Available at: <https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html>. Accessed June 9, 2021.

¹⁰ The National Institutes of Health have designated the following U.S. health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Sexual and gender minorities, Socioeconomically disadvantaged populations, and Underserved

peers.¹¹ Among adolescents, African American and lower-income youth are substantially overrepresented in foster care, and detained at a rate six times higher than White youth and three times higher than Latinx youth.¹²

Additionally, concerning mental health trends and major treatment gaps were noted among adolescents in the U.S. even prior to the COVID-19 pandemic, and have since worsened.¹³ Survey results from the Centers for Disease Control and Prevention reflect increasing rates of U.S. high school students experiencing persistent sadness or hopelessness (37 percent), serious contemplation of suicide (19 percent), suicide planning (16 percent), and suicide attempts (9 percent).¹⁴ Early data documenting the impact of the pandemic on AYA mental health status indicate increased symptoms of depression, anxiety, and post-traumatic stress disorder among youth of various age groups.¹⁵

A well-trained, interdisciplinary AYA health workforce is needed to support these unique health and emotional needs of AYA. According to Macy et. al. (2021), the sufficiency of the pediatric subspecialty workforce has been a concern for decades. Adolescent Medicine is one of four subspecialties with limited increases in the number of fellows despite larger increases in the number of pediatric subspecialty fellowships overall.¹⁶

Interdisciplinary health care teams are needed to:

- Serve as subspecialists to care for AYA, and more effectively serve as educators to child and adult providers to expand optimal care for young people.
- Address the needs of those who may have persistent injury or consequences related to emerging physical health and mental conditions, such as COVID-19

¹¹ Healthy People 2020. (2015). *Disparities*. Available: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>.

¹² Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf>.

¹³ Rodriguez, T. (2021). Impact of the COVID-19 Pandemic on Adolescent Mental Health. Accessed online August 30, 2021 from <https://www.psychiatryadvisor.com/home/topics/child-adolescent-psychiatry/adolescent-mental-health-issues-are-further-exacerbated-by-the-covid-19-pandemic/>

¹⁴ Hertz MF, Barrios LC. Adolescent mental health, COVID-19, and the value of school-community partnerships. *Inj Prev*. 2021;27(1):85-86. doi:10.1136/injuryprev-2020-044050

¹⁵ Rodriguez, T. (2021). Impact of the COVID-19 Pandemic on Adolescent Mental Health. Accessed online August 30, 2021 from <https://www.psychiatryadvisor.com/home/topics/child-adolescent-psychiatry/adolescent-mental-health-issues-are-further-exacerbated-by-the-covid-19-pandemic/>

¹⁶ Macy, M.L., Leslie, L.K., Turner, A. et al. Growth and changes in the pediatric medical subspecialty workforce pipeline. *Pediatr Res* 89, 1297–1303 (2021). <https://doi.org/10.1038/s41390-020-01311-7>.

infection, traumatic stress reactions to the pandemic, or associated post-pandemic-related conditions.^{17 18}

- Advance innovative practices to reach AYA, including using technology to ensure care is available to AYA who may not have access because of inequalities in our health care systems.¹⁹

There is also a need to prepare a diverse AYA health workforce, as diverse providers are more likely to serve underserved populations and communities, increasing the likelihood that health care disparities will be addressed. Research indicates that health professionals, who are also characterized as underrepresented minorities (URM), are more likely to work in underserved areas; serve URM populations; and serve patients who are disproportionately sicker than patients seen by non-URM health professionals.

The LEAH Program

The LEAH Program began as a uni-professional Adolescent Medicine Program in the early 1960s and evolved into an interdisciplinary program in the late 1970s. The shift in primary causes of morbidity and mortality in adolescence from infectious to social etiologies also brought emerging evidence about the success of integrated comprehensive service settings in addressing adolescents' health needs.²⁰ According to Bearinger & Gephart (1993), providing training in interdisciplinary programs -- a significant element of LEAH training programs -- is one approach for preparing health providers for working in multi-service settings. MCHB currently funds [seven LEAH Programs](#) at up to \$437,942 per year. The currently funded LEAH programs represent 24 percent (7 out of 29) of the Adolescent Medicine fellowship training programs accredited by the Accreditation Council of Graduate Medical Education (ACGME).²¹ During the first 3 years of the current period of performance (FY 2017-19), LEAH Programs:

- Trained 7,407 trainees from more than 10 disciplines/sub-specialties, including long-term trainees in adolescent/young adult medicine, nursing, nutrition, psychology, and social work in addition to medium- and short-term trainees in public health, pediatrics, family medicine, internal medicine, developmental behavioral pediatrics, human development, reproductive health, family social

¹⁷ Bridgland VME, Moeck EK, Green DM, Swain TL, Nayda DM, Matson LA, Hutchison NP, Takarangi MKT. Why the COVID-19 pandemic is a traumatic stressor. *PLoS One*. 2021 Jan 11;16(1):e0240146. doi: 10.1371/journal.pone.0240146. PMID: 33428630; PMCID: PMC7799777.

¹⁸ Barney, A., Buckelew, S., Meshriakova, V., & Raymond-Flesch, M. (2020). The COVID-19 Pandemic and Rapid Implementation of Adolescent and Young Adult Telemedicine: Challenges and Opportunities for Innovation. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 67(2), 164–171. <https://doi.org/10.1016/j.jadohealth.2020.05.006>.

¹⁹ Evans, Y. N., Golub, S., Sequeira, G. M., Eisenstein, E., & North, S. (2020). Using Telemedicine to Reach Adolescents During the COVID-19 Pandemic. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 67(4), 469–471. <https://doi.org/10.1016/j.jadohealth.2020.07.015>.

²⁰ Bearinger, L. H. & Gephart, J. (1993). Interdisciplinary education in adolescent health. *Journal of Pediatrics and Child Health*, 29(s1), S10-S-15. <https://doi-org.ezproxyhhs.nihlibrary.nih.gov/10.1111/j.1440-1754.1993.tb02253>.

²¹ Tuchman L. K. (2017). Commentary: The Science of Adolescent and Young Adult Health: A Growing Field and the Team Science Behind It. *Journal of pediatric psychology*, 42(9), 1075–1076. <https://doi.org/10.1093/jpepsy/jsx100>.

science, family studies, social welfare, health education, health policy, and public policy.

- Provided training to racially and ethnically diverse trainees: twenty-seven percent of the 259 long term trainees (those participating in the LEAH program \geq 300 hours annually) were from underrepresented racial groups and 19 percent self-identified as Hispanic/Latino.
- Strengthened the capacity of Title V and MCH partners through over 2,477 TA activities on topics such as *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*²² implementation to advance preventive care, state needs assessments, transition to adulthood, and policy development.
- Enhanced the knowledge/skills of the practicing MCH workforce, reaching over 114,152 participants through over 2,000 CE activities, such as guidance around AYA preventive well visits, mental/behavioral health screening, injury prevention, and telehealth on emerging issues, such as COVID-19.²³

The LEAH Program has a strong record of preparing trainees to assume leadership roles in clinical, academic, research and public health settings, and to work across disciplines to serve AYA populations. At 5-years post training, 98 percent of LEAH trainees have demonstrated field leadership,²⁴ becoming leaders in AYAH professional organizations, leading research programs that develop the evidence-base in AYA health, and providing leadership in academic settings as Department Chairs and Division Chiefs.

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$3,245,594 to be available annually to fund seven (7) recipients. This amount includes \$30,000 in supplemental funding awarded to LEAH recipient meeting hosts to offset costs. The LEAH recipient meeting hosts for each year will be determined post-award after the FY 2022 period of performance begins. The

²² *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. Available at https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Introduction.pdf.

²³ Emans, S. J., Ford, C. A., Irwin, C. E., Jr, Richardson, L. P., Sherer, S., Sieving, R. E., & Simpson, T. (2020). Early COVID-19 Impact on Adolescent Health and Medicine Programs in the United States: LEAH Program Leadership Reflections. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 67(1), 11–15. <https://doi.org/10.1016/j.jadohealth.2020.04.010>

²⁴ Fiscal Year 2017-2019 Discretionary Grants Information System Former Trainee Survey Data

actual amount available for award will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$459,370 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2022 President’s Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the LEAH Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if recipients are unable to fully succeed in achieving the goals listed in application.

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

Limitations on indirect cost rates

See HRSA [Grants Policy Bulletin 2017-03 Indirect Cost Rate Agreements in the NOFO](#).

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, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

Type of Award	Estimated Number of Awards	Estimated Annual Amount of Award Per Recipient	Anticipated Annual Total Availability of Funds
LEAH Programs	7	\$459,370	\$3,215,594
LEAH Program Recipient Meeting	1 LEAH award recipient per year	\$30,000	\$30,000
Anticipated Annual Total Availability of Funds			\$3,245,594

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public and nonprofit private institutions of higher learning. Only institutions of higher learning may apply for training grants (See 42 CFR § 51a.3(b)). For purposes of this funding opportunity, an "institution of higher learning" is defined as any college or university accredited by a regionalized body or bodies approved for such purpose by the Secretary of Education, and any teaching hospital which has higher education among its purposes and functions and which has a formal affiliation with an accredited school of medicine and a full-time academic medical staff holding faculty status in such school of medicine.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization with the same DUNS number or [Unique Entity Identifier](#) (UEI) are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

A trainee/fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. As defined in the HHS Grants Policy Statement,²⁵ a non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. Please see Appendix A for additional trainee/fellow information and guidelines.

²⁵ HHS Grants Policy Statement (2007).available at <https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-072 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit may not exceed the number of pages listed in the table below when printed by HRSA.

LEAH Base Award	80 pages
LEAH Optional Supplement (as Attachment 7)	4 pages

The page limit includes the project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-HRSA-22-072

072, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 84 pages -- 80 pages (for LEAH Base Award) and/or 4 pages (for LEAH Optional Supplement) -- will not be read, evaluated, or considered for funding.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

Program Requirements and Expectations

The information under "Program Expectations" (where included) offers the strongest guidance reflective of the most accomplished LEAH programs, while the guidance within what to include "In Your Application" reflects the minimum that should generally be acceptable for LEAH programs.

You are encouraged to refer to the information, within the **Appendices**, as you design your LEAH projects:

- [Appendix A](#) provides specific information about long-term and level II medium-term trainee eligibility for support, qualifications, restrictions, allowable and non-allowable trainee costs and stipend levels.
- [Appendix B](#) provides the overall logic model for the LEAH Program.
- [Appendix C](#) provides information about The MCHB Adolescent and Young Adult Health (AYAH) Portfolio.

Program-Specific Instructions

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

i. **Project Abstract**

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

The body of the abstract should adhere to the following format:

- Problem
- Goals and Objectives
- Methodology
- Coordination
- Evaluation

NARRATIVE GUIDANCE

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

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. **Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- **INTRODUCTION** -- *Corresponds to Section V's Review Criterion #1 Need*
 - Briefly describe the purpose of the proposed project (as it relates to the purpose of the LEAH program in Section I.1.Purpose).
 - State whether you are also applying for the optional LEAH supplement in Attachment 7.
- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 Need*

In your application:

 - Outline the needs of the AYA target population that you will serve with the proposed project.
 - Describe disparities in health outcomes and other social determinants of health for the target AYA population.
 - Discuss any relevant barriers in the service area that the project hopes to overcome.
 - Outline national, regional, state, and/or local data to support the need for graduate and post-graduate education and training in AYA health.
 - Document how a well-trained, diverse AYA health workforce contributes to improved AYA population health outcomes.
- **METHODOLOGY** -- *Corresponds to Section V's Review Criterion #2 Response*

In your application, propose methods that you will use to address the stated needs and meet each of the program requirements and expectations in this NOFO.

A) Goals and Objectives

 - In your application, state:
 - Goals and objectives that correlate to the five (5) overarching program objectives as stated in the "Purpose" section of this NOFO and respond to the stated need you identified in your Needs Assessment.
 - Goals and objectives should be specific, measurable, achievable, relevant, time-oriented, inclusive, and equitable (SMARTIE).

B) Training Program Design

 - Program Expectations

LEAH training program designs include a variety of interdisciplinary learning experiences and include didactic, skills-based, seminar, mentoring, community service projects, research skills, and peer leadership learning experiences that incorporate both oral and written presentations.

1) *Interdisciplinary Trainees*

LEAH programs must offer \geq 300 annual program hours of training to long-term trainees and are encouraged to offer 150-299 annual program hours of training to level II medium-term trainees; 40–149 annual program hours to level 1 medium-term trainees; and <40 annual program hours to short-term trainees. In your application, include descriptions for “Interdisciplinary Trainees” component areas as follows:

- a. Under *Interdisciplinary Core LEAH Disciplines*, describe how you will recruit and select trainees, with the baseline qualifications, from each of the core disciplines:
 - **Medicine.** Post-residency fellowships in adolescent medicine of 3 years’ duration for pediatrics; a minimum of 2 years’ duration for internal medicine; and a minimum of 2 years’ duration for family medicine. LEAH programs should review the Accreditation Council for Graduate Medical Education (ACGME) guidelines²⁶ for fellowship education in adolescent medicine in order to ensure appropriate training for medicine fellows.
 - **Nursing.** Master's or doctoral candidates. Consideration may be given to Post-Master’s (advanced practice registered nurse) clinical fellowships up to 1 year. Document how nursing trainees/fellows will be trained to address and integrate specialty care, primary care, and public health, and address identified needs/gaps/issues in AYAH care.
 - **Nutrition.** Master's or doctoral candidates. Consideration may be given to Post-Master’s (registered dietitian) clinical fellowships up to 1 year. Document how nutrition trainees/fellows will be trained and will address nutritional health needs including maintaining body positivity, managing eating disorders, and, related needs/gaps/issues in AYAH care.
 - **Psychology.** Post-doctoral fellowships. Consideration may be given to Post-Master’s/Pre-Doctoral fellowships up to 1 year. Document how psychology trainees/fellows will be trained and will address mental and behavioral health related to identified needs/gaps/issues in AYAH care.

²⁶ Accreditation Council for Graduate Medical Education (ACGME) Guidelines available at <https://www.acgme.org/what-we-do/accreditation/common-program-requirements/>

- **Social Work.** Master's or doctoral candidates. Consideration may be given to Post-Master's (licensed certified social work-clinical) clinical fellowships up to 1 year. Document how social work trainees/fellows will be trained and will address case management, referral to care, and mental and behavioral health related to identified needs/gaps/issues in AYA health care.
- b. Under *Trainee Types*, describe 1) the number of long-term, medium-term, and short-term trainees that will be recruited and trained during each year within the period of performance and 2) the activities in which each type of trainee will be engaged:
- Long-Term Trainees who are completing \geq 300 program hours per year.
 - Medium-Term Trainees who are represented by two types:
 - Level I who are completing 40–149 program hours per year. Stipend support for Level I Medium-Term trainees is not allowable.
 - Level II who are completing 150–299 program hours per year. Stipend support for Level II Medium-Term trainees is provisionally allowable if specific conditions of support are met. PROVISIONALLY, for EACH year in the 5-year period of performance, ***IF the applicable conditions of support are met; THEN,*** LEAH programs have flexibility to consider outstanding Level II medium-term trainees (150–299 program hours) for stipend support for up to 12 months within the same budget period. Stipend support for Level II Medium-Term trainees should correlate to their level of program involvement.
 - Short-term trainees are defined as trainees receiving less than 40 hours in a program, such as medical students participating in their pediatric clerkship. Continuing Education participants should not be included as short-term trainees. Stipend support for short-term trainees is not allowable.
- c. Under *Annual number of trainees recruited/trained by discipline*:
- Option A: Describe how you will recruit and train at least one (1) medicine fellow and four (4) trainees with at least one in each of the four non-medicine core disciplines. See example of Option A in following table:

Option A Discipline Composition	
1	- Medicine
1	- Nursing
1	- Nutrition
1	- Psychology
1	- Social Work

Option A Discipline Composition
5 Total = All Core Disciplines Trained

OR

- Option B: Describe how you will recruit and train at least two (2) medicine fellows and at least three (3) additional trainees with one each in either nursing, nutrition, psychology, or social work. See examples of Option B in following table:

Option B Discipline Composition			
1 - Medicine	1 - Medicine	1 - Medicine	1 - Medicine
1 - Medicine	1 - Medicine	1 - Medicine	1 - Medicine
1 - Nursing	1 - Nursing	1 - Nursing	1 - Nutrition
1 - Nutrition	1 - Nutrition	1 - Social Work	1 - Social Work
1 - Social Work	1 - Psychology	1 - Psychology	1 - Psychology
5 Total = 2 Medicine + 3 Other Core Disciplines Trained			

- d. *Under Diverse Trainee Recruitment Processes*, describe:
- Plans and special efforts for recruitment of qualified trainees from culturally, racially, and ethnically diverse backgrounds and historically underrepresented and underserved²⁷ groups.
 - Previous success in recruiting and working with these populations.

2) *Content, Curricula, Competencies Development, and Implementation*

- **Program Expectations**

The interdisciplinary content, curriculum, and competencies should prepare graduates to assume leadership roles in the development, improvement and integration of systems of care for AYA through experiential, didactic, and research components. The LEAH content, curricula, and competencies should reflect training in a variety of settings, including with Title V organizations and community-based programs that are youth-serving and based on the principles of positive youth development, transition to adulthood, public health service, interdisciplinary practice, and AYA-centered, comprehensive, and coordinated care.

²⁷ Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>.

- **In Your Application**

In **Attachment 1**, include your LEAH Training Plan. Your plan should outline content, curricula, competencies, and training experiences for long-term (≥ 300 hours) and level II medium-term (150-299 hours) trainees. Your LEAH training plan should also emphasize efforts to promote diversity, equity, inclusion, and cultural responsiveness within the curriculum and content.

Describe how your LEAH Program will prepare trainees in the following areas:

- a. Under *Interdisciplinary Leadership Education, Training, and Practice*, describe how you will:
 - Use innovative interdisciplinary approaches to education, training, and patient care, and integrate biological, behavioral, psychosocial, emotional, mental, and environmental health concepts and practices into the content and curriculum.
 - Incorporate specific interdisciplinary competencies that trainees are expected to achieve by participating in the LEAH program.
 - Support trainees to achieve effective cross-discipline clinical communication and teaching skills, as well as presentation skills appropriate for a variety of professional, client/patient, and community audiences.
 - Incorporate [MCH Leadership Competencies](#) into the content and curriculum, including didactic and experiential training opportunities, and assess increased skill and knowledge in these areas.
- b. Under *Mental, Emotional, and Behavioral Health*, describe how you will:
 - Enhance LEAH trainees' understanding of psychosocial aspects of AYA physical and emotional growth and development, behavioral patterns, and mental well-being in correlation to risk and protective factors. Additionally, describe how trainees will be prepared to address the social, emotional and mental well-being of AYA impacted by social injustice, the COVID-19 pandemic, and other types of trauma.
 - Prepare LEAH trainees to collaborate with primary care providers, interdisciplinary AYA health practitioners, and specialty providers, including psychiatrists specializing in adolescent, teen, and young adult services, to address mental, emotional, and behavioral health and well-being.
 - Prepare LEAH trainees to work with systems that foster healthy mental, emotional, and behavioral development, such as strong attachment to family; high levels of positive social behavior in family, school, and community; high social skills/competence; strong moral values; high religious belief; a positive personal disposition; positive social support; and strong family cohesion.

- c. Under *Public Health, Title V, and Policy*, describe how you will:
- Expose LEAH trainees to public health concepts and provide opportunities to engage with Title V²⁸ partners.
 - Expose LEAH trainees to educational, legal, social, recreational, rehabilitative or similar services supported by states, local agencies, organizations, private providers, and communities.
 - Facilitate faculty and/or trainee involvement in coalitions, boards, commissions, advisory groups or similar standard-setting entities that help define public policy or otherwise influence AYA services on a community, state, regional or national basis.
- d. Under *Adolescent-Centered/Family-Involved Care*, describe how you will:
- Involve AYA and their parents or caregivers as advisers and consumers of LEAH program activities and ensure that families are involved in AYA health, particularly in the care of minors.
 - Include diverse adolescents, young adults, and their parents or caregivers as part of the planning, implementation, and evaluation of LEAH program activities.
- e. Under *Research Activities*, describe how you will:
- Expose trainees to an understanding of research principles, and methodologies, aligned with the educational level of the trainee and length of LEAH training involvement. Exposure to research activities may be achieved through formal course work, lectures/presentations, participation in a research activity, or a combination of these and/or other methods.
 - Provide opportunities for trainees to participate in collaborative research under the supervision of LEAH program faculty and related to AYA health (e.g., contributing new knowledge to the field, validating effective intervention strategies, assessing quality, or translating findings into practice by linking intervention to functional outcomes and quality of life).
 - Provide master's level students with the knowledge and skills in research methodology and dissemination of research findings into practice through engagement in active research activities.
 - Provide doctoral and post-doctoral trainees with the knowledge and skills to conduct a specific research investigation, either as an

²⁸ Title V Maternal and Child Health (MCH) Block Grant. Accessible at <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>.

individual investigator with appropriate faculty advice and mentorship, or collaboratively with other trainees and/or faculty.

- Support faculty engagement in research relevant to the purposes of the LEAH program and associated time commitments to the training program.

f. Under *Life Course and the Transition to Adulthood*, describe how you will:

- Enhance knowledge of Life Course theory and the interplay of health and development in each life stage, with an emphasis on adolescence and young adulthood.
- Prepare trainees to understand how systems interact with and influence each other, either decreasing or increasing risk factors or protective influences that affect the range of health and social outcomes for AYA.
- Provide didactic, experiential, and research opportunities related to supporting AYA in the transition from adolescence to adulthood. Highlight opportunities for trainees to engage in improving systems that support transition activities for AYA.

g. Under *Special Populations*, describe how you will:

- Prepare trainees to care for special populations, including youth with developmental disabilities; youth with special health care needs (YSHNs); incarcerated youth, including those re-entering their communities; youth in foster care; youth experiencing homelessness; expectant and parenting adolescents; and AYA who may be at risk for and experiencing health disparities.²⁹

3) *Collaboration and Coordination of Technical Assistance (TA) Continuing Education (CE), Telehealth/Tele-education, and Distance Learning*

- **Program Expectations**

- LEAH Programs are expected to provide and consultation to the field. For purposes of this NOFO, TA refers to mutual problem solving and collaboration on a range of issues. This may include the provision of clinical services, program development, program evaluation, needs assessment, and policy and guidelines formulation, as well as site visits and review/advisory functions. The TA effort may be a one-time encounter or an on-going activity of brief or extended frequency

²⁹ For purposes of this NOFO, consistent with policy of the National Institutes of Health, the term “U.S. disparity populations” refers to the following populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Sexual and gender minorities, Socioeconomically disadvantaged populations, and Underserved rural populations. See [National Institute on Minority Health and Health Disparities, *Health Disparity Populations* \(April 1, 2021\)](#).

depending on the needs of the organization, and may be geared to the needs of several states or a specific region.

- CE activities offer practicing health professionals and others working in AYA and related fields opportunities to build knowledge and skills. CE may be based on specific needs identified interactively with the group(s) to be served. CE may also target professionals in other fields to improve services, interactions with, and knowledge of AYA topics.
- LEAH programs are expected to provide clinical consultation through a variety of mechanisms such as telehealth³⁰, phone consultation, and in-person consultation, as feasible. These efforts should improve access to adolescent and young adult health care in rural, urban underserved, tribal communities, and/or other hard-to-reach populations, such as those with medical service access barriers (which might be socio-economic, physical, cognitive / developmental, cultural, and/or linguistic) within the state and/or region.

- **In Your Application**

Describe your collaboration and coordination of TA, CE, telehealth, tele-education/distance learning activities, and efforts to promote diversity, equity, inclusion, and cultural responsiveness within these component areas a. through d. as follows:

- a. Under *Collaboration and Coordination*, describe how you will:
 - Collaborate with AYA partners within your state, region, or local geographic area.
 - Involve individuals from populations to be served and collaborate with them in the planning and implementation of the LEAH program.
 - Collaborate in primary care, mental, emotional, and behavioral health, public health, and other AYA health services, such as through partnerships on State Action Plans, with MCH stakeholders, and affiliations with other adolescent and young adult health initiatives.
 - Coordinate activities and collaborate with other MCHB-supported programs, such as the [Pediatric Mental Health Care Access Program](#)

³⁰ HRSA defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and forward imaging, streaming media, and terrestrial and wireless communications.

(PMHCA) and other MCHB-sponsored adolescent and young adult health initiatives^{31 32} in your state or region.

- Utilize existing or new federal, regional, state, or local-community based partnerships with systems serving MCH populations, including, but not limited to, juvenile and adult justice systems, housing authorities, educational entities, school-based health programs, area community education and service centers, youth development organizations, and food security programs.
 - **In Attachment 2**, include a table, chart, or outline listing and summarizing collaboration between the proposed LEAH program and collaborating partners, departments, institutions, organizations or agencies with the following information: Institution, Point of Contact, and agreed upon Responsibilities/Activities.
 - **In Attachment 3**, include documents that support key partnerships such as letters of agreement, letters of support, detailed descriptions of proposed or existing contracts, and/or subcontracts from/with key partners or collaborators.
 - Applicant organizations should demonstrate associations with Departments of Adolescent Medicine, Pediatrics, Family Medicine, and/or Internal Medicine of accredited U.S. Medical Schools or pediatric teaching hospitals having formal affiliations with schools of medicine (in **Attachment 3**).
- b. Under *Technical Assistance (TA), Consultation, and CE* describe:
- Current and planned TA efforts, including opportunities for trainees to interact with MCH personnel and other public health professionals and for faculty to provide consultation and TA to develop or improve AYA services, programs and policies..
 - Collaboration with public health and Title V agencies to support AYA health programs and improve systems of care.
 - Specific CE, consultation, & TA needs of AYA health and related care providers identified with the group(s) to be served.
 - CE activities to be conducted, such as workshops or seminars, designed to enhance knowledge and skills of practicing AYA professionals, or disseminate new information. Note: *Costs associated with CE activities, cannot exceed 10 percent (or \$45,900) of the total project costs per year.*
- c. Under *Teaching and Communication*, describe:

³¹ Map of Funded Projects. Health Resources & Services Administration (HRSA). Maternal & Child Health Bureau (MCHB). Available at <https://mchb.hrsa.gov/training/map.asp>.

³² Adolescent and Young Adult Health. Health Resources & Services Administration (HRSA). Maternal & Child Health Bureau (MCHB). Available at <https://mchb.hrsa.gov/maternal-child-health-topics/adolescent-and-young-adult-health>.

- Opportunities to practice, demonstrate, and document effective teaching and communication for and with diverse constituencies (e.g., professional peers, parents, public health leaders, etc.).
- How you will incorporate multiple forms of communication and diverse venues and methods of delivery, including consideration of how your LEAH clinical care program can engage and communicate with its client populations, within these experiences.
- How trainees will participate in teaching activities, such as mentoring more junior learners, providing CE and TA, and serving as role models for students, residents, and other trainees.

d. Under *Technology*, describe how you will:

- Incorporate technologies to promote and advance programs and services and provide training, TA, and CE.
- Utilize web-based technology, including telehealth and tele-medicine services, to care for AYA during and beyond the COVID-19 pandemic.
- Use effective education models utilizing available technologies such as e-learning systems, course management software, web-based conferencing, social media and social networking tools.

4) *Population-Based Approaches, Data-Driven Best Practices, and Strategies to Address Emerging Issues*

- **Program Expectations**

Interdisciplinary clinical care, population-based approaches, AYA services, and collaborative research opportunities should include health promotion, disease prevention, and care coordination, as well as the diagnosis and clinical management of conditions that range from simple to highly complex. Focus should be on prevention, early detection, assessment, care coordination, and treatment.

LEAH programs, policies, and practices recognize and respect the diversity of the AYA communities that they are trying to reach. LEAH programs play an important role in addressing the social determinants of health in collaboration with institutions serving historically underrepresented populations.

- **In Your Application**

Document the population-based approaches, data-driven best practices, and strategies to address emerging issues.

Under *Population-Based Approaches*, describe:

- Trainee roles in providing clinical services and the clinical supervision being provided.
- How you will incorporate models influencing the field related to:

Diversity, Equity, and Inclusion; Social Justice; Global Health; Social Determinants of Health; Positive Youth Development; and Trauma-Informed Care, into your LEAH program.

Under *Institutions Serving Historically Underrepresented Populations*, describe:

- Efforts to strengthen partnership with institutions serving historically underrepresented populations, such as minority-serving institutions (MSIs), including Historically Black Colleges and Universities (HBCUs). More information on MSIs is available at: <https://www.doi.gov/pmb/eeo/doi-minority-serving-institutions-program>.
- How you will encompass culturally responsive practices, build trust within historically underrepresented racially and ethnically diverse communities, promote social connection, and advance diversity, health equity and inclusion.

Under *Emerging Issues*, describe how you will:

- Address emerging health problems and practice issues (e.g., telehealth) affecting AYAs, such as COVID-19 and associated conditions, or national priority areas identified in:
 - *Healthy People 2030* (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents>)
 - *Bright Futures* (<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx>).

5) Collaboration across LEAH Programs

• Program Expectations:

- National collaboration/linkage with all funded LEAH programs is expected. The annual recipient meeting and program calls are designed to promote interchange, assist in the development of national LEAH collaborative activities and resource sharing, disseminate new information, present new research, and enhance national-level, long-term development in MCH and adolescent health learning. Information about current MCHB LEAH training programs is available at: <https://mchb.hrsa.gov/training/projects.asp>.

LEAH project directors are expected to:

- Attend the annual recipient meeting and may choose to support additional faculty and/or staff to attend the meeting with grant funds.
- Participate in LEAH program calls to promote cross-recipient collaboration and information sharing and assist in the development of collaborative activities.

- **In your Application:**
Describe how you will:
 - Coordinate your individual efforts with other LEAH programs and collaborate in the development of mutual projects of significance to the MCH community.
 - Include a statement of willingness and capability to:
 - Plan, develop, convene, and manage the annual LEAH Recipient Meeting at least one year in the 5-year period of performance. This includes leading development of the program, arranging speakers, facilitating meeting logistics, supporting one-half of the per diem; and offsetting lodging costs (to the extent possible) for 14 meeting attendees. **NOTE:** Do NOT include costs for hosting the recipient meeting in your annual budget, since costs for hosting recipient meetings will be provided through post-award supplemental funds of \$30,000 per year, subject to the appropriation of funds for each year. Your total annual budget must not exceed \$459,370 per year, as annual meeting supplemental funding will be finalized **post-award** after the period of performance begins.

AND

- Plan, arrange, and host the program calls during one of the 5 years of the period of performance on at least a quarterly basis.
- *WORK PLAN -- Corresponds to Section V's Review Criterion #4 Impact*
 - **Program Expectations**
 - Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps.
 - LEAH programs are expected to demonstrate the impact of LEAH programs on AYA and their families, health professionals, Title V partners, MCH stakeholders, and, community participants through key program activities, outputs, and outcomes.
 - LEAH programs are expected to disseminate and sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
 - **Appendix B** provides the overall logic model for the LEAH Program.
 - **In Your Application**
 - For the Work Plan, describe:

- Activities or steps that you will use to achieve each of your proposed project objectives during the entire period of performance. Use a time line that includes each activity and identifies responsible staff.
- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application, and, the extent to which these contributors reflect the diversity of the populations and communities served.
- Include the project's work plan in **Attachment 4**.
- For the Logic Model, include a one-page diagram which presents the conceptual framework for proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections among program elements between the:
 - Goals of the project (e.g., reasons for proposing the intervention, if applicable);
 - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
 - Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, if applicable);
 - Outputs (i.e., the direct products of program activities); and
 - Outcomes (both short-term and long-term) (i.e., the results of a program, typically describing a change in people or systems).
 - Include the project's logic model as part of the Work Plan in **Attachment 4**.
- For dissemination and sustainability, describe how you will:
 - Disseminate LEAH products, publications, methodologies, and outcomes in order to advance the field of AYA health and contribute to the translation of research into practice and policy.
 - Sustain the LEAH project after the period of federal funding ends.
- **RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response**
 - Identify and discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan.

- Describe approaches that you will use to address and resolve such challenges.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*
 - **Program Expectations**
 - You are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals and objectives.
 - You are expected to continuously monitor and evaluate activities to gain quantifiable and objective information to the extent possible.
 - You are encouraged to review the “reporting requirements,” as listed in section VI. Award Administration Information within this NOFO.
 - You must comply with the regulations for the protection of human subjects, as applicable, if there is any possibility that your evaluation may involve human subjects research as described in 45 CFR part 46.
 - **In Your Application**
 - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement, including:
 - How you will monitor ongoing processes and progress towards the goals and objectives of the project and how you will support continuous quality improvement of your LEAH program based on evaluation findings.
 - Inputs (e.g., organizational profile; collaborative partners, including adolescents, young adults, and parents from diverse backgrounds; key personnel; budget; and other resources), key processes, and expected outcomes of the funded activities.
 - Systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how your organization will collect, manage, and analyze data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
 - Personnel who will be responsible for refining, collecting, and analyzing data for the evaluation.
 - A data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery.

- Processes for collecting follow-up data about trainee outcomes including, but not limited to: trainee leadership in MCH, interdisciplinary practice, continued work with MCH populations, and work with populations considered to be underserved or vulnerable, at two-, five-, and 10-years post-completion of LEAH training.
 - How you will develop, implement, and track LEAH program TA, consultation, and CE efforts.
 - Impacts of your LEAH program, including improved service delivery for AYA, increased access to comprehensive, adolescent-and-young-adult-centered care, and improved health and well-being of AYAs overall.
 - Any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.
- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities**
 - **Program Expectations**

Due to the specialized nature of the LEAH program, this instruction regarding the five professional disciplines constitutes the fundamental requirements appropriate for HRSA support, including the project director and core faculty qualifications, responsibilities, and functions. However, it is NOT the intent of this NOFO to prescribe all details of the project director and core faculty appointments, arrangements, and criteria for professional participation in the LEAH program, as this is ultimately the responsibility of your organization in conjunction with the professional bodies overseeing and governing each discipline.

- The role of project director is expected to be a major professional responsibility and time commitment with direct, functional, and administrative responsibility over the LEAH program and is expected to commit a minimum of 20 percent effort on this project.
- The PD position cannot be shared. Only one project director is formally recognized by HRSA on the notice of award (NOA) and will receive key HRSA communications. The PD listed on the NOA is expected to commit a minimum of 20 percent of time/effort (either grant-supported and/or in-kind) to the project.
- You are expected to assure support for dedicated faculty time for meeting the explicit objectives and responsibilities of the training program.
- The core faculty are expected to:
 - Represent the core professional disciplines (medicine, nursing, nutrition, psychology, and/or social work) as reflected by your LEAH trainees.

- Have primary responsibility for planning, designing, implementing, supervising/leading others in their discipline, and evaluating all training and service elements of their discipline components; and collectively, for the interdisciplinary core curriculum of the overall interdisciplinary leadership training program for all trainees.
 - Possess academic appointments in their discipline in appropriate degree-granting schools or departments of your organization or an affiliated institution of higher learning.
 - Demonstrate leadership experience in teaching and providing clinical care and related health services to the AYA population for which the program is focused; and,
 - Have experience in providing academic, clinical, and/or community-based training in providing population-based care and in incorporating AYA health services into local, state, and regional systems of care.
- You are strongly encouraged to include faculty from disciplines, other than the five core health disciplines who might contribute interdisciplinary expertise in AYA health, to actively participate in your LEAH program.

- **In Your Application**

Document organizational information within component areas a. through c. as follows:

A) **Organizational Structure**

- Organization's current mission, structure, scope of current activities.
- Efforts around promoting, supporting, and expanding diversity, equity, and inclusion and how you will routinely assess and improve the unique needs of target populations of the communities served.
- Primary training setting within organizational location in which core faculty and trainee clinical and teaching activities related to the program will take place, including the planned location and time.
- Other settings across disciplines, including community-based, inpatient, outpatient, on-campus, off-campus, etc.
- How these elements all contribute to the organization's ability to implement the program requirements and meet program expectations, including:
 - Administrative and organizational structure within which the program will function.
 - Interdisciplinary relationships with other departments, institutions, organizations or agencies relevant to the program.

- 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.
- In **Attachment 5**, include an organizational chart, outlining these relationships and your organizational structure.

B) Staffing Plan and Job Descriptions for Project Director, Core Faculty, and Key Personnel

In Your Application:

- Provide the project director's position description and biographical sketch outlining appropriate qualifications and commitment of 20 percent time/effort (can be combined grant-supported and in-kind) to the LEAH Program, and reflecting the LEAH Project Director:
 - *As a health professional* from one of the core LEAH disciplines of medicine, nursing, nutrition, psychology, or social work.
 - Holding a faculty appointment at the Assistant Professor level or higher at the applicant organization.
 - *With a terminal degree*, as recognized by the profession, in one of the five core disciplines (e.g., MD, DNP, PhD, PsyD, etc.).
 - For physicians (medicine) serving in the role of Project Director, a board certification in Adolescent Medicine is required.
 - For project directors from other core disciplines, *documentation of specialized training in AYA is required*, including:
 - Demonstrated local, regional, or national expertise, leadership, or recognition related to AYA health.
 - Demonstrated experience in post-graduate level teaching, clinical/service provision oversight, and conduct of scholarly research in AYA, including a strong track record of publishing in peer-reviewed scientific journals.
- Provide the core faculty position descriptions, staffing plan, and biographical sketches representing the core professional disciplines (medicine, nursing, nutrition, psychology, and/or social work), as reflected by LEAH trainees, and including the required education, training, qualifications as required by discipline, and expertise in AYA health.
- Provide a staffing plan and justification for the plan that includes education, experience, qualifications, diverse representation, and rationale for the amount of time being requested for each staff and/or key personnel position.
- Provide position descriptions that include the roles, responsibilities, and required qualifications of proposed project staff, including:

- Administrative direction (specify who is providing the direction and who is receiving the direction).
 - Functional relationships (to whom and in what ways the position relates to training and/or service functions, including professional supervision).
 - Duties and responsibilities (what are the activities and tasks to be completed, who will be completing them, who is responsible).
 - Minimum qualifications (the minimum requirements of education, training, and experience necessary for accomplishment of the job).
- The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 6** (Staffing Plan and Job Descriptions). However, the biographical sketches **must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile form that can be accessed in the Application Package under “Mandatory.”**

C) Biographical Sketches (Biosketches)

- Provide a biographical sketch for all senior key professionals contributing to the project attached to SF-424 Senior/Key Person profile form.
- List the Project Director’s biosketch first with all other biosketches arranged in alphabetical order, after the Project Director’s.
- Each biographical sketch should be *1-2 pages in length*; indicate the position which the individual is to fill; and include:
 - Current information that is sufficient in detail to represent the individual’s qualifications for the position being sought.
 - Education, degrees, certificates, and recent selected publications with: authors listed in the same order as they appear on the paper, the full title of the article; and the complete reference as it is usually cited in a journal.
 - Requirements within the position description.
- While this NOFO does not prescribe the format of the biosketch, the following outline for preparing biosketches is offered:
 - Professional Information. At the top of page 1, include Name, Position Title, and Education/Training including: institution and location, degree, month/year degree attained, field of study.
 - Personal Statement. Briefly describe why you are well-suited for your role(s) in the project described in this application.
 - 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.

- Contribution to Science. Reference up to five of your most significant contributions to science, including peer-reviewed publications or other non-publication research products).
- Research Support. List both selected ongoing and completed research projects for the past 3 years (federal or non-federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.*
- Language Fluency (as applicable). Include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by the programs.

iii. **Budget** -- *Corresponds to Section V's Review Criterion(a) #6 Support Requested*

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

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

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's SF-424 R&R Application Guide for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

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.

Budget Justification Narrative -- *Corresponds to Section V's Review Criterion #6 Support Requested*

A budget narrative provides details to justify the proposed costs outlined on the line-item budget form and is expected to fully explain the resources needed to accomplish the LEAH training objectives. For complete instructions on what to

include in the budget narrative. **See Section 4.1.v of HRSA's SF-424 R&R Application Guide.**

In addition, the LEAH Program requires the following. In your application, document the budget narrative, which supports:

- LEAH (Base Award) Budget not to exceed \$459,370 per year (inclusive of direct and indirect costs) for 5 years. **NOTE:** Please see Attachment 7 for guidance on requirements for the Optional LEAH Supplement.
- Proposed LEAH resources needed to accomplish the proposed LEAH program, including:
 - Projected costs of proposed program activities to meet goals and objectives.
 - Projected cost itemization with quantitative and qualitative detail of required resources and expected outcomes.
 - Projected costs associated with Title V collaborations, and efforts specifically related to TA, Telehealth/Tele-Education, and CE.
- Proposed number and disciplines of long-term trainees (completing >300 program hours in 12-month program year) in master's, pre-doctoral, and/or post-doctoral programs who will participate in the LEAH program during each year of the period of performance, including proposed financial support (including stipends) to be provided to long-term trainees either through this award or through other sources.
- Proposed number and disciplines of level II medium-term trainees (completing 150-299 program hours in 12-month program year) in master's, pre-doctoral, and/or post-doctoral programs who will participate in the LEAH program during each year of the period of performance, including proposed financial support (including stipends) to be provided to level II medium-term trainees either through this award or through other sources.
- Other costs associated with training level I medium-term and/or short-term, as stipends may not be provided to level I medium-term or short-term trainees.
- Faculty commitments to the LEAH program, including percentage of allotted time and budgeted financial support, to meet project objectives, indicating any LEAH faculty time that will be supported by other funds.
- Travel and transportation costs, including 50% of lodging costs, and one-half of the per diem rate, for at least two (2) of your LEAH key personnel (one of whom should be the project director), to attend and participate in the LEAH Program recipient meeting each year.

iv. **Program-Specific Forms**

Program-specific forms are not required for this application.

v. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: LEAH Training Program Plan

Your LEAH training program plan should outline content, curricula, competencies, and training experiences for long-term (≥ 300 hours) and level II medium-term (150-299 hours) trainees. Your LEAH training plan should also emphasize efforts to promote diversity, equity, inclusion, and cultural responsiveness within the curriculum and content.

Attachment 2: Summary of Partners/Collaboration

Provide tables, charts, or outlines summarizing collaboration between the proposed LEAH program and collaborating departments, institutions, organizations or agencies, including the following information: 1) Institution/Affiliation, 2) Responsible Party/Person as appropriate, 3) Working Relationship/Activities, and/or 4) Any Deliverables/Outcomes.

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any formal agreements are signed and dated. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds. Letters of agreement or letters of support should also be dated and include type of commitment to the project/program (i.e. in-kind services, dollars, staff, space, equipment, etc.).

Attachment 4: Work Plan and Logic Model

Provide the work plan and required logic model for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 5: Organizational Structure

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's SF-424 R&R Application Guide)

Provide job descriptions for the Project Director and other individuals who contribute to the programmatic development or execution of a project or program in a substantive, measurable way, whether or not they receive salaries or compensation under the award. 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 time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 7: Optional LEAH Supplement

This attachment is required ONLY if you are requesting additional funding for the optional LEAH supplement. **Applying for this supplement does not impact the LEAH base training program application review score.** Supplements will be awarded post-award after the period of performance begins; at HRSA's discretion, subject to the appropriation of funds for each year; and based on the proposed foci on emerging issues and innovative training practices consistent with HHS, HRSA, and MCHB priorities. The supplement narrative must be no longer than four (4) pages; and does NOT count against the 80-page limit of the LEAH training program base award application.

Optional LEAH Supplement General Guidance:

- You must apply for the LEAH training program base award in order to apply for this optional LEAH supplement.
- You may only submit one optional LEAH supplement proposal.
- The project director of the LEAH program must be the same project director for the optional LEAH supplement unless HRSA prior approval is given for a change.
- Collaborations and partnerships may be proposed, however the optional LEAH supplement will only be awarded to the LEAH applicant organization, which will serve as the lead.
- The optional LEAH supplement proposal should be relevant for any 1 of the 5 budget periods within the period of performance, as optional supplements may be awarded in any of the 5 budget periods, subject to the appropriation of funds for each year.

Optional LEAH supplement proposals are intended to enhance LEAH training programs' ability to focus on emerging issues and innovative practices that support their work to improve the lives of adolescent and young adults (AYA). Examples of proposal topics include, but are not limited to, the following:

- Enhancements to current/proposed LEAH curricula developing innovative strategies to exceed what is proposed in the LEAH program base application (e.g., increased focus on health equity; behavioral, emotional, and mental

health; intentional and unintentional injury prevention; AYA male health; transition to adulthood; AYA vaccine uptake; post-pandemic issues facing AYA, etc.).

- Program enhancements that expand the interdisciplinary nature of the trainee cohort beyond that proposed in the LEAH program base application (e.g., incorporating a more expansive group of non-traditional trainees; incorporating practicing professionals in other disciplines through paying for a portion of salary so that the equivalent amount of effort (percent) can be spent working with the LEAH program, etc.).
- Expansion of capabilities of the LEAH program to respond to public health emergencies (e.g., expanded use of telehealth, tele-education/distance learning, and tele-training beyond that proposed in the LEAH program base application, etc.).
- Expansion of evaluation and continuous quality improvement initiatives that inform the program and the broader network of programs serving AYA.
- Regional partnerships with other LEAH programs to expand the reach of the LEAH network to better serve AYA in a given geographic region.

Optional LEAH Supplement Project Narrative Guidance

The Optional LEAH Supplement narrative should include (at a minimum) a description of the:

- **PROBLEM**: State the topic that was selected and why this is important to your LEAH program. Explain how the supplement will address an emerging issue or innovative training approach that will improve the lives of AYA.
- **GOAL(S) AND OBJECTIVES**: Identify the major goal(s) and objectives for the supplement. Briefly describe the anticipated outcomes and deliverables of the activities.
- **METHODOLOGY**: Describe the activities proposed to attain the objectives, and how the supplemental project will leverage or interface with the core LEAH training program. Discuss how LEAH trainees and faculty will be involved in the supplement activities. Describe any collaboration, coordination, and partnerships needed to ensure the success of the supplement.
- **EVALUATION**: Briefly describe the evaluation methods used to assess the supplement outcomes, including data collection and measures. Briefly discuss anticipated dissemination strategies and how the results and project impact will be shared with the field.
- **BUDGET and BUDGET JUSTIFICATION NARRATIVE**: A separate SF-424 R&R budget and budget justification narrative are required for the optional LEAH supplement. See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*. **You may request up to \$50,000, inclusive of up to 8 percent indirect costs, for the proposed supplement.**

Attachments 8–15: Other Relevant Documents

Include here any other documents that are relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

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

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

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

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

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

- Dun and Bradstreet (<https://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

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

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms

themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](https://sam.gov).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *February 15, 2022 at 11:59 p.m.ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The LEAH Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$459,370 per year (inclusive of direct **and** indirect costs). The FY 2022 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

[See Restrictions and Non-Allowable Costs in Appendix A: Guidelines for Trainees/Fellows.](#)

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and

restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Six (6) review criteria are used to review and rank the LEAH Program applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Needs Assessment

Reviewers will consider the:

- Effectiveness of the proposed project in responding to the “Purpose” included in the program description (as stated in Section I.1.Purpose).
- Strength of the evidence in demonstrating understanding of the national, regional, state, and/or local need for health professionals trained at the graduate and post-graduate levels in medicine, nursing, nutrition, psychology, and/or social work with leadership preparation and expertise in AYA health interdisciplinary service delivery.
- Strength of the evidence in identifying unmet needs, social determinants of health, and health disparities affecting the AYA community.

- Feasibility of the proposed project in addressing gaps in the system of care for AYA and barriers in the service area that the project hopes to overcome.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV’s METHODOLOGY and RESOLUTION OF CHALLENGES

Reviewers will consider the:

Overall Methodology (5 points)

- Reasonableness of the proposed SMARTIE goals and objectives that correlate to the five (5) overarching program objectives as stated in the “Purpose” section of this NOFO.
- Strength of the commitment from partner organizations to enhance the training program as demonstrated by letters of support and formal agreements.
- Effectiveness with which the application describes challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

Interdisciplinary Trainees (10 points)

- Effectiveness of the approach for ensuring that the program recruits the minimum number of long-term trainees from a minimum number of core trainee disciplines, as required by Option A and Option B.
- Strength of the approach to recruit and retain a cohort of long- and level II medium-term trainees with a commitment to serving AYA.
- Strength of the approach to recruiting and retaining level I medium- and short-term trainees in the LEAH program, and how their training experiences are structured.
- Effectiveness of recruitment and retention methods to attract trainees from diverse backgrounds, including from underrepresented racial and ethnic groups.

Content, Curriculum, Competency Development, and Implementation (10 points)

- Feasibility of the training content, curriculum, and competencies, including MCH Leadership Competencies, in increasing knowledge, skill, and leadership preparation of LEAH trainees service delivery for AYA and incorporating didactic, clinical, and experiential components to meet trainee needs.
- Effectiveness of clinical, practicum, and field placement opportunities for LEAH trainees.
- Effectiveness of the LEAH training curriculum to deliver content appropriate for interdisciplinary trainees in AYA health, including all topics indicated in the

Curriculum section, such as transition to adulthood; behavioral, emotional, and mental health, special populations, and the lifespan developmental approach, and as included in Attachment 1.

- Effectiveness of training opportunities in research, evaluation, and/or quality improvement appropriate for a variety of LEAH trainees.
- Effectiveness of the proposed plan to expose LEAH trainees to public health and engage with Title V partners, collaborate with public health and Title V agencies to support AYA programs, and facilitate faculty and/or trainee experiential service on coalitions, boards, commissions, advisory groups, or similar entities that help define public policy or otherwise influence services.
- Strength of the proposed plan to involve diverse AYA and parents/caregivers as advisors and consumers of LEAH program activities, including as part of the planning, implementation, and evaluation.

Collaboration and Coordination of Technical Assistance (TA) Continuing Education (CE), Telehealth, Tele-education/Distance Learning (10 points)

- Strength of the proposed collaborations in primary care, public health, and AYA health services, including Title V partners, as summarized in Attachment 2 and reflected within documents in Attachment 3.
- Strength of the overall proposed plan to conduct outreach and provide technical assistance (TA) to community organizations, and continuing education (CE) activities for practicing professionals to improve services for AYA.
- Strength of the proposed plan describing how trainees will be exposed to and will participate in communication, teaching, collaboration, continuing education, technical assistance, and other systems of care for effectively serving AYA.
- Effectiveness of the proposed curriculum and activities in demonstrating how tele-education/distance learning techniques; innovative methodologies; and technology, including telehealth, will be incorporated to promote and advance programs and AYA services.
- Inclusion of one combined statement of willingness and capability, during 1-year of the period of performance, to BOTH: 1) plan, develop, convene, and manage the annual LEAH recipient meeting; and 2) host the program calls.

Population-Based Approaches, Data-Driven Best Practices, and Strategies to Address Emerging Issues (10 points)

- Effectiveness of approaches to address health among special populations,

including those at risk for and who may be experiencing health disparities³³.

- Strength of the proposed coordination of activities and collaboration with other MCHB-supported training and research programs, MCH-sponsored AYA health initiatives, Title V programs, community partners, and providers in under resourced areas, including minority-serving institutions.
- Strength of the proposed plan for research and other scholarly activities of trainees (comparable with the trainees' educational level and length of LEAH training program involvement), and how faculty will be engaged in research relevant to the purposes of the LEAH program.
- Effectiveness with which LEAH programs monitor trends, identify emerging needs in AYA populations, and adapt their curriculum and training activities to respond to emerging needs and special interests of AYA.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

Reviewers will consider the:

- Strength of the proposed plans to assess the quality of the long-, medium-, and short-term trainee experiences.
- Effectiveness of the proposed strategy to measure and evaluate the project results against the proposed goals and objectives and plans to address potential obstacles related to program evaluation.
- Strength of the proposed efforts to monitor progress and conduct quality improvement efforts to ensure the program is meeting the evolving needs of the workforce serving AYA.
- Effectiveness of proposed processes for collecting follow-up data about trainee outcomes including, but not limited to: trainee leadership in MCH, interdisciplinary practice, continued work with MCH populations, and work with underserved or vulnerable populations, at 2-, 5-, and 10-years post-completion of LEAH training.
- Strength of the proposed method and personnel (demonstrated by their training and experience for refining, collecting, and analyzing data) for evaluating the LEAH program's objectives and activities, to include a plan for collecting and tracking the data elements described in MCHB's administrative forms and

³³ The National Institutes of Health have designated the following U.S. health disparity populations: Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, Sexual and gender minorities, Socioeconomically disadvantaged populations, and Underserved rural populations. See [National Institute on Minority Health and Health Disparities, Health Disparity Populations \(April 1, 2021\)](#).

performance measures, which can be found in Section V1. Award Administration Information within this NOFO.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's WORK PLAN and EVALUATION AND TECHNICAL SUPPORT CAPACITY

Reviewers will consider the:

- Effectiveness of the work plan, included in Attachment 4, in describing the activities or steps that will be used to achieve each of the objectives proposed in the methodology section, their time frame, and the responsible staff or partner.
- Effectiveness of the proposed program's logic model, included in Attachment 4, in designing the conceptual framework and implementing and managing activities that demonstrate the impact of the LEAH program on AYA and their families, health professionals, Title V partners, MCH stakeholders, and community participants through key program activities, outputs, and short- and long-term outcomes.
- Strength of the LEAH program's technical support capacity and the evaluation of the program's capacity to support public health; behavioral, emotional, and mental health; and overall AYA health.
- Strength of the proposed plan to measure the impact of your LEAH training program on improved service delivery for AYA.
- Feasibility of the LEAH program's plan for replicating results; disseminating results; and sustaining the LEAH program beyond the period of federal funding.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's ORGANIZATIONAL INFORMATION

Reviewers will consider the:

Organizational Structure (5 Points)

- Effectiveness of the proposed administrative and organizational structure within which the program will function as depicted through the one-page figure in Attachment 5.
- Effectiveness of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- Effectiveness of the organizational associations with Departments of Adolescent Medicine, Pediatrics, Family Medicine, and/or Internal Medicine of accredited U.S. Medical Schools or pediatric teaching hospitals having formal affiliations with schools of medicine as documented in Attachment 3.

Faculty/Staffing Plan (10 Points)

- Extent to which the position descriptions, staffing plan, and biographical sketches, as included in Attachment 6, describe the proposed Project Director and core faculty (in medicine, nursing, nutrition, psychology, and/or social work), as reflected by trainees; the required education, training, qualifications as required by the professional disciplines; and expertise in AYA health to meet the LEAH program goals and objectives.
- Extent to which the Project Director holds a terminal degree in one of the core LEAH health disciplines of medicine, nursing, nutrition, psychology, or social work; has a faculty appointment as an Assistant Professor (or higher) at the applicant organization; possesses local, regional, or national expertise, leadership, or recognition related to AYA health; and has demonstrated experience in post-graduate level teaching, clinical/service provision oversight, and conduct of scholarly research in AYA.
- Extent to which the Project Director will provide direct, functional, and administrative responsibility over the LEAH program committing a minimum of 20 percent time/effort, either grant-supported or in combination with in-kind support, to the LEAH Program.
- Extent to which the proposed core faculty and key personnel are qualified by training and experience and have the education, expertise, leadership in the field, and institutional appointment in the required disciplines to conduct the LEAH training and carry out the project.
- Extent to which the proposed LEAH core faculty have a strong track record of teaching at the graduate and post-graduate levels, collaborating with key AYA stakeholders, mentoring, providing clinical services, and conducting research.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's BUDGET and BUDGET NARRATIVE

Reviewers will consider whether the:

- Proposed budget and budget narrative for each year are reasonable, effective, and well-justified in relation to the goals and objectives, the project activities, the scope of work to be accomplished, the evaluation plan, and the anticipated results.
- Number of trainees and number of faculty supported by the program are adequately explained and are reasonable in comparison to the budget request.
- Proposed budget and budget narrative are effective in demonstrating that the project director and key personnel have adequate time devoted to the project to achieve program goals and objectives.
- Proposed budget and budget narrative have adequate travel funds allocated for the project director and key personnel to attend required recipient meetings.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1,

2022. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

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

Executive Order on Worker Organizing and Empowerment

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

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR §

75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's [SF-424 R&R Application Guide](#), Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's [SF-424 R&R Application Guide](#) to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the [Methodology](#) portion of the Project Narrative section.

3. Reporting

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

- 1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is

where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at:

<https://grants4.hrsa.gov/DGISReview/ProgramManual?NOFO=HRSA-22-072&ActivityCode=T71>. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	7/1/2022 to 6/30/2027 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	7/1/2022 to 6/30/2023 7/1/2023 to 6/30/2024 7/1/2024 to 6/30/2025 7/1/2025 to 6/30/2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	7/1/2026 to 6/30/2027	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

- 2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.
- 3) **Final Report**. The recipient must submit a final report narrative to HRSA, within 90 days, after the conclusion of the project.
- 4) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

David Colwander
Grants Management Specialist
Division of Grants Management Operations, OFAM
Maternal Child and Health Systems Branch
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7858
E-mail: DColwander@hrsa.gov

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

Claudia Brown, MSN Senior Public Health Analyst Telephone: (301) 443-0869 E-mail: CBrown4@hrsa.gov	Kaitlin Bagley, MPH Public Health Analyst Telephone: (301) 443-3972 E-mail: KBagley@hrsa.gov
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Division of Maternal Child Health Workforce Development
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, MailStop Code: 18SWH03
Rockville, MD 20857

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants](https://grants-portal.psc.gov/Welcome.aspx?pt=Grants)

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

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, November 10, 2021

Time: 2 p.m. – 3:30 p.m. ET

Weblink:

<https://hrsagov.zoomgov.com/j/1601919826?pwd=eIVZWU05Z0hRdi9ubUd6SDdNkJEdz09>

Call-In Number: 833-568-

Meeting ID: 160 191 9826

Passcode: B99XP9Cp

HRSA will record the webinar and make it available at:

<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#).

Appendix A: Guidelines for Trainees and Fellows

Guidelines for supporting trainees and fellows vary by discipline, in accordance with standards of the profession, qualifications, career level and years of training, length and nature of training required to meet program goals, availability of other support, and additional factors.

A. Definitions

1. A trainee is an individual whose activities, within the training program, are primarily directed toward *achieving an advanced degree*.
2. A fellow is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities, within the training program, are primarily directed towards *obtaining or enhancing particular skills or knowledge*.
3. Program hours are hours spent in AYA-related didactic training (e.g. credit hours of course work or number of academic hours, on official transcript, for which a trainee is registered); on site clinical work or “hands-on supervised” clinical work; and experiential activities and projects conducted under the supervision of faculty (ex. research, presentations, proposal development).

B. Qualifications

1. A trainee must have at least a baccalaureate degree and be enrolled in a graduate program.
2. A fellow must have achieved the academic degree and completed the basic professional level required training.
3. A post-doctoral fellow must have earned a doctorate and must have completed any required internship.
4. A post-residency fellow must have earned a medical degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.
5. A special trainee or fellow may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above and in which the traineeship might be demonstrated to be in the best interest of the field.
6. Citizenship – The trainee or fellow receiving a stipend must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence, as evidenced by a currently valid Permanent Resident Card [USCIS Form I-551] or other legal verification of such status, by the start of the training grant, fellowship or traineeship, or award. As defined in the [HHS Grants Policy Statement](#), a non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

7. Licensure – For any profession in which licensure is required, the applicant must be licensed by one of the States; or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C. Conditions of Support for Long-Term Trainees

1. Be enrolled in the LEAH program providing a minimum of 50 percent of the total training experience for which support is requested as a part of the clinical program, or in programs directly under the control and supervision of LEAH training faculty.
2. Participate in at least 300 program hours in core health discipline, including as outlined within the *AYA Curriculum/Syllabus* for Trainees/Fellows, in *Attachment 1*
3. As applicable, include stipend support that is reasonable, correlated to the established training plan/activities, compliant with institution's established written policy around stipends; and consistent with federal stipend guidelines: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-049.html>

D. Conditions of Support for Level II Medium-Term Trainees

1. Have met the condition of enrolling and training at least five (5) long-term trainees/fellows, through Option A or Option B as described in the NOFO, before considering stipend-support of level II medium-term trainees.
2. Be enrolled in the LEAH program providing a minimum of 50 percent of the total training experience for which support is requested as a part of the clinical program, or in programs directly under the control and supervision of LEAH training faculty.
3. Participate in at least 150-299 program hours in core health discipline, as proportionally applicable, as outlined within the *AYA Curriculum/Syllabus* for Trainees/Fellows, in *Attachment 1*
4. Participate in all program activities as long-term trainees in the same discipline; although, to a lesser degree and within a shorter period of time congruent with program hours.
5. As applicable, include stipend support for Level II medium-term trainees that is reasonable, correlated to the established training plan/activities, and allocable to the number of program hours; compliant with institution's established written policy around stipends; and consistent with the same federal stipend guidelines that are applicable to long-term trainees: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-049.html>

E. Restrictions

1. Concurrent Income

It is expected that most trainees/fellows will be full time. In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or

employment. In the case of part-time trainees/fellows, exceptions may be requested and will be considered on an individual basis. Tuition support may be provided to full-time or part-time trainees.

2. Non-Related Duties

The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3. Field Training

Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved application.

4. Other Grant funds may not be used:

- a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training;
- b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or
- c) for support of candidates for undergraduate or pre-professional degrees, or the basic professional degree.

D. Trainee Costs

1. Allowable Costs

- a) Stipends
- b) Tuition and fees, including medical insurance
- c) Travel related to training and field placements
- d) For a few institutions it is beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in non-sponsored as well as sponsored activities.

2. Non-Allowable Costs

- a) Dependency allowances
- b) Travel between home and training site, unless specifically authorized
- c) Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels

The terms and conditions of this award adopt stipend standards established by Kirschstein-National Research Service Awards (NRSA). Dollar amounts indicated in this NOFO, because they follow these standards, are subject to update as reflected in this issuance. All approved stipends indicated are for a full calendar year and must be *prorated for the actual training period*, as appropriate. The stipend levels established by NRSA may be treated as ceilings rather than mandatory amounts, i.e., stipends may be less than *but may not exceed* the amounts indicated. However, where lesser amounts are awarded, the awarding institution must have established written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows. The stipend levels were updated on January 27, 2021, per <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-049.html>.

a) Pre-Doctoral

One stipend level is used for all pre-doctoral candidates, regardless of the level of experience.

Career Level	Years of Experience	Stipend for FY 2021	Monthly Stipend
Predoctoral	All	\$25,836	\$2,153

b) Post-Doctoral

The stipend level for the entire first year of support is determined by the number of full years of relevant post-doctoral experience** when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. The stipend for each additional year of support is the next level in the stipend structure and does not change mid-year.

Career Level	Years of Experience	Stipend for FY 2021	Monthly Stipend
Postdoctoral	0	\$53,760	\$4,480
	1	\$54,144	\$4,512
	2	\$54,540	\$4,545
	3	\$56,712	\$4,726
	4	\$58,608	\$4,884
	5	\$60,780	\$5,065
	6	\$63,036	\$5,253
	7 or More	\$65,292	\$5,441

**Determination of the “years of relevant experience” shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of “years” (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

4. Supplements to Stipends

Stipends specified above may be supplemented by an institution from non-federal funds. *No Federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived.*

Appendix B: LEAH Program Logic Model

ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Provide adolescent and young adult health training at the graduate and post-graduate levels	Seven training programs (one per recipient) in adolescent and young adult health that lead to a graduate degree or post-graduate certification/proficiency in adolescent and young adult health	Increased access to interdisciplinary and leadership training in AYA at the graduate and post-graduate levels	Improved service delivery and stronger capacity of the health system to address the pressing health needs of AYA populations
Develop and offer an evidence-based curricula focused on interdisciplinary leadership training, clinical best practices, and community-focused care plans in adolescent and young adult health	Seven programs develop interdisciplinary leadership curricula, clinical practices, and care plans in adolescent and young adult health	LEAH program completers increase knowledge and skills in interdisciplinary leadership, clinical practices, and care for adolescents and young adults	Adolescents and young adults have increased access to comprehensive, community-based, adolescent-centered, culturally competent, coordinated care
Recruit diverse, graduate and post-graduate interdisciplinary trainees from five core disciplines in medicine, nursing, nutrition, psychology and social work to participate in adolescent and young adult health training, clinical services, and	Diverse trainees (at least 5 per program per year = ≥ 35 annually or ≥ 175 PP) recruited and trained at the graduate and post graduate levels in adolescent and young adult health	Increased knowledge and skills of LEAH graduates in interdisciplinary leadership and evidence-based practices and care for adolescents and young adults	Increased quality of care by providers while working in a comprehensive and interdisciplinary manner in serving AYA populations.

ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
activities as long-term trainees (\geq 300 program hours)			
Recruit adolescent and young adult health, primary care, and community-based providers to serve as medium-term and short-term trainees to participate in curriculum, training plan, research activities, and collaborative rounds that specifically address behavioral, mental, and psychosocial development of adolescents and young adults	Medium-term and short-term trainees recruited and trained specifically to address behavioral, mental, and psychosocial development of adolescents and young adults	Better integration of primary care with behavioral/mental health care and more efficient and effective care through stronger partnerships fostered by LEAH programs	Increasing the capacity of the AYAH workforce to more appropriately serve and address the population-specific health needs of AYAHs
Fellows/trainees and faculty engage in research and scholarly activities and disseminate findings related to adolescent and young adult health	LEAH fellows/trainees and faculty are engaged in adolescent and young adult health research activities (e.g. community-based participatory research, data gathering, manuscript preparation etc.)	Increasing knowledge and skills of trainees and fellows in AYA-related research activities and methodologies	Expanded adolescent-/young adult-specific evidence base to inform clinical best practices, effective interventions, and other models of care improving the quality of health, care practices, and service delivery

ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
Train culturally-responsive graduate and post-graduate students, including those from underrepresented racial/ethnic group, to prepare them for the full range of adolescent and young adult health issues - including biological, developmental, mental and behavioral health, social, economic, educational, and environmental health training within a public health framework	Increased number of adolescent and young adult health professionals from underrepresented racial/ethnic groups	LEAH trainees are reflective of the populations that they serve LEAH program completers work with underserved and vulnerable populations after completing the LEAH program	Improved workforce capacity for adolescents and young adults Increased diversity of the AYA workforce representative of the diverse population of adolescents
Recruit diverse, interdisciplinary LEAH faculty with demonstrated leadership and expertise in adolescent and young adult health	Increased number of diverse faculty providing leadership and expertise in adolescent and young adult health to LEAH fellows/trainees	Culturally responsive interdisciplinary education and training at recipient institution	Adolescents and young adults have access to comprehensive, culturally competent and responsive, adolescent-centered, coordinated care
Collaborate with state Title V MCH Programs to provide consultation, in-service education, and continuing education in support of	LEAH faculty and trainees develop and sustain partnerships with state Title V agencies to support activities related to AYAH	Programs and policies are evidence-based and appropriate for AYAH populations.	Improved models of care and strategies are incorporated into various settings that serve and care for AYAs

ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
the block grant transformation			
LEAH graduate and post-graduate trainees, faculty, and staff serve as mentors and preceptors providing guidance and supportive services for undergraduate pathway programs, school-based organizations, and other AYA-focused community-based care plans and practices	MCH undergraduate students trained, mentored, and supported Adolescents, youth, and young adults receive transition services and guidance Schools and school-based organizations receive CE, TA, consultation, and supportive services	Increased knowledge about the core LEAH MCH-related health professions, including academic and career opportunities Increased number and percentage of undergraduate pathway program students who are working with MCH populations and in MCH roles	Increase capacity of MCH workforce, working in core LEAH MCH-related health profession, which is able to meet the needs of diverse adolescent and young adult populations in the U.S.
Develop innovative methods, such as telehealth, virtual instruction, or distance-learning modalities to provide graduate and post-graduate education, technical assistance/training, and consultation	Increased access to education, training, and consultation for primary care and other providers, Title V programs, and other key MCH stakeholders	LEAH program completers have increased knowledge and skills in providing virtual, remote clinical care service delivery, and telehealth to adolescents and young adults	Improved access to care and services for vulnerable and underserved adolescents and young adults, including those in rural, urban, and other high-risk areas
MCHB AYA portfolio collaborates on important topics affecting the health of adolescents and young adult populations	Increase in the evidence base around adolescent and young adult health on the individual, professional, and community level and	Increase in knowledge and skills of AYA providers and researchers	Improved quality of care and services for vulnerable and underserved adolescents and young adults, including those in

ACTIVITIES (What will program inputs do?)	OUTPUTS / PRODUCTS (What will be created as a result of the activity?)	SHORT-TERM / INTERMEDIATE (What will change as a result of the product/system implemented?)	LONG-TERM / IMPACT (What will change if short-term / intermediate outcomes are achieved?)
around research initiatives, data-driven training curricula and modalities, and the implementation of these evidence-based/best practices through technical assistance to Title V programs and key MCH partners and stakeholders	translation of this research into training and implementation of best practices for Title V programs and key MCH partners and stakeholders		rural, urban, and other high-risk areas

Appendix C: The MCHB Adolescent and Young Adult Health (AYAH) Portfolio

The MCHB Adolescent and Young Adult Health (AYAH) portfolio includes the Leadership Education in Adolescent Health (LEAH) Training Program, the AYAH National Capacity Building Center (NCBC), and the AYAH Research Network (AYAH-RN). This portfolio is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), as amended, and is a component of the Special Projects of Regional and National Significance (SPRANS). The MCHB AYAH portfolio strives to improve the health and well-being of adolescents and young adults and their engagement in care through a continuum of programs at the state, regional, and national level. It is MCHB's intent that these initiatives collaborate and/or coordinate efforts in order to achieve maximum reach and impact. Together, these MCHB AYAH initiatives: 1) increase access to high-quality, developmentally-appropriate care, data-driven practices, and specialized services through interdisciplinary leadership training of diverse and culturally-responsive health care providers and emerging research investigators (LEAH); 2) support the implementation of evidence-based/best practices through technical assistance to Title V programs and key MCH partners (NCBC); and, 3) develop the evidence base through research and the establishment of a national, multi-site, collaborative Research Network (AYAH-RN) .

Key focus areas and potential opportunities for collaboration across MCHB's AYAH investments include, but are not limited to:

- Shaping practices, programs, and policies to address physical, mental, and behavioral health and well-being to include current and emerging issues such as substance abuse [e.g., alcohol, e-cigarettes, opioids, marijuana], care for transgender youth, reproductive and sexual health, and/or the long-term physical and crisis-level mental impacts of COVID-19 in AYA populations.
- Advancing the implementation of telehealth for AYA, continuing its use to improve health-care access beyond the current pandemic.
- Improving collaboration among MCHB programs and other stakeholders in order to bridge the gap between pediatric and adult health care providers across disciplines.
- Increasing access to interdisciplinary program activities to include more training opportunities and participation by a greater number of fellows/trainees.
- Improving clinical preventive services for AYA populations.
- Expanding the knowledge and skills of the Title V workforce through training, technical assistance, and continuing education in behavioral and mental health, well-being, and psychosocial development of AYA.