

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

Bureau of Health Professions  
Division of Nursing

*Nurse Education, Practice, Quality and Retention  
(NEPQR) Program – Interprofessional Collaborative Practice*

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**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: May 29, 2012**

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

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Authority: Public Health Service Act, Title VIII, Sections 831 and 831A, as amended by Section 5309 of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148.

## EXECUTIVE SUMMARY

The Nurse Education, Practice, Quality and Retention (NEPQR) Program supports projects that strengthen the nursing workforce and improve nurse retention and quality of care by expanding the nursing pipeline, promoting career mobility, providing continuing education, and supporting retention activities. For FY2012, the NEPQR Program will solicit projects that create and/or expand Interprofessional Collaborative Practice (IPCP) environments where nurses and other professional disciplines join together to provide comprehensive healthcare services for patients and their families. The goal of this solicitation is to strengthen nursing's capacity to advance the health of patients, families and communities by supporting the development and implementation of innovative practice models that use collaborative interprofessional teams comprised of nurses and other health professionals.

IPCP in health care occurs when health workers from different professional backgrounds join with patients, their families, caregivers and communities to deliver comprehensive high quality care. IPCP spans clinical and non-clinical health-related work, including diagnosis, treatment, surveillance, health communications, and disease management (WHO, 2010).

In February 2011, the Health Resources and Services Administration (HRSA), the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the American Board of Internal Medicine (ABIM) Foundation, in partnership with the Interprofessional Education Collaborative (IPEC) sponsored a conference held in Washington DC titled "Team-Based Competencies: Building a Shared Foundation for Education and Clinical Practice." The conference brought together more than 80 invited participants including CEO's, deans, policy makers and other leaders from nursing, medicine, pharmacy, public health, dentistry, and osteopathic medicine. During the conference, recommendations of the IPEC expert panel were endorsed. The IPEC expert panel concluded that health professionals educated in interprofessional education (IPE) competencies should have a solid foundation in the specific knowledge of their profession, communication skills, and the ability to solve problems as a team.

The FY2012 IPCP FOA builds upon the recommendations of the IPEC expert panel and calls for projects that create and/or expand opportunities for nurses to actively participate in team-based care in interprofessional collaborative environments. Preparing diverse professionals to work together and deliver high quality, efficient, team-based care is recognized both nationally and internationally as an effective means to improve health outcomes (WHO, 2010).

As outlined in Section 805 of the Public Health Service Act as amended, preference will be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. The application due date is May 29, 2012. Please read the application guidelines and your full application carefully before submission to be certain that all required information is included in the application. All required information must be included in the application at the time it is submitted or it will be deemed non-responsive and will not be reviewed for potential funding. A technical assistance call has been scheduled to help applicants understand, prepare and submit a grant application. The conference call is scheduled for April, 18, 2012 from 1:30 PM until 3:00 PM ET. Call-in information will be posted on the HRSA Division of Nursing website.

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## **I. Funding Opportunity Description**

### **1. Purpose**

#### **NURSE EDUCATION, PRACTICE, QUALITY AND RETENTION PROGRAM – INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP)**

This program is authorized under Title VIII, Sections 831 and 831A of Public Health Service Act as amended by Section 5309 of the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148 (42 U.S.C. § 296p and 42 U.S.C. § 296p-1). This announcement solicits grant applications for the **Nurse Education, Practice, Quality and Retention Program**.

For FY 2012, the Division of Nursing (DN) will solicit three-year cooperative agreements proposing innovations in Interprofessional Collaborative Practice (IPCP). IPCP environments are comprised of high-functioning diverse professionals with a collective identity who collaborate and communicate effectively to increase access to care and achieve high quality patient and population-centered outcomes. The long-term goal of the NEPQR Program is to support the development of collaborative practice environments that deliver patient and population-centered quality health care that is safe, efficient, effective and equitable (IPEC 2011). The intermediate goal of the program is to increase the number of nurses skilled in interprofessional collaborative practice. The long-term and intermediate goals of the NEPQR funding opportunity announcement (FOA) are consistent with the statutory authority provided in Title VIII to provide coordinated care and for nurses to develop skills needed to practice in existing and emerging organized health care systems.

The specific purpose of this FY2012 FOA is to solicit IPCP projects that create and/or expand practice environments comprised of nursing and other professional disciplines engaged in collaborative practice innovations. IPCP in health-care occurs when health workers from different professional backgrounds join with patients, their families, caregivers and communities to deliver comprehensive high quality of care across settings. IPCP spans clinical and non-clinical health-related work, including diagnosis, treatment, surveillance, health communications, and disease management (WHO, 2010).

Ideally, IPCP environments: (1) foster increased communication and shared decision-making among practitioners, (2) promote mutual respect and effective dialogue among all members of the care team in care planning and problem solving, and (3) create more efficient and integrated practices that lead to high quality patient and population-centered outcomes.

Projects that (1) cultivate practice environments in which emergent nurse leaders have an opportunity to demonstrate leadership in interprofessional team building, collaborative problem-solving and care-coordination, (2) provide interprofessional clinical training opportunities for nursing students, and (3) demonstrate innovation in IPCP will be deemed highly competitive. The proposed IPCP projects must select and employ well-integrated strategies that are rooted in interprofessional education (IPE) research and practice and equip professionals with the resources they need to practice in collaborative team-based environments.

## 2. Background

Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP) provides policy leadership and grant support for health professions workforce development—making sure the U.S. has the right clinicians, with the right skills, working where they are needed. Many Americans lack access to an ongoing source of health care. This is primarily attributable to two factors: lack of health insurance and a shortage of health professionals. Additional information about HRSA's BHP and its programs is available at <http://bhpr.hrsa.gov/>.

In 2009, six national education associations of schools of the health professions<sup>1</sup> formed a collaborative that reviewed current literature and all relevant statements on interprofessional competencies in the United States and abroad. The collaborative proceeded to develop and recommend a set of core competencies to lay the foundation for IPCP among diverse professions. The interprofessional education collaborative (IPEC) expert panel developed a set of 38 core competencies across four domains: values/ethics, roles/responsibilities, interprofessional communication, and interprofessional teamwork and team-based care (see "Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel," developed by the IPEC (2011) available at <http://www.aacn.nche.edu/leading-initiatives/IPECReport.pdf>).

In Feb 2011 HRSA sponsored the invitational conference titled "Team-based competencies: Building a shared foundation for education and clinical practice" where the IPEC competency recommendations were endorsed. This FOA builds upon the recommendations of the IPEC expert panel and calls for projects that create and/or expand opportunities for nurses to actively participate in team-based care in interprofessional collaborative environments. Preparing nurses to work effectively with other health care providers in the delivery of high quality, efficient, team-based care is recognized both nationally and internationally as an effective means to improve nursing's contribution to better health outcomes (WHO, 2010).

Interprofessional collaborative practice is defined as a diverse group of members of a health care team each of who make a unique contribution from within their scope of practice toward achieving a common goal (WHO, 2010; Colleges of Nurses of Ontario, 2005). IPCP is noted in HRSA's strategic plan: Goal II, Strengthen the Healthcare Workforce, Subgoal e: Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care. This FOA is consistent with HRSA's strategic plan and builds upon the work of the IPEC which focused on articulating the core competencies that health professions training programs must integrate into the preparation of the future health care workforce.

This announcement calls for projects promoting nursing's efforts to develop collaborative practice models that achieve better health outcomes through delivery systems founded on high functioning health care teams. Identifying effective collaborative models, explicating the key features contributing to their success, determining where individual and team responsibilities intersect in

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<sup>1</sup> American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges and Association of Schools of Public Health.

the provision of effective collaborative care, and articulating how patient, team, and health system outcomes are influenced by IPCP are areas of knowledge development that this announcement hopes to advance.

References:

1. College of Nurses of Ontario. 2005. Practice Guideline: Utilization of RNs and RPNs.
2. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice. Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
3. Team-based competencies: Building a shared foundation for education and clinical practice. Conference Proceedings, February 16-17, 2011. Washington, D.C.
4. World Health Organization. (Winter, 2010). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: World Health Organization.  
[http://www.who.int/hrh/resources/framework\\_action/en/index.html](http://www.who.int/hrh/resources/framework_action/en/index.html)

## II. Award Information

### 1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

1. Facilitate exchange of project planning and implementation information among the IPCP awardees.
2. Support the awardee's development of plans to disseminate effective practice models that emerge from the IPCP, and explore opportunities to expand IPCP best practice models to diverse populations.
3. Collaborate in the development of project data collection systems and procedures to ensure harmonized data across projects.
4. Facilitate annual awardee evaluation of IPCP projects in meeting proposed objectives and program requirements.
5. Conduct evaluation of the overall IPCP Program across projects at the end of Year One and conclusion of the program.
6. Explore opportunities to collaborate with a national center for IPCP.

**The cooperative agreement recipient's responsibilities shall include:**

1. Develop, implement, disseminate, and evaluate projects that meet the goals outlined in Section I of this funding opportunity announcement;
2. Collaborate and timely communicate with the HRSA project officer.

3. Provide the Federal project officer an opportunity to review project information prior to dissemination.
4. Establish contacts that may be relevant to the project's mission such as Federal and non-Federal partners, and other HRSA grant projects that may be relevant to the project's mission.

## **2. Summary of Funding**

This program will provide funding during federal fiscal years 2012-2014. Approximately \$10 million is estimated to be available annually to fund approximately 20 new awards. Applicants may apply for a ceiling amount of up to \$500,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the NEPQR program in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the federal government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and facility. A health care facility may include an Indian Health Service health center, Native Hawaiian health center, hospital, federally-qualified health center, rural health clinic, nursing home, home health agency, hospice program, public health clinic, state or local department of public health, skilled nursing facility, ambulatory surgical center, or any other facility designated by the Secretary (see PHS Act section 801(11)).

The mission and priorities of eligible applicant institutions, as well as those of any partner institutions, should be consistent with the goals of the NEPQR program. In this FOA, applicants will demonstrate that its leadership will assure the requisite resources and institutional support for interprofessional practice environments involving nursing and other disciplines.

All nursing and other professional programs that are associated with the project and conferring degrees must be accredited for the purpose of nursing and professional education, respectively. Applicants must submit documentation providing proof of accreditation (e.g., an accreditation letter from the accrediting agency or a copy of the certificate of accreditation) with the HRSA grant application.

Nursing school applicants must be accredited by a national nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education. For FY 2012, these agencies include the Commission on Collegiate Nursing Education, [National League for Nursing Accrediting Commission](#), Kansas Board of Nursing, Maryland Board of Nursing, Missouri Board of Nursing, Montana Board of Nursing, North Dakota Board of Nursing or New York Board of Nursing, the Division of Accreditation of the American College of Nurse-Midwives, and the Council on Accreditation of Nurse Anesthesia Programs of the American Association of Nurse Anesthetists.

**Accreditation for Newly Established Programs of Nursing:** A new program of nursing that is not eligible for accreditation at the time of the submission of an application by such recognized accrediting bodies or state agency shall be deemed accredited if the Secretary of Education finds that there is reasonable assurance that the program will meet the accreditation standards of such bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program. Refer to **Attachment 1** in the attachments section (Section IV.2.x) for further information.

### **Eligible Project Participants**

Project participants must be U.S. Citizens, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States. Individuals on temporary student visas are not eligible.

## **2. Cost Sharing/Matching**

Cost sharing or matching is not required for the NEPQR program.

## **3. Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

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

**Maintenance of Effort:** The awardee must agree to maintain non-federal funding for grant activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

Eligible applicants can submit **only one** application.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

#### **Application Materials and Required Electronic Submission Information**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. The email must include the HRSA announcement number for which you are seeking relief, the name, address, and telephone number of the

organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXX) assigned to your submission along with a copy of the “Rejected with Errors” notification the applicant received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization’s DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

CCR site update (2/12): CCR and other systems will be migrating to the System for Award Management (SAM) in the first half of 2012. SAM will combine eight federal procurement systems and the Catalog of Federal Domestic Assistance into one new system. All interfaces with CCR will change. Please visit <http://www.SAM.gov> for more details.

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

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

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

- 1) Downloading from <http://www.grants.gov>; or
- 2) Contacting the HRSA Digital Services Operation (DSO) at:  
[HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov)

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

## **2. Content and Form of Application Submission**

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 65 pages **when printed by HRSA**. The total file size may not exceed 10 MB. This 65-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We encourage you to print your application to ensure it does not exceed the 65-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

**Applications must be complete, within the 65-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered responsive under this announcement.**

**A technical assistance call** has been scheduled to help applicants understand, prepare and submit a grant application. The conference call is scheduled for April, 18, 2012 from 1:30 PM until 3:00 PM ET. Call-in information will be posted on the HRSA Division of Nursing website.

### **Application Format**

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

## SF-424 R&R – Table of Contents

 **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**

 **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.

 For electronic submissions no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional).	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Personnel Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Personnel Profile form.	Not Applicable to HRSA; Do not use.
SF-424 R&R Performance Site Locations	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Locations form. Single	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		document with all additional site locations	
Other Project Information	Form	Allows additional information and attachments	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, Box 9. End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional; Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required; Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple attachments.	Not Applicable to HRSA; Do not use.

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

Attachment	Description
Attachment 1	Accreditation Documentation (CCNE, NLNAC, COA, ACME). A letter of accreditation, a copy of the certificate of accreditation; or letter from the United States Department of Education providing "reasonable assurance of accreditation."
Attachment 2	Staffing Plan and Position Descriptions for Key Personnel
Attachment 3	Letters of Support
Attachment 4	Letters of Agreement/Commitment and/or Description(s) of Proposed/Existing Contracts (project specific)
Attachment 5	Organizational and IPCP Charts
Attachment 6	Biographical Sketches of Consultants
Attachment 7	Institutional Diversity Statement
Attachment 8	Maintenance of Effort Documentation
Attachments 9-15	Other attachments

## **Application Format**

### **i. *Application Face Page***

Complete Application Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.359.

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: a missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

### **ii. *Table of Contents***

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

### **iii. *Budget***

Complete Application Form SF-424 Research and Related Budget Form included with the application kit. Please complete the Research and Related Budget Form (Sections A-J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Period 3.

The Cumulative Budget is automatically generated and provides the total budget information for the three-year grant request. Errors found in the Cumulative Budget must be corrected within the

incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.

**Salary Limitation:**

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b>	
Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	<b>\$89,850</b>
Fringe (25% of salary)	<b>\$22,462.50</b>
Total amount	<b>\$112,312.50</b>

**iv. Budget Justification**

Provide a narrative that explains the amounts requested for each line item in the budget. The budget justification should specifically describe how each item would support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for **each of the subsequent budget periods within the requested project period** at the time of application. Line item information must be provided to explain the costs entered in the Research and Related budget form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

## Budget for Multi-Year Cooperative Agreement Award

This announcement is inviting applications for project periods of three years. Awards, on a competitive basis, will be for a one-year budget period, although the project period is three years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following information in the Budget Justification narrative:

**Personnel Costs:** Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full time equivalency (FTE), and annual salary. Applicants shall identify only one Project Director. The Project Director for the NEPQR projects should be a licensed Registered Nurse (RN). Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

\*Actual annual salary = \$350,000

**Consultant Costs:** Give names, affiliations, and qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. If the consultant is not yet identified provide the desired expertise and the scope of work of the proposed consultant. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

**Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

**Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. International travel is **not** an allowable expense. For budget purposes, only project directors are expected to include in their budget one

annual meeting for two days in the Washington, D.C. Metropolitan Area to report and share experiences with other awardees.

**Equipment:** List equipment and provide justification for the need of the equipment to carry out the program's goals. Full justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment.

Equipment purchases must satisfy all of the following requirements:

- The principal purpose of the equipment must be related to the objectives of the project and to enhance the training of nursing and health professionals;
- The equipment must be retained by the awardee, remain in the United States or territories, and used in accordance with the terms of the grant award for the useful life of the equipment;
- The equipment justification must include a detailed status report of current equipment (refer to Program Narrative and Review Criteria sections for additional information); and
- The equipment purchase must comply with the procurement requirements for federal grants and your organizational procurement policies, including adequate competition and following proper bid procedures.

**Supplies:** List the items that the project will use. Provide the quantity and cost per unit in this category. Office supplies could include paper, pencils, etc.; educational supplies may include assistive technology, computer or software accessories, and audio or video accessories etc. Office supplies and educational supplies must be listed separately.

**Contractual:** Applicants are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Recipients must notify potential subrecipients that entities receiving subawards must be registered in the CCR and provide the recipient with their DUNS number.

**Other Expenses:** Put all costs that do not fit into any other category into this category and provide a detailed explanation of each cost in this category. In some cases, awardee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

**Data Collection Activities:** Funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category: Personnel, Contracts or Other.

**Indirect Costs:** Indirect costs are those costs incurred for common or joint objectives that cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices that negotiate them.

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% 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 and capital expenditures, tuition and fees, and subgrants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

**v. *Staffing Plan and Personnel Requirements***

Applicants must present an IPCP staffing plan and provide a justification for the plan that includes education and experience, qualifications, and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**. Copies of biographical sketches for any consultants that will be assigned to work on the proposed project must be included in **Attachment 6** (biographical sketches for key personnel should be submitted through the SF-424 R&R). When applicable, biographical sketches should include training, language fluency and experience working with cultural and linguistically diverse populations that are served by their programs.

**vi. *Assurances***

Use the Standard Form 424B Assurances for Non-Construction Programs provided with the application package.

**vii. *Certifications***

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 9**.

**viii. *Project Abstract***

The abstract should provide a clear, concise summary of the application without reference to other parts of the application. It must include a brief description of the proposed project

including the needs to be addressed, the proposed services, and the disciplines included in the interprofessional collaborative practice arrangement.

**Please provide the following information at the top of the abstract:**

- Project Title
- Applicant Organization(s) Name
- Address
- Project Director
- Contact Phone/Fax Numbers
- Email Address
- Website Address (if applicable)

The one-page (single-spaced) abstract should serve as a succinct description of the proposed project and should include the following:

- Brief overview of the proposed project and innovation statement
- Goals and objectives of the proposed NEPQR project
- Description of the NEPQR team structure and composition, and demographics of patient population targeted
- Statement of project start date (must be supported by Work Plan)
- Statement of funding preference (if applicable)

The abstract is often distributed to provide information to the public and Congress. Therefore the abstract should be written in a clear, concise, and accurate manner without reference to other parts of the application. Personal identifying information should be excluded from the abstract.

***ix. Project Narrative***

This narrative section provides a comprehensive framework and description of all aspects of the proposed project, and should be succinct, self-explanatory and organized. The required sections of the application are listed below.

Use the following section headers for the Narrative:

***INTRODUCTION***

This section should briefly describe the purpose of a project that is consistent with the stated purpose for this FOA. The applicant should provide a brief overview of the proposed project and its innovation. In addition, applicants should describe of how the NEPQR project would impact the quality of healthcare and health outcomes for patients, families, and/or communities.

***ORGANIZATIONAL CAPACITY***

Organizational leadership buy-in is critical to NEPQR team success and sustainability. To demonstrate institutional leadership's commitment to supporting and sustaining team-based practice environments, applicants should provide evidence of the organization's mission statement, goals, and/or value statement that support the proposed IPCP's goals and objectives.

Specifically, the applicant must describe the guiding principles of the organization and their commitment to team-based collaborative practice. The applicant should describe the governance, organizational and structural functions in place to implement, monitor, and operate the IPCP project. In addition, applicants should provide evidence of the financial resources and organizational commitment needed to operate and sustain the project after the completion of the three-year cooperative agreement period. The tasks to be conducted by each administrative component must also be described.

### Organizational Structure and Staffing

Organizational structure: Applicants must include an organizational chart for the entity that is responsible for the management of the cooperative agreement.

Staffing: Applicants must provide a staffing plan for governance and leadership that provides:

- The number, titles of key staff, job descriptions, and expected time commitment of staff that will be dedicated to the project, including the roles and responsibilities for each position.
- The percentage of time each individual/position is dedicated to the cooperative agreement.
- Where applicable, the number, roles, and responsibilities of contracted individuals supporting the cooperative agreement.
- A resume of the proposed Project Director.

In addition to the organization management chart, the applicant should also provide a chart visually illustrating the relationship among IPCP project personnel and their respective institutions. The IPCP team chart should include information regarding team composition and structure and professional disciplines represented.

### ***NEEDS ASSESSMENT***

This section should describe and document the needs of the community, the organization(s), and the target population to be served by the proposed project. Supporting data should be provided whenever possible to document the need for the project, including surveys, pilot studies, community needs assessments, or focus groups. Applicants must also describe the needs of the community or population that the applicant seeks to target and how the community could benefit from an IPCP project. In addition, applicants should describe the geographic area (rural, frontier, urban, suburban) in which the project will be located, whether the project site is located in a state or local health department, and include information regarding issues of quality, health care access and/or health disparities in vulnerable and underserved populations (as applicable). The needs assessment should be directly linked to the project goals and objectives.

## **Funding Preference**

Section 805 of the PHS Act provides a funding preference for applicants with projects that will 1) substantially benefit rural or 2) underserved populations, or 3) help meet public health nursing needs in State or local health departments. To be considered for this funding preference, the applicant must specifically request the preference in the Needs Assessment section and must demonstrate how they meet the preference. Additional information regarding funding preferences can also be found in Section V.2. Statutory Funding Preferences in this FOA.

**To demonstrate that the project “Substantially Benefits Rural Populations”**— the applicant provides documentation indicating that:

- Students will participate in the IPCP as their field placement or clinical practicum experience in a site serving rural populations, which include at least one of the following: Rural Health Clinic, State Office of Rural Health, Critical Access Hospital (CAH), Sole Community Hospital (SCH), Medicare Dependent Hospital (MDH) or Rural Referral Center;
- The practice population served is reflective of rural culture and/or is comprised primarily of populations residing in rural locales; and
- Practitioners gain practice experience and are prepared to meet the health care needs of rural populations.

**To demonstrate that the project “Substantially Benefits Underserved Populations”**—the applicant provides documentation indicating that:

- The applicant is physically located in a health professional shortage area, medically underserved community, or serves medically underserved populations and focuses on primary care, wellness, and prevention strategies and
- The practitioners integrate cultural and health indices specific to underserved populations in their team-based health care decision-making and,
- Students participating in the IPCP as their field placement or clinical practicum and practitioners acquire experiences and skills necessary to meet the health care needs of the poor and underserved.

**To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments”**—the applicant provides documentation indicating that:

- The applicant is physically located in a state or local health department.
- Students will participate in the IPCP as their field placement or clinical practicum experience in a site designated as a state or local health department.
- The IPCP can demonstrate linkage(s) with state, local and federal health departments for practitioners and/or student practicum experience.

Peer reviewers shall evaluate information supporting the statutory funding preference, to determine if the applicant meets the statutory funding preference.

## **METHODOLOGY**

Describe the methods that will be used to meet each of the program requirements and expectations in this FOA. In this section provide information including, but not limited to:

- Clearly stated goals with specific, measurable, time-framed objectives for each goal.
- The strategies used to accomplish the project goals and objectives and how these activities will be organized throughout the project period.
- Evidence supporting the proposed methodologies, including literature, prior experience, and historical data.
- Demonstrate a clear strategy for collaborative planning and implementation of the project objectives.
- Describe a plan for dissemination of the methodology and outcomes.

## **WORKPLAN**

A comprehensive workplan is required and every plan must address the sustainability of the project. In this section, provide information including, but not limited to the following:

- a) Describe the activities, methods, techniques, or steps that will be used to achieve each of the objectives proposed in the project proposal; each activity must support the proposed project outcomes. Describe how the activities are defined by the project objectives and will achieve the desired measurable outcomes. The project description should indicate specific activities and project personnel responsible for completing the activities.
- b) Describe the IPCP project's innovation including:
  - How the application challenges and seeks to shift current educational or clinical practice paradigms.
  - Any novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used, and any advantage over existing methodologies, instrumentation or intervention(s), and
  - Any refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation or interventions.
- c) Provide a quarterly graphical summary (i.e., table illustration) of the activities/strategies to include:
  - i. Overall objectives by year
  - ii. Specific sub-objectives in measurable terms
  - iii. Activities to achieve objectives
  - iv. Program staff responsible for facilitating the project activities
  - v. Time frame for implementation of activities.
- d) Develop a plan for the dissemination of project outcomes and lessons learned (i.e., conferences, presentations, publications, etc.) in collaboration with HRSA staff.
- e) Provide a plan to achieve sustainability after HRSA funding for IPCP projects is completed. Include in the sustainability discussion how the applicant will address challenges of self-sufficiency, how they will identify other sources of income including future funding initiatives and strategies. The discussion should also include a time table for becoming self-sufficient. Additionally include a description of integration of the IPCP program's innovations into other health care models if appropriate.

## **RESOLUTION OF CHALLENGES**

Discuss challenges that are likely to be encountered in meeting the project objectives and in employing strategies that will be used to implement the project activities. Also discuss approaches that will be used to resolve potential program challenges.

## **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

The specific purpose of the evaluation is to provide information on the IPCP progress toward increasing the number of nursing and other health professionals who are able to practice in effective collaborative team-based environments that are comprised of high-functioning diverse professionals. Thus, the focus of evaluation should be on the following:

- Assessment of the overall impact of the IPCP and its ability to create and/or expand high-functioning, effective, interprofessional collaborative practice teams;
- Determining the contribution of program elements to outcomes, and
- Identifying where changes/adjustments are needed to improve program outcomes

The evaluation plan should fully describe strategies to work with HRSA to assess the progress and outcomes of the IPCP's proposed activities and their corresponding objectives. The evaluation plan must address how the required BHP annual performance data will be collected (see Section VI of the funding opportunity announcement) and its data quality assured. The evaluation strategies should be appropriate for the activity to be assessed and evidence based whenever possible. Each activity's outcome measure should reflect back to the needs statement from which its objective was derived. The evaluation report should include detailed information on the self-evaluation plan, including a plan for process assessment and outcome evaluation. Longitudinal assessment of project outcomes is encouraged. In addition to the performance evaluation reports required by HRSA, applicants are expected to submit a plan for quarterly project evaluation reports. The quarterly reports should include information on the use of cooperative agreement funding and an assessment of program implementation, lessons learned, interprofessional provider and patient experience, and clinical outcomes. Where appropriate, applicants are encouraged to include plans to obtain feedback from providers and/or patients to help identify weaknesses and to provide suggestions for program improvements. The inclusion of evaluation instruments (in the Appendix) is encouraged.

The evaluation plan must identify the selected evaluator and his/her credentials. The evaluation may be done through the institution's evaluation office, or if an evaluator is not an employee of an institution within the collaborative, an external evaluator may be included as a consultant. The evaluator must have formal training and experience in evaluation methodology and statistics as demonstrated by publications and/or reports in the field.

HRSA anticipates establishing guidelines for program evaluations in the coming year and will provide additional information at a later date.

## **REPLICABILITY**

HRSA as part of its cooperative agreement activities will conduct a rigorous evaluation of each of the funded projects through a separate evaluation process. This evaluation work will involve establishing a core set of strategies across projects that are linked to improved patient and population health outcomes. HRSA will also evaluate which components of the IPCP models can be replicated and disseminated in diverse populations and settings. Applicants will be expected to facilitate HRSA's independent evaluation in these areas by providing information and access to program records, participants, providers, and collaborators. Each applicant should

describe the IPCP’s potential for replication and how the model can be adapted to meet the needs of diverse populations.

<b>ADDITIONAL NARRATIVE GUIDANCE</b>	
In order to ensure that the six review criteria are fully addressed, this table provides a bridge between the sample narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Organizational Information	(5) Resources/Capabilities
Needs Assessment	(1) Need
Statutory Preference	(1) Need
Methodology	(2) Response
Work Plan	(2) Response (4) Impact, & (5) Resources/Capabilities
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (5) Resources/Capabilities
Replicability	(4) Impact
Budget Section	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

***x. Program Specific Forms***

Not applicable.

***xi. Attachments***

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.** The required application attachments include:

**Attachment 1: Accreditation Documentation.** All nursing and other professional programs that are associated with the project and conferring degrees must be accredited for the purpose of nursing and professional education. Applicants must submit documentation providing proof of accreditation (e.g., an accreditation letter from the accrediting agency or a copy of the certificate of accreditation) with the HRSA grant application.

The following process must be followed for new nursing programs associated with the proposed project that are just beginning the accreditation process and wish to establish eligibility. The applicant must contact a national nursing accrediting or state approval body recognized by the Secretary of the Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. The nursing program will need to request the recognized accrediting agency to prepare its letter describing the new program’s progression toward accreditation by answering the six questions enumerated below:

- 1) Is this program actively pursuing accreditation with the agency?
- 2) What is the date of the program's pending application for accreditation and the date or approximate date when the agency's decision-making body is likely to decide whether to grant or deny accreditation for this program?
- 3) Does the agency accredit any other nursing education programs at this institution and, if so, are those programs in good standing with your agency?
- 4) Currently, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program's application and reviewed by your agency, as well as any on-site visits that have occurred.
- 5) Based on your records, what will be the start date or approximate start date of the program's academic year that immediately follows the expected graduation date for the students comprising the program's first entering class?
- 6) Based on your agency's review of each program to date, do you have any reason to believe that the program will be unable to demonstrate compliance with your standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? If so, why?

In addition, the letter from the recognized accrediting agency should state that the new educational program is an accrediting activity that falls within the scope of the Secretary's recognition and that the program will meet the accreditation/approval standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant will submit, not less than 30 days prior to the HRSA application due date, its request for a letter of assurance along with the accrediting agency letter and any supporting documentation regarding the accreditation or approval of the nursing program to the Accreditation Division staff at [aslrecordsmanager@ed.gov](mailto:aslrecordsmanager@ed.gov).

Or by regular mail to:

Accreditation Division  
U.S. Department of Education  
1990 K Street, NW, Room 7126  
Washington, DC 20006-8509  
(HRSA LETTERS)

- If you need additional information regarding the submission, you should contact Cathy Sheffield by telephone at (202) 219-7011; fax: (202) 219:7005; or email at [Cathy.Sheffield@ed.gov](mailto:Cathy.Sheffield@ed.gov).
- The program will also submit its contact name(s), address(es), phone number(s), email addresses, and the name of the HRSA Program with all correspondence sent to the Department of Education.
- The Accreditation Division will acknowledge receipt of the application by notifying the program by email. If the application is not received timely, the

acknowledgement letter will notify the program that the Accreditation Division will not process the request.

- The Department of Education will process the applicant's request for a letter of reasonable assurance documenting the Secretary's determination that the program will meet the appropriate accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant must include this letter from the Department of Education with the HRSA program application (Attachment 1).

**Attachment 2: Staffing Plan and Position Descriptions for Key Personnel.** Keep each position description to one page in length as much as is possible. Attach position descriptions of project participants that include the role, responsibilities, and qualifications of proposed project staff.

**Attachment 3: Letters of Support.** Include only letters of support from key interprofessional leaders which specifically indicate a commitment to the proposed project. Support may include services, supplemental financing, staff, dedicated space, equipment, etc. Letters of support must be dated. Merge all letters of support documents into a single document and include a table of content cover page specific to this attachment. The table of content page will not be counted in the page limit.

**Attachment 4: Letters of Agreement/Commitment and/or Description(s) of Proposed/Existing Contracts (project specific).** Each application must include letters of commitment from the respective leadership of the institution(s) that is supportive of the IPCP and that commit additional resources as necessary to ensure that the IPCP models will have the maximum chance of success. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables. Include only letters of agreement/commitment which specifically indicate a commitment to the project/program. Letters of agreement/commitment must be dated. Merge all letters of agreement into a single document and include a table of content cover page specific to this attachment. The table of content page will not be counted in the page limit.

**Attachment 5: Organizational and IPCP Charts.** Attach a one-page figure that depicts the organizational structure for the entity that is responsible for the management of the cooperative agreement. Also include an organizational chart of the structure and composition of the IPCP team.

**Attachment 6: Biographical Sketches of Consultants**

Include biographical sketches of consultants performing key roles in the project.

**Attachment 7: Institutional Diversity Statement**

Describe the institution's approach to increasing the number of diverse health professionals through an established strategic plan, policies, and program initiatives. For health professions schools and/or programs describe performance in recruiting and graduating students from underrepresented minority groups and/or students from educationally and economically disadvantaged backgrounds. Describe future plans to recruit, retain, and graduate students

from underrepresented minority groups and students from educationally and economically disadvantaged backgrounds.

**Attachment 8: Maintenance of Effort Documentation**

Applicants must complete and submit the following information with their application:

**NON-FEDERAL EXPENDITURES**

Non-Federal Expenditures	Non-Federal Expenditures
<p style="text-align: center;"><b>FY 2011 (Actual)</b></p> <p>Actual FY 2011 non-federal funds including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.</p> <p>Amount: \$ _____</p>	<p style="text-align: center;"><b>FY 2012 (Estimated)</b></p> <p>Estimated FY 2012 non-federal funds, including in-kind, designated for activities proposed in this application</p> <p>Amount: \$ _____</p>

**Attachment 9-15: (Optional): Additional Project Information**

**3. Submission Dates and Times**

*Application Due Date*

The due date for applications under this funding opportunity announcement is **May 29, 2012 at 8:00 P.M. ET**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization’s **Authorized Organization Representative (AOR)** through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

**Receipt acknowledgement:** Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

*Late applications*

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

#### **4. Intergovernmental Review**

The NEPQR program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

#### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to 3 years at no more than \$500,000 per year. 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.

Funds under this announcement may **not** be used for the following purposes:

- Student support including tuition, stipends, scholarships, bonuses, student salaries and travel;
- Subsidies or paid release time for project trainees/participants;
- Payment of temporary personnel replacement costs for the time trainees/participants are away from usual worksite during involvement in project activities; and
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees; promotional items and memorabilia; food and drinks; and animals laboratories.

**Salary Limitation:** The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any

activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Per Division F, Title V, Section 508 (a) None of the funds made available in this Act may be used for (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act (December 23, 2011), that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

## 6. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.Grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately registers** in Grants.gov and becomes familiar with the Grants.gov site application process. If you do not complete the registration process, you will be unable to submit an application. The registration process can take up to one month.

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

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization’s E-Business POC (Point of Contact)
- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password

- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

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

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

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

**Tracking your application:** It is the applicant's responsibility to track their application using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to evaluate and rank applications. The IPCP program has six (6) Review Criteria. All applications will be evaluated based on the extent to which the applicant meets the review criteria listed below.

### **Criterion 1: Need (15 points)**

- The extent to which the application identifies the need for the project and aligns the project's goals and objectives to the need.
- The extent to which the application demonstrates how the project will create or expand opportunities for nurses to practice in team-based, IPCP environments.
- The extent to which the applicant demonstrates that the project will substantially benefit rural populations, substantially benefit underserved populations, or help meet the public health nursing needs in state or local health departments and therefore qualifies for a statutory funding preference.

### **Criterion 2: Response (25 points)**

- The extent to which the applicant creates IPCP projects that promote safe, efficient, effective, and equitable patient and/or community-centered outcomes.
- The extent to which the proposed project incorporates interprofessional education (IPE) competencies (i.e., values/ethics for IPE, roles and responsibilities, interprofessional communication, and teams and teamwork) as foundational for IPCP teams.
- The extent to which the project utilizes innovative strategies to develop or enhance collaborative team-based practice approaches. IPCP innovation includes:
  - How well the application challenges and seeks to shift current educational or clinical practice paradigms.
  - Inclusion of novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used, and any advantage over existing methodologies, instrumentation or intervention(s), and
  - Level of refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation or interventions.
- The extent to which inclusion and quality of collaborations and/or partnerships with relevant educational, community, health system, and health professions entities are utilized to advance the project objectives.
- The extent to which the applicant clearly describes how collaborative planning strategies and implementation are utilized to meet the project goals.
- The extent to which the applicant clearly describes how the competencies and scope of practice of individual disciplines and professions are utilized and maintained within the collaborative practice model.

### **Criterion 3: Evaluative Measures (20 points)**

- The quality of the applicant organization's evaluation strategies to assess project objectives and the activities, to include a plan to track required process and outcome measures that will be reported annually.
- The quality of the applicant organization's process to validate data collection, expected results and challenges encountered.
- The quality of the applicant organization's description of quantitative and/or qualitative evaluation measures for each objective.

- The quality of the applicant organization’s description of the effectiveness of the proposed evaluation plan to monitor and assess the project outcomes.
- How well the applicant organization’s description of the proposed evaluation plan to collect, monitor and evaluate the project outcomes is supported by the applicant organization’s infrastructure.
- How well the applicant organization’s project’s evaluation measures provide a clear indication of the effectiveness of the NEPQR program.

**Criterion 4: Impact (15 points)**

- The degree to which the proposed project will expand the number of nurses with skills and experiences to practice in IPCP team-based environments.
- The degree to which the project will increase opportunities for emergent nurse leaders to demonstrate leadership in interprofessional team-building, collaborative problem solving, and care- coordination.
- The degree to which the project will expand field placement and/or clinical practicum experience opportunities for students in IPCP settings.
- The degree to which the project, through its innovative design, could successfully shift current practice paradigms
- The extent to which the IPCP model can be replicated and disseminated in diverse populations and settings

**Criterion 5: Resources/Capabilities (20 points)**

- The quality of the applicant organization’s documentation of established and/or planned partnerships involved in the proposed IPCP team-based project.
- The quality of the applicant organization description of its capability, commitment, and necessary resources to create effective IPCP teams with nursing and at least one additional discipline.
- The quality of the project personnel with regard to training and/or experience and ability to implement and conduct the IPCP team-based project.
- The degree to which the applicant organization describes the extent and means by which the organization plans to support the sustainability of the IPCP after the period of grant support. Sustainability plans should include:
  - Other sources of income; the nature of income; future funding initiatives and strategies, and a time table for becoming self-sufficient;
  - Plan to include integration of the innovation in other health care models; and
  - Plan to addresses challenges in achieving self-sufficiency

**Criterion 6: Support Requested (5 points)**

- The 3-year project period correlates with the stated goals and objectives of the IPCP.
- The proposed budget is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and anticipated results.

- The degree to which the applicant provides a line item budget, a clear justification narrative for each line item, and outlines changes from one year to the next for each budget period.

## **2. Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V.1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

### **STATUTORY FUNDING PREFERENCE**

The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. As provided in section 805 of the Public Health Service Act, preference will be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. This preference will be applied to all applications that are rated favorably by HRSA's review panel(s), using the published review criteria. To meet this funding preference, the applicant must specifically request the preference and demonstrate how the project meets the preference qualifications.

## **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

## **VI. Award Administration Information**

### **1. Award Notices**

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected

for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award (NoA) sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the estimated start date of September 1, 2012.

## **2. Administrative and National Policy Requirements**

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

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

### **Trafficking in Persons**

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

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 13-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Human Subjects Protection**

Federal regulations (45 CFR 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 research involving human

subjects is anticipated, you must meet the requirements of the DHHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

### **Financial Conflict of Interest**

HHS requires awardees and investigators to comply with the requirements of 42 CFR part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought." A Final Rule amending this PHS regulation (and the companion regulation at 45 CFR part 94, "Responsible Prospective Contractors," imposing similar requirements for research contracts) was published on August 25, 2011 in the Federal Register (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). An Institution applying for or receiving PHS funding from a grant or cooperative agreement that is covered by the rule must be in full compliance with all of the revised regulatory requirements no later than August 24, 2012, and immediately upon making its institutional Financial Conflict of Interest (FCOI) policy publicly accessible as described in the regulation.

### **Cultural and Linguistic Competence**

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Diversity**

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. In FY 2011, BHP adopted Diversity Guiding Principles for all its workforce programs that focus on increasing the diversity of the health professions workforce.

### **All health professions programs should aspire to --**

- recruit, train, and retain a workforce that is reflective of the diversity of the nation;

- address all levels of the health workforce from pre-professional to professional;
- recognize that learning is life-long and should be supported by a continuum of educational opportunities;
- help health care providers develop the competencies and skills needed for intercultural understanding, and expand cultural fluency especially in the areas of health literacy and linguistic competency; and
- recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

### **Healthy People 2020**

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

### **National HIV/AIDS Strategy (NHAS)**

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

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

### **Health IT**

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread

and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

**Related Health IT Resources:**

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

**3. Reporting**

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

**a. Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default);

**b. Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to [www.dpm.psc.gov](http://www.dpm.psc.gov) for additional information.

**c. Status Report**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).**

The awardee must submit a progress report to HRSA on an annual basis. For multi-year awards: *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* The **BHPr Progress Report has two parts.** The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report**

All BHPr awardees are required to submit a final report **within 90 days after the project period ends.** The Final Report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the Bureau of Health Professions (BHP) with information required to close out a grant after completion of project activities. As such, every awardee is required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Awardees are also required to submit to BHP a copy of their final evaluation report.

**d. Transparency Act Reporting Requirements**

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

Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

## VII. Agency Contacts

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

Pam Bell  
Grants Management Specialist  
DHHS/HRSA/OFAM/DGMO  
5600 Fishers Lane Room 11A-02  
Rockville, MD 20857  
Phone: 301-443-3504  
Fax: 301-443-6343  
Email: [pbell@hrsa.gov](mailto:pbell@hrsa.gov)

Bruce Holmes  
Grants Management Specialist  
DHHS/HRSA/OFAM/DGMO  
5600 Fishers Lane Room 11A-02  
Rockville, MD 20857  
Phone: 301-443-0752  
Fax: 301-443-6343  
Email: [bholmes@hrsa.gov](mailto:bholmes@hrsa.gov)

Program Technical assistance regarding this funding announcement may be obtained by contacting the following Division of Nursing Staff at 301-443-5688. Address, E-mail addresses and fax number are listed below:

Kirk Koyama  
Nurse Consultant  
Nursing Diversity and Development Branch  
Attn.: NEPQR Program  
DN, BHPr, HRSA, DHHS  
5600 Fishers Lane, Room 9-61, Rockville, MD 20857  
Phone: 301-443-4926  
Fax: 301-443-0791  
Email: [kkoyama@hrsa.gov](mailto:kkoyama@hrsa.gov)

Janice B Young, PhD, MPH, RN  
Nurse Consultant,  
HRSA/BHPR/DN  
5600 Fishers Lane, Suite 9-61, Rockville, MD 20857-0001  
Phone: 301-443-5688  
Fax: 301-443-0791  
Email: [jyoung2@hrsa.gov](mailto:jyoung2@hrsa.gov)

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

Grants.gov Contact Center  
Phone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

A technical assistance call has been scheduled to help applicants understand, prepare and submit a grant application. The conference call is scheduled for April, 18, 2012 from 1:30 PM until 3:00 PM ET. Call-in information will be posted on the HRSA Division of Nursing website.

## VIII. Other Information

### PROGRAM DEFINITIONS

The following definitions apply to the Nurse Education, Practice, Quality and Retention Program for Fiscal Year 2012.

**“Academic Health Center”** refers to an institution that includes a school of medicine, a teaching hospital, and at least one additional health education school (e.g., nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy.

**“Access”** means to assure health care services to all by improved health professions distribution.

**“Accredited”** means a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education.

**“Acute Care Nurse Practitioner (ACNP)”** provides advanced nursing care across the continuum of health care services to meet the specialized physiologic and psychologic needs of patients with complex acute, critical, and chronic health conditions. This care is continuous and comprehensive. The population in acute care practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. Based on educational preparation, ACNPs practice with a focus on a variety of specialty based populations including neonatal, pediatric, and adult. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention, or continuous nursing vigilance within the range of high-acuity care. While most ACNPs practice in acute care and hospital based settings including sub-acute care, emergency care, and intensive care settings, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, and rehabilitative care.

**“Approval”** means that a specific body, committee, Board, or Commission at the Faculty, Department, School, University, or State levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs. Examples of steps in the approval process are the following: nursing faculty curriculum committee, Faculty Senate, Board of Regents of the University, State Finance Board for Higher Education, State Board of Nursing. Applicants must list the entities whose agreement is necessary to initiate the program and enroll students in the program of study.

**“Associate Degree School of Nursing”** means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or

exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, unit, college or university is accredited, as defined in section 801(6) of the (PHS) Act.

**“Certification”** means a process by which an agency or organization validates, based upon predetermined standards, an individual nurse’s qualifications and knowledge for practice in a defined clinical area of nursing.

**“Collegiate School of Nursing”** means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited, as defined in section 801(3) of the PHS Act.

**“Continuing Education Program”** means a formal, post-licensure education program designed to increase knowledge and/or skills of nurses. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master’s certificate or other evidence of completing such a program.

**“Culturally and Linguistically Appropriate Services”** means health care services that are respectful of and responsive to cultural and linguistic needs.

**“Cultural Competence”** means a set of academic and interpersonal skills that allow an individual to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports.

**“Culturally Competent Program”** means a program that demonstrates sensitivity to and an understanding of cultural differences in program design, implementation and evaluation.

**“Cultural Diversity”** means differences in race, ethnicity, language, nationality, or religion among various groups within a community, an organization, or a nation.

**“Economically Disadvantaged”** means an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary will annually publish these income levels in the Federal Register. The table below provides a breakdown of family income levels used to determine economic disadvantaged status. Family income is defined as the income of the family of the individual participant or of the family of the parents of the individual participant.

**Low Income Levels:**

The Secretary defines a “low-income family” for programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student’s parents to compute low income status, while a few program, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student’s family as long as he or she is not listed as a dependent upon the parents’ tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department’s poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer price Index.

The Secretary annually adjusts the low-income levels based on the Department’s poverty guidelines and makes them available to persons responsible for administering the applicable programs. The 2012 Poverty Guidelines to determine Disadvantaged status can be located at the following website: <http://www.gpo.gov/fdsys/pkg/FR-2012-01-26/pdf/2012-1603.pdf>

The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2010.

**2011 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Size of parents’ family * Income level **	
1 .....	\$21,780
2 .....	29,420
3 .....	37,060
4 .....	44,700
5 .....	52,340
6 .....	59,980
7 .....	67,620
8 .....	75,260

For families with more than 8 persons, add \$3,820 for each additional person.

**2011 POVERTY GUIDELINES FOR ALASKA**

Size of parents’ family * Income level **	
1 .....	\$27,200

2 .....	36,760
3 .....	46,320
4 .....	55,880
5 .....	65,440
6 .....	75,000
7 .....	84,560
8 .....	94,120

For families with more than 8 persons, add \$4,780 for each additional person.

## 2011 POVERTY GUIDELINES FOR HAWAII

Size of parents' family * Level **	Income
1 .....	\$25,080
2 .....	33,860
3 .....	42,640
4 .....	51,420
5 .....	60,200
6 .....	68,980
7 .....	77,760
8 .....	86,540

For families with more than 8 persons, add \$4,390 for each additional person.

**“Educationally Disadvantaged”** means an individual who comes from an environment that has hindered the individual in obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school. The following are provided as examples of “Educationally Disadvantaged” for guidance only and are not intended to be all-inclusive. Applicants should seek guidance from their educational institution as to how “Educationally Disadvantaged” is defined by their institution.

### Examples:

- 1) Person from high school with low average SAT scores or below the average. State test results.
- 2) Person from a school district where 50% or less of graduates go to college.
- 3) Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- 4) Person for who English is not their primary language and for whom language is still a barrier to their academic performance.
- 5) Person who is first generation to attend college and who is from rural or urban area or receiving public assistance.
- 6) Person from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches.

**“Electronic Distance Learning Methodologies”** means electronic media are used to deliver education content when the learner and teacher are separated by distance. An electronic medium may be a computer, World Wide Web technologies, teleconferencing, television, or CD ROM/DVD.

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

**“Healthy Literacy”** means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

**“Home Health Agency”** as defined by the Social Security Act, section 1861(o), means a public agency or private organization, or a subdivision of such an agency or organization, which:

- (1) Is primarily engaged in providing skilled nursing services and other therapeutic services;
- (2) Has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services by a physician or by a registered professional nurse;
- (3) Maintains clinical records on all patients;
- (4) In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, (a) is licensed pursuant to State law or (b) is approved by the agency of such State or locality responsible for licensing agencies or organizations of this nature as meeting the standards established for such licensing;
- (5) Has in effect an overall plan and budget that meets the requirements of subsection (z) of this section;
- (6) Meets the conditions of participation specified in section 1819(a) of the Social Security Act and such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization;
- (7) Provides the Secretary on a continuing basis with a surety bond in a form specified by the Secretary and in an amount that is not less than \$50,000 (more specifics about the duration and nature of the surety bond can be found in Sec. 1861 (c)(7)(A) of the SSA and Sec. 1861 (7)(C));
- (8) Meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary to the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program; and
- (9) Except that for purposes of Part A of this sub-chapter such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases.

The Secretary may waive the requirement of a surety bond under paragraph (7) in the case of an agency or organization that provides a comparable surety bond under State law.

**“Informatics”** means “a discipline concerned with the study of information and the manipulation of information via computer tools” (HIMSS, 2006, p. 44; McGongile & Mastrian, 2012).

**“Inservice Education”** means learning experiences provided in the work setting for the purpose of assisting staff in performing their assigned functions in that particular agency.

**“Interdisciplinary”** means, two or more persons from the same profession but different specialties (e.g.: Medical / Surgical Nurse and Labor and Delivery Nurse).

**“Interprofessional Education”** means, students from two or more health care professions learning with, from and about each other to enhance collaboration in a shared learning environment (WHO, 2010). (e.g.: Registered Nurse and Certified Licensed Social Worker)

**“Interprofessional Collaborative Practice”** (IPCP) in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings. IPCP includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, and disease management (WHO, 2010).

**“Local Government”** means a local unit of government, including specifically a county, municipality, city, town, township, local public authority, school district, special district, intra-State district, council of governments (whether or not incorporated as a nonprofit corporation under State law), any other regional or interstate entity, or any agency or instrumentality of local government.

**“Medically Underserved Community”** as defined in section 799B (6) of the PHS Act, means an urban or rural area or population that:

- (1) is eligible for designations under section 332 of the PHS Act as a health professional shortage area;
- (2) is eligible to be served by a migrant health center (MHC), under section 329 [now 330(g)] of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);
- (3) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa) (2) of the Social Security Act (relating to rural health clinics); or
- (4) is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

In keeping with the Congressional intent that eligible entities should not be limited to formally designated Health Professional Shortage Areas (HPSAs) and populations served by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision has been expanded to include, but is not limited to the following:

- Community Health Centers (CHC)
- Migrant Health Centers (MHC)
- Health Care for the Homeless Grantees
- Public Housing Primary Care Grantees
- Rural Health Clinics, Federally designated
- National Health Service Corps (NHSC) Sites
- Indian Health Services (IHS) Sites
- Federally Qualified Health Centers

Primary Medical Care Health Professional Shortage Areas (HPSAs)  
State or local Health Departments (regardless of sponsor - for example, local Health Departments that are funded by the State would qualify)  
Ambulatory practice sites designated by State Governors as serving medically underserved communities

**“National of the United States”** means an individual who owes his sole allegiance to the United States, including all U.S. citizens, and including some individuals who are not U.S. citizens. These individuals would include citizens of certain U.S. possessions such as the Commonwealth of Puerto Rico, District of Columbia, Commonwealth of the Northern Marian Islands, Guam, American Samoa, the Virgin Islands, Republic of the Marshall Islands, Federated States of Micronesia, or Republic of Palau.

**“Nonprofit”** means any school, agency, organization or institution which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure to the benefit of any private shareholder or individual, as defined in Section 801(7) of the PHS Act.

**“Nursing Center”** means an organization in which the client has direct access to professional nursing service. Nurses in these centers are responsible and accountable for diagnosing, treating, and promoting health and optimal functioning of the client. Overall center accountability remains with the nurse executive. Nursing centers are commonly referred to as nurse-managed clinics, community nursing centers, nursing clinics, or nursing practice arrangements.

**“Nursing Informatics”** "means a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice" (McGongile & Mastrian, 2012, p.579).

**“Nursing Practice Arrangement”** means a delivery system managed by a school of nursing and operated by faculty, students, and staff to increase access to primary health care for medically underserved communities and populations and to provide clinical practice sites for faculty and students.

**“Primary Care”** means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. The Guidelines use “Primary Care” and “Primary Health Care” interchangeably. (Definition adapted from Barbara Starfield, Primary Care Concept, Evaluation, and Policy, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine: Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, Committee on the Future of Primary Care, Division of Health Care Services, Primary Care: America's Health in a New Era, Summary, National Academy Press, Washington, DC, 1996, p. 23.)

**“Primary Health Care”** means care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services including:

- (1) Promotion and maintenance of health;
- (2) Prevention of illness and disability;
- (3) Basic care during acute and chronic phases of illness;
- (4) Guidance and counseling of individuals and families;
- (5) Referral to other health care providers and community resources when appropriate; and,
- (6) Nurse-midwifery services when appropriate.

In providing such services:

- (1) Physical, emotional, social, and economic status, as well as the cultural and environmental backgrounds of individuals, families and communities (where applicable) are considered;
- (2) The client is provided access to the health care system; and
- (3) A single provider or team of providers, along with the client, is responsible for the continuing coordination and management of all aspects of basic health services needed for individual and family care.

**“Professional Nurse”** means a registered nurse who has received initial nursing preparation from a diploma, associate degree, or collegiate school of nursing and who is currently licensed in a State to practice nursing.

**“Program”** means a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competencies to practice.

**“Program for the Education of Nurse Practitioners or Nurse-Midwives”** means a full-time educational program for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) which meets the regulations and guidelines prescribed by the Secretary and which has as its objective the education of nurses who will, upon completion of their studies in such program, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, where appropriate, and other health care institutions. Or if a generic or entry-level master’s program, the individual must be eligible for licensure as a registered nurse prior to or upon graduation.

**“Project”** means all proposed activities, including educational programs, specified or described in a grant application as approved for funding.

**“Public Health Nurse”** in the advanced education nursing program means a registered nurse who has successfully completed a master’s and/or doctoral degree program of study designed to prepare nurses for the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

**“Public Health Nursing Practice”** means the systematic process by which:

- (1) The health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death;
- (2) A plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death;
- (3) The plan is implemented effectively, efficiently, and equitably;
- (4) Evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the populations; and
- (5) The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, State and national health policy and research to promote health and prevent disease. (APHA Public Health Nursing Section, 1996).

**“Quality Improvement”** means an organizational philosophy that seeks to meet client needs and expectations with the minimum of effort or rework or waste, by using a structured process that selectively identifies and improves all aspects of care and service on an ongoing basis.

**“Race”** means according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White.<sup>1</sup> The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African-American.”
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Note: See “Ethnicity” for definitions of Hispanic or Latino ethnicity.

**“Racial and Ethnic Minority Group”** means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

Minority/Minorities refer to individual(s) from a racial and ethnic minority group.

Underrepresented Minority/Minorities, with respect to a health profession, means racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. This includes Blacks or African-Americans, American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Asian Indian, or Thai).

**“Registered Nurse”** means a person who has graduated from a school of nursing and is licensed to practice as a registered or professional nurse in a State.

**“Rural Area”** means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget (OMB) based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

**“Rural Clinical Experience”** means a structured primary care clinical experience in any appropriate outpatient, home health, public health agency setting, nursing center or hospital located in a rural area.

**“Rural Health Facility”** means a hospital of less than 100 beds or other patient care facility located outside Office of Management and Budget (OMB) designated metropolitan areas. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

**“School of Nursing”** means a collegiate, associate degree, or diploma school of nursing, as defined in Section 801(2) of the PHS Act.

**“School of Public Health”** means a school which provides education leading to a graduate degree in public health and which is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education.

**“Simulated learning”** includes the use of information and telecommunications technologies, including but not limited to mannequin-based and patient simulators, computer-based instructions, virtual simulation, interactive simulated case studies, advanced 3D graphics, e-Learning technology, informatics, telehealth, and other simulated or virtual methods to enhance nursing education and practice.

**“State”** means, for the purposes of Title VIII, the government of any of the several States of the United States, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau or according to Sec. 801(8), including any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments. For purposes of PHS grants, Federally recognized Indian Tribes are treated the same way as State. State institutions of higher education and State hospitals are considered non-governmental organizations for purposes of this program.

**“Telehealth”** means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

**“Telehealth Nursing”** means the use of telehealth/telemedicine technology to deliver nursing care and conduct nursing practice.” Telenursing, telehealth nursing, nursing telepractice are interchangeable. Telehealth nursing is not a specialty area in nursing. (Definition from: [http://www.americantelemed.org/files/public/MemberGroups/Nursing/Fact\\_Sheet\\_FINAL.pdf](http://www.americantelemed.org/files/public/MemberGroups/Nursing/Fact_Sheet_FINAL.pdf))

**“Telemedicine”** means the use of electronic communication and information technologies to provide or support clinical care at a distance. Included in this definition are patient counseling, case management, and supervision/preceptorship of rural medical residents and health professions students when such supervising/precepting involves direct patient care

**“Underrepresented Minorities”** means racial and ethnic populations that are underrepresented in the registered nurse population relative to the number of individuals who are members of the population involved. Underrepresented minorities include Black or African Americans, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

## **IX. Tips for Writing a Strong Application**

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

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