

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

Bureau of Health Professions

Division of Nursing

Nurse Anesthetist Traineeship Program (NAT)

**Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT

FISCAL YEAR 2012

Phase 1: Application Due Date in Grants.gov: March 29, 2012

Phase 2: Supplemental Information Due Date in EHBs: April 10, 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: Title VIII, Section 811(a)(2) of the Public Health Service (PHS) Act, (42 U.S.C. 296j(a)(2)), as amended by Section 5308 of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148.

EXECUTIVE SUMMARY

The purpose of the Nurse Anesthetist Traineeship (NAT) Program is to provide traineeship support for licensed registered nurses enrolled as full-time students in a master's or doctoral nurse anesthesia program. Traineeships will pay all or part of the costs of the tuition, books, and fees, and the reasonable living expenses (stipends) of the individual during the period for which the traineeship is provided. The funds appropriated for the NAT Program are distributed among eligible institutions based on a formula. Based on the President's budget, approximately \$2,250,000 million is estimated to be available in fiscal year (FY) 2012 to support eligible nurse anesthetist programs.

CHANGES IN THE FY 2012 FUNDING OPPORTUNITY ANNOUNCEMENT FOR THE NAT PROGRAM

- The NAT Program will now support both first and second year nurse anesthesia students. Applicants will now enter the number of nurse anesthesia students that were supported during their first 12 months of study on NAT Table 1 under the column "*Total # of NAT students supported 7/1/10 – 6/30/2011*".
- Page limit increase from 35 pages to 40 pages.
- Change in the length of support for students.
- Increase in the cap on textbook allowance from \$500 to \$1,500 per student per year.
- Increase in the cap on stipends from \$21,180 to \$22,000 per student per year.
- New NAT BHPr Performance Measures.
- HRSA is restructuring the NAT formula to calculate the award amounts per school to:
 - Consolidate funding and increase total funding level for the program; and
 - Support students in both the first 12 months of study and beyond the first 12 months of study.

Eligible applicants are collegiate schools of nursing, nursing centers, academic health centers, State or local governments and other public or private nonprofit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802. All Nurse Anesthetist Programs must be accredited as outlined in this Funding Opportunity Announcement.

FUNDING FACTORS

In the NAT Program, two funding factors—the statutory funding preference and special consideration—are available and provide a favorable financial adjustment of the formula that determines the amount of the grant award. Details on their definition and application in the NAT Program are described in Section V.2.

**** TECHNICAL ASSISTANCE GoToWebinar****

A NAT Technical Assistance GoToWebinar is scheduled for the FY 2012 application cycle for Tuesday, March 13, 2012 – 1:00pm-3:00pm ET. Technical Assistance will help prepare NAT applicants for the FY 2012 application period, communicate significant program changes, visually highlight key steps and procedures on the NAT Tables and offer applicants an opportunity to ask questions pertaining to the information presented in the GoToWebinar.

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I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The purpose of the Nurse Anesthetist Traineeship (NAT) Program is to provide traineeship support for licensed registered nurses enrolled as full-time students in a master's or doctoral nurse anesthesia program. Traineeships will pay all or part of the costs of the tuition, books, and fees, and the reasonable living expenses of the individual during the period for which the traineeship is provided. This program is authorized by Title VIII of the Public Health Service (PHS) Act, Section 811(a)(2), (42 U.S.C. 296j(a)(2)), as amended by Section 5308 of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148.

Requirements for the Nurse Anesthetist Traineeship Program

The institution must adhere to all statutory requirements, the NAT Program Terms which are also stated in the Notice of Award (if funded) and the use of grant funds, student eligibility, appointment of student trainees, length of support and termination of student trainees. The grantee is responsible for the disbursement of grant funds to eligible NAT students.

NAT Program Terms

1. Nurse Anesthetist Traineeships may be awarded to full-time nurse-anesthetist students who are enrolled in both the first and second year of study in an accredited Nurse Anesthesia Program.
2. Grant funds may not be used for travel, daily commuting costs of trainees, non-trainee expenses, or indirect costs of the educational institution.
3. Grant expenditures are limited to the payment of all or part of the costs of tuition and fees, books (up to \$1,500 per trainee for required books) and reasonable living expenses (stipends) shall not exceed \$22,000 per trainee per annum. Periods involving less than a year are to be prorated for reasonable living expenses (stipends) of the individual during the period for which the traineeship is provided.
4. Statement of Appointment form must be signed by the project director and trainee and maintained at the institution for a period of three years, primarily for auditing and data collection purposes. The trainee should receive a copy.
5. All nursing programs and consortium partners, if applicable, associated with the project must be accredited for the purpose of nursing education. The grantee must provide evidence of continued/ongoing accreditation by the appropriate national nurse education accrediting agency or State approval agency recognized by the Secretary of the United States Department of Education within 30 days of its decisions. Failure to do so could result in a disallowance of expenditures.

Use of Grant Funds – The grantee is responsible for the disbursement of grant funds to eligible students. The following statements indicate how traineeship grant funds may be used:

- 1) NAT grant funds may be used only to support traineeships awarded under the terms of the Notice of Award.
- 2) Reasonable living expenses (stipends) for students during the traineeship cannot exceed \$22,000 per year, and are to be pro-rated for training periods involving less than 12 months.

- 3) Full or partial tuition and fees are allowable costs.
- 4) Required textbooks are an allowable cost up to \$1,500 per trainee. Books for library or personal use may NOT be charged to the grant.
- 5) Trainee travel is NOT an allowable expense.
- 6) Indirect Costs (Facilities & Administrative Costs) are not applicable to the NAT Program.

Appointment of Trainees – The grantee is responsible for the appointment of eligible students as trainees, following the receipt of the Notice of Award:

- 1) For FY 2012, students in the first and second years of an accredited nurse anesthesia education program are eligible to receive support under the NAT Program.
- 2) A trainee may be **appointed** at the beginning of any academic period, including a summer session, which falls within the budget period specified by the current Notice of Award.
- 3) The training period supported by a traineeship may extend beyond the budget period only if the training is continuous.
- 4) Each new appointment or reappointment must be made for a period of not less than 9 months, except to complete the required program of study.
- 5) No appointment may exceed 12 months. A re-appointment may not exceed 9 months.
- 6) The traineeship is not transferable from the grantee institution which provided the support. An appointment may be provided by more than one institution if the student who has a traineeship at one institution receives an appointment in another institution, but only if the cumulative traineeship support received does not exceed 30 months.
- 7) A Statement of Appointment form must be signed by the Project Director and trainee and must be maintained at the institution for a period of three years, primarily for auditing and data collection purposes. Trainees must agree to provide the institution with the necessary information to complete the required Statement of Appointment form. The trainee should receive a copy. The most recent Statement of Appointment form may be accessed via the following link: <http://grants.nih.gov/training/phs2271.pdf>. Although, the form indicates to “Return this form to the PHS awarding component,” for this program, the form should be maintained at the institution and not submitted to HRSA.
- 8) Trainees must agree to submit data regarding professional activity following graduation to the School of Nursing.

Length of Support – Under the NAT Program, the maximum length of support per student is limited to a cumulative total of 30 months. The initial traineeship appointment must be made for a full academic year, not to exceed 12 months. However, a shorter appointment or re-appointment may be made when necessary to enable the trainee to complete the training program.

Termination of Trainees – The grantee is responsible for monitoring the academic success or failure of each trainee and for the termination of an NAT trainee, if the trainee:

- 1) is unable to complete the program of study for which the traineeship was awarded;
- 2) withdraws from the institution prior to the scheduled completion of the program;
- 3) fails to meet the predetermined academic standards of the institution; or
- 4) requests to terminate NAT Program support.

2. Background

Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP) programs provide 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.

HRSA's health professions programs are designed to address these growing shortages throughout the country. These programs, which include a wide-range of training programs, scholarships, loans, and loan repayments for health professions students and practitioners, are essential to producing health professionals who provide high quality, culturally competent health care.

Nursing education and practice are a central focus of BHP's healthcare workforce strategy. The BHP's Division of Nursing provides national leadership in the development, supply, and utilization of a diverse, culturally competent nursing workforce that can adapt to the nation's changing health care needs and provide the highest quality care for all. Health professions grants improve access to health care by helping health professions training programs address some of the most pressing needs across the U.S. health workforce.

- **Distribution**--encouraging clinicians to practice in underserved areas and care for underserved people.
- **Diversity**--increasing the number of racial and ethnic minority clinicians to mirror the U.S. population.
- **Development**--preparing clinicians to meet the growing need for primary health care in general, and more specifically, primary health care for underserved populations, including the young, the old, people with disabilities, and other high-risk groups.

NAT History

The Nurse Training Amendments of 1979 (P.L. 96-76) authorized Nurse Anesthetist Traineeships. The Nurse Training Act of 1985 included legislative changes. Funding for Nurse Anesthetist Programs was covered under one amendment to the law.

According to the American Association of Nurse Anesthetists (AANA), CRNAs have provided anesthesia care to patients in the United States of America for almost 150 years. CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100 percent of the rural hospitals.

CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, public health services, and Department of Veterans Affairs healthcare facilities.

Nurse Anesthetists have been the main providers of anesthesia care to U.S. military personnel on healthcare facilities. Nurse Anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines since WWI, including current conflicts in the Middle East. The credential CRNA (Certified Registered Nurse Anesthetist) came into existence in 1956.

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine. Reference: American Association of Nurse Anesthetists, <http://www.aana.com/ceandeducation/becomeacrna/Pages/Nurse-Anesthetists-at-a-Glance.aspx>

II. AWARD INFORMATION

1. Type of Award

Funding will be provided in the form of a grant. The funds appropriated for the NAT program are distributed among eligible institutions based on a formula.

The appropriation for the program is distributed among the eligible applicants based on a formula:

- Step 1: Determine the number of schools that meet the funding preferences. The total amount for the funding preferences is subtracted from the appropriation.
- Step 2: From the remaining balance of the appropriation, the cost (dollar) per eligible trainee is calculated by dividing the remaining balance by the total FTE (total enrollees plus the total graduates).
- Step 3: The award to each applicant is calculated by multiplying the cost (dollar) per trainee by the total FTE plus the amount for each preference that is met.

2. Summary of Funding

The NAT Program will provide funding during federal fiscal year 2012. Approximately \$2,250,000 million is expected to be available to fund eligible nurse anesthesia programs. Because of the formula, awards to new schools/programs with few enrollees or graduates may be limited and a minimum award of \$1,000 may be awarded.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligible applicants are collegiate schools of nursing, nursing centers, academic health centers, State or local governments and other public or private nonprofit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802.

Eligible Applicants must be accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists. Other accrediting agencies, if applicable, may include the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC).

All nursing programs and consortium partners associated with the project and conferring degrees must be accredited for the purpose of nursing 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 application.

Accreditation for Newly Established Graduate Program 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.

Applicants requesting support for doctoral programs should include documentation of accreditation of their graduate programs. Nurse Anesthetist program applicants must include accreditation from COA for both master's and doctoral level programs.

Approvals. Applicants must provide documentation of all approvals (as defined in Section VIII of this Funding Opportunity Announcement) needed to enroll students into a new master's or doctoral program. The documentation **must be included in the application** when it is submitted in order to be considered for funding. This includes approval from the school, the college/university and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

2. Cost Sharing/Matching

Cost sharing/matching is not required for the NAT program.

3. Other

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 grantee must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

Number of Applications: Applicants may submit **only one application per campus**. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty.

Proof of Accreditation: Applications that fail to provide proof of accreditation will be

considered non-responsive, and the application will not be considered for funding under this announcement.

Eligible Students – To be eligible for NAT Program support, the student must be:

1. A registered nurse **enrolled full-time** in a master’s or doctoral nurse anesthesia program;
2. A citizen of the United States, a non-citizen national, or foreign national who possesses a visa permitting permanent residence in the United States (individuals on temporary or student visas are NOT eligible to receive NAT Program support);
3. Eligible to sit for the certification examination from the American Association of Nurse Anesthetists (AANA) Council on Certification of Nurse Anesthetists to become a Certified Registered Nurse Anesthetist (CRNA) upon program completion;
4. Agree to participate in a longitudinal study conducted by HRSA during and after use of traineeship funding.

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 and the HRSA EHBs. 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, and provide details as to why they are technologically unable to submit electronically through the Grants.gov / HRSA EHBs portals. Your email must include the HRSA announcement number for which you are seeking relief, the organization’s DUNS number, 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 / HRSA EHBs Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the “Rejected with Errors” notification you received from Grants.gov / HRSA EHBs. **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.

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 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

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 Standard Form 424 Research and Related (SF-424 R&R) appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

IMPORTANT NOTE: HRSA uses a two-tier submission process for the NAT applications via Grants.gov and the HRSA EHBs:

- **Phase 1 – Grants.gov** - Standard Form (SF-424 R&R Form), SF-424B, Project/Performance Site Location(s) Form, and if applicable, the SF-LLL Disclosure of Lobbying Activities form must be submitted via Grants.gov with a due date of March 29, 2012.
- **Phase 2 - HRSA EHBs** – Biographical Sketch, Project Abstract, Program Narrative, NAT Attachments, Special Consideration Assurance Statement and NAT Program Specific Tables

must be submitted via the HRSA's EHBs with a due date of April 10, 2012.

Only applicants who successfully submit an application in Grants. Gov (Phase 1) by the due date may submit the additional information and NAT Program Specific Tables in HRSA's EHBs (Phase 2).

The total size of all uploaded files may not exceed the equivalent of 40 pages when printed by HRSA. The total file size may not exceed 10 MB. The 40-page limit includes the project abstract, program narrative, and attachments. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 40-page limit. Do not reduce the size of the fonts or margins to save space. When converted to a single PDF, fonts will be changed to the required 12-point size and one-inch margins will be restored (per formatting instructions in Section 5 of the Electronic Submission User Guide referenced above). The 40-page limit will then be imposed.**

Applications must be complete, within the 40-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

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

SF-424 R&R Short Application Kit/ NAT Program – Table of Contents for Grants.gov

-  **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 and 2. | Not counted in the page limit. |
| Project/Performance Site Locations(s) | 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 the SF-424 Performance Site Location(s) form. Single document with all additional site locations. | Not 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. |
| Disclosure of Lobbying Activities (SF-LLL) | Form | Supports structured data for lobbying activities. | Not counted in the page limit. Complete if applicable. |

-  **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.**
-  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 fewer than 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.

Table of Contents for HRSA EHBs

NAT Tables 1 through 5 and the Special Consideration Assurance Statement must be entered electronically into the HRSA EHBs as Phase 2 of the application process.

| Application Section | Form Type | Instruction | HRSA/Program Guidelines |
|---|------------------|--|---|
| NAT Program Tables | Form | <p>Table 1 - NAT: Enrollment, Traineeship Support, Graduate and Projected Data</p> <p>Table 2A - NAT: Graduate Data – Rural, Underserved, or Public Health</p> <p>Table 2B - NAT: Graduates Supported by Traineeship Data – Rural, Underserved, or Public Health</p> <p>Table 3 - NAT: Ethnicity Data</p> <p>Table 4 – NAT: Race /Disadvantaged Data</p> <p>Table 5 – NAT: Age and Gender Data</p> | <p>All Tables are counted in the page limit.</p> <p>NAT Table 2A and NAT Table 2B are counted as separate pages in the page limit.</p> <p>NAT Tables 4A, 4B, and 4C are counted as separate pages in the page limit.</p> |
| Special Consideration Assurance Statement | Form | NAT Special Consideration Assurance Statement | To be entered electronically into the HRSA EHB in Phase 2 of the application process. |
| Project Abstract | Attachment | Complete in HRSA EHBs. | Required attachment. Counted in the page limit. Refer to FOA for detailed instructions. |
| Project Narrative | Attachment | Complete in HRSA EHBs. | Required attachment. Counted in the page limit. Refer to FOA for detailed instructions. |

| Attachment Number | Attachment Description (Program Guidelines) |
|--------------------------|--|
| Attachment 1 | Full-Time Status/Tuition, Fees and Stipends. Counted in the page limit. |
| Attachment 2 | Accreditation Documentation and Approval Documentation. Counted in the page limit. |
| Attachment 3 | Biographical Sketch for the Project Director. Counted in the page limit. |
| Attachment 4 | Maintenance of Effort Documentation. Counted in the page limit. |
| Attachments 5-15 | Other NAT Attachments not required elsewhere. Counted in the page limit. |

Application Format

i. Application Face Page

Complete Application SF-424 R&R Short Form provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic (CFDA) Assistance, the CFDA Number is 93.124.

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 due date 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

The NAT Program is a formula-based grant program that does not require submission of a formal budget. **However, enter the dollar amount of the Total Estimated Project Funding on the SF 424 R&R – Estimated Project Funding Section (for data analysis purposes only as this data will not be used in the formula calculation for the award).** Indirect Costs (Facilities and Administrative - F&A Costs) are not applicable to the NAT Program.

iv. Budget Justification

The NAT Program is a formula-based grant program that does not require submission of a formal budget. A budget justification is not required.

v. Staffing Plan and Personnel Requirements – HRSA EHBs

Applicants must provide a Biographical Sketch for the Project Director that will be assigned to the project. Include as Attachment 3 in the HRSA EHBs.

vi. Assurances – Grants.gov

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the Grants.gov application package.

vii. Certifications – Grants.gov

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 5 in the HRSA EHBs.

viii. Project Abstract – HRSA EHBs

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this abstract so that it is clear, accurate, concise, and without reference to other parts of the application.

The abstract should provide the following:

- 1) A brief overview of the project as a whole, and its special focus, including the NAT Program's purpose, disciplines, and number of students involved;
- 2) Specific, measurable objectives which the project will accomplish;
- 3) How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

Attach the Project Abstract in the Other Information – Other Project Information section in the HRSA EHBs.

Please place the following at the top of the project abstract:

- Project Director Name and Credentials
- Project Title
- Applicant Organization Name
- Address
- Project Director's Contact Phone Numbers (Voice, Fax)
- Project Director E-Mail Address
- Organization Web Site Address, if applicable

The Project Abstract must be single-spaced and limited to one page in length.

ix. Project Narrative – HRSA EHBs

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be **succinct**, self-explanatory and well organized.

Attach the Project Narrative in the Other Information – Other Project Information section in the

HRSA EHBs.

Use the following section headers for the Project Narrative:

- **INTRODUCTION**

This section should briefly describe the purpose of the proposed project and include a brief description of the nurse anesthesia program offered at the institution. A statement regarding eligibility for graduates of the program to sit for the national certification examination from the American Association of Nurse Anesthetists (AANA) Council on Certification of Nurse Anesthetists must be included in the Program Narrative. Also, include the accreditation documentation (accreditation letter, accreditation certificate, if applicable letter of reasonable assurance) as Attachment 2 in the HRSA EHBS.
- **NEEDS ASSESSMENT**

Briefly describe the institution's need for traineeship support and the impact that the traineeship program has on the institution.
- **ACCOMPLISHMENT SUMMARY (if applicable)**

All currently funded grantees, and applicants that have received funding in the last four years, must include a brief (3 pages maximum) accomplishment summary if the application is for the same program area and discipline as currently or previously funded. For previously funded programs, briefly describe the benefits and effects that the NAT Program has on your students and programs. A well-presented accomplishment summary provides a description of the degree to which the applicant met previous project objectives. It should present the quantitative and qualitative measures used to evaluate the project in the context of each funded objective and the results obtained for each, including the number of trainees. It should address how performance and evaluation information was used to develop the project for which funding is being requested. It should include a list of articles published in peer-reviewed journals presenting the outcomes of activities supported by grant funds if applicable.
- **EVALUATION PLAN**

HRSA requires programs to report program accomplishments on program completers in order to evaluate the effectiveness of their training program in producing Nurse Anesthetists who provide primary care services to underserved populations. HRSA anticipates establishing guidelines for program evaluations in the coming year and will provide additional information at a later date.

Applicants must present an evaluation plan that addresses the following elements:

 - A. Evaluation technical capacity: current evaluation experience, skills, and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
 - B. Evaluation methods: evaluation questions; instruments/tools used; primary/secondary data sources, milestones, timeline, etc.;
 - C. Quality assurance plan: process to validate data collection and results; and
 - D. Evaluation report: written description of evaluation activities, results, challenges, and recommendations.
- **ORGANIZATIONAL INFORMATION**

Provide information on the School of Nursing or sponsoring institution's current mission and structure, scope of current activities, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

x. NAT Program Specific Forms – HRSA EHBs

The following tables and instructions are specific for the NAT Program and can be found in Appendix A.

Table 1: NAT: Enrollment, Traineeship Support, Graduate and Projected Data

Table 2A: NAT: Graduate Data – Rural, Underserved, or Public Health

Table 2B: NAT: Graduates Supported by Traineeship Data – Rural, Underserved, or Public Health

Table 3: NAT: Ethnicity Data

Table 4: NAT: Race / Disadvantaged Data

Table 5: NAT: Age and Gender Data

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.

All of the following attachments should be submitted in HRSA EHB's:

Attachment 1: NAT Full-Time Status Tuition, Fees and Stipends

Full-Time Status

Provide information on how the applicant institution defines the following:

- (1) Full-time graduate study: Indicate the number of credit hours or units required per term.

Tuition, Fees and Stipends

- (1) Provide the in-state and out-of-state tuition costs for full-time students.
- (2) Based on the "Projected Full-time Student Enrollees" reported on Table 1, indicate the **total cost of tuition and fees** that would be required to support all the graduate students eligible for support from July 1, 2011 - June 30, 2012 based on \$22,000 for a 12-month period, if funds were available.
- (3) Based on the "Projected Full-time Student Enrollees" reported on Table 1, indicate the **total cost of stipend support** that would be required to support all the graduate students eligible for support from July 1, 2011 - June 30, 2012, if funds were available.

Attachment 2: Accreditation and Approval Documentation

Accreditation Instructions: Provide the name of the education program that is accredited (i.e., Master of Science in Nurse Anesthesia, Doctor of Nurse Anesthesia Practice) and the national nursing accrediting agency (i.e., Council on Accreditation of Nurse Anesthesia Educational Programs) along with the expiration date. If a site visit is scheduled within the next 12 months, provide the date for the visit. Use the following format:

Masters of Nurse Anesthesia

Accredited by: Council on Accreditation of Nurse Anesthesia Educational Programs
Expiration Date: June 30, 2015
Next site visit: Fall 2014

ACCREDITED PROGRAMS - DOCUMENTATION

Attach the Accreditation Documentation (letter or certificate; letter from the United States Department of Education) providing reasonable assurance of accreditation of the Program. Programs must be accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.

ACCREDITATION OF NEW PROGRAMS

The following process must be followed for new graduate program applicants just beginning the accreditation process who wish to establish eligibility:

- The applicant must contact a national nursing accrediting agency recognized by the Secretary of the Department of Education to obtain a reasonable assurance letter. These agencies are listed above. The letter from the recognized agency should state whether there is reasonable assurance that the new program will be able to meet the accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program. The letter from the recognized accrediting body must answer the following questions related to the new program:
 - 1) Is this program actively pursuing accreditation with your agency?
 - 2) Provide the dates on which the on-site evaluation is scheduled for the program and the dates on which the agency is expected to make an accreditation decision about the program.
 - 3) Are any other nursing education programs at this institution currently accredited by your agency, and are those programs in good standing with your agency?
 - 4) At this point in the application process, 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 evaluations that have occurred.
 - 5) Based on your records, does the program have the ability to meet the accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program.
 - 6) Based on your agency's review of the 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 graduation date of students of the first entering class in the program? If so, why?

- The applicant will submit the request for a letter of assurance along with attached copies of the letter from the recognized body and any supporting documentation regarding the accreditation or approval of the nursing program to:

United States Department of Education
 Office of Postsecondary Education
 Department of Education Organizational Structure and Offices
[Accreditation and State Liaison \(ASL\)](#)
 1990 K Street NW, Room 7008
 Washington, District of Columbia 20006-8509
 Telephone: (202) 219-7011 or 202-219-7018
 Fax: (202) 219-7005
 Attn: Dr. Nancy C. Regan
 Email to: Nancy.Regan@ed.gov

- To allow for processing time, **at least 30 days prior to the HRSA application due date of March 29, 2012**, applicants should submit to the Department of Education the above information, with their request for a letter documenting the Secretary’s determination that there is “reasonable assurance” the new graduate program will meet the appropriate accreditation standards and achieve accreditation prior to the beginning of the academic year following the graduation date of students of the first entering class in the program. The program will need to include a contact name(s), address(es), phone number(s), and email addresses with all correspondence sent to the Department of Education.
- The Department of Education staff will review the documents submitted by the applicant, make a “reasonable assurance” determination, and send the applicant a letter documenting the Secretary’s determination.
- The applicant must include this letter from the Department of Education with the HRSA program application. Failure to provide the Department of Education’s letter with the HRSA program application will render the application non-responsive and the application will not be considered for funding under this announcement.

NEW PROGRAM APPROVAL DOCUMENTATION

Each University/College has a unique process for gaining approval to start new programs. Applicants must provide documentation of all approvals (as defined in Section VIII of this funding opportunity announcement) needed to enroll students into a new master’s or doctoral program. The documentation **must be included in the application** when it is submitted in order to be considered for funding. This includes approval from the school, the college/university, and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

Attachment 3: Biographical Sketch of the Project Director

Include a Biographical Sketch, not to exceed two pages in length. When applicable, Biographical Sketches should include training, language fluency and experience working with the cultural and

linguistically diverse populations that are served by their programs. Each proposed project may have **only one** Project Director.

Attachment 4: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURE

| FY 2011 (Actual) | FY 2012 (Estimated) |
|--|--|
| <p>Actual FY 2011 non-federal funds, including in-kind, expended for activities proposed in the application. If proposed activities are not currently funded by the institution, enter \$0.</p> | <p>Estimated FY 2012 non-federal funds, including in-kind, designated for activities proposed in the application.</p> |
| <p>Amount: \$ _____</p> | <p>Amount: \$ _____</p> |

Attachments 5 – 15: Other NAT Attachments not required elsewhere. Counted in the page limit.

3. Submission Dates and Times

Application Due Dates

The due date for applications under this Funding Opportunity Announcement in Grants.gov (Phase 1) is March 29, 2012 at 8:00 P.M. E.T. The due date to complete all other required information in HRSA’s EHBs (Phase 2) is April 10, 2012 at 5:00pm E.T. Applications completed online are considered formally submitted and meeting the deadline if: (1) the application has been successfully transmitted electronically by your organization’s Authorized Organization Representative (AOR) through Grants.gov and it has been validated by Grants.gov on or before the deadline date and time, and (2) the Project Director has entered the HRSA EHBs to review the application, and the AOR submits additional information for the application 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 due dates 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).

After successful submission in Grants.gov (Phase 1) and subsequent processing by HRSA, you will be notified by HRSA confirming the successful receipt of your application and the requirements for the Project Director and Authorizing Official to review and submit additional information in the HRSA’s EHBs (Phase

2). Your application will not be considered compliant and complete unless you review and submit the additional information in HRSA's EHBs by the due date.

Notifications from HRSA EHBs are expected to go out within 7 business days from the date of submission. If you do not receive notification that your application has been successfully received, please contact the HRSA Call Center at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 p.m. ET or email callcenter@hrsa.gov. Please have your Grants.gov tracking number available.

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

5. Funding Restrictions

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

- 1) Books for library or personal use may NOT be charged to the grant.
- 2) Trainee travel is NOT an allowable expense.
- 3) Indirect (F&A) Costs are not applicable to the NAT Program.

Because of the formula, awards to new schools/programs with few enrollees or graduates may be limited and a minimum award of \$1,000 may be awarded.

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 and the HRSA EHBs. 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 register** in Grants.gov and become 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 register 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 Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password

- Register and approve 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 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 dates. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadlines. Therefore, you are urged to submit your application in advance of the deadlines. If your application is rejected by Grants.gov / HRSA EHBs due to errors, you must correct the application and resubmit it to Grants.gov / HRSA EHBs before the deadline date dates and times. 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 / HRSA EHBs.

Tracking your application: It is incumbent on the applicant to track application by using the Grants.gov tracking number (GRANTXXXX) 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 due date.

V. APPLICATION REVIEW INFORMATION

1. Review Criteria

The NAT Program is a formula-based grant program. HRSA is responsible for the review of each application for eligibility including accreditation status, Project Director qualifications, completeness and accuracy (including the data reported on NAT Tables 1 – 5) and compliance with the requirements outlined in this Funding Opportunity Announcement.

2. Review and Selection Process

The funds appropriated for the NAT Program are distributed among eligible institutions based on a formula. Applicants are required to provide program data on student enrollment, traineeship support and graduates. **Program data reported on NAT Tables 1 and 2A are used to determine funding.** Program data reported on NAT Tables 2B – 5 are essential for data analysis and performance measurements. All NAT Tables must be submitted electronically in the HRSA EHBs with the Phase 2 submission. **Applications received without the appropriate tables will be deemed non-responsive to the Funding Opportunity Announcement and will not be considered for funding under this announcement.**

FUNDING FACTORS

In the NAT Program, two funding factors—the statutory funding preference and special consideration described below—are available and provide a favorable financial adjustment of the NAT formula that is used in determining the amount of the grant award.

Statutory Funding Preference

The authorizing legislation, PHS Act, Section 805, 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. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows: As provided in Section 805 of the PHS Act, a statutory funding preference will be applied to projects “that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.” For the purpose of this statutory funding preference, data collected on practice setting locations of graduates reported in Table 2A- NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/10 - 6/30/11) will be used to determine if the applicant has requested and met the requirement. Credit for the statutory funding preference will be automatically computed.

For purposes of the statutory funding preference, projects that “substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments” are ones that will result in a “high rate” of graduates accepting positions in practice settings that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.”

“High rate” is defined as a minimum of 40 percent of graduates in academic year 7/1/2010-6/30/2011 who spend at least 50 percent of their work-time in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments.

Special Consideration

A special consideration is defined as the enhancement of priority scores based on the extent to which the application addresses areas of concern in a discretionary program. For the NAT Program, Section 811(g)(2) of the PHS Act provides for a “Special Consideration” to any eligible entity that “agrees to expend the award to train advanced education nurses who will practice in health professional shortage areas designated under Section 332” of the PHS Act.

Special consideration will be given to those applicants who provide a statement that a **minimum of ten (10) percent** of the students have signed commitments to practice in health professional shortage areas (HPSAs) after graduation, contingent to receiving some type of student assistance. Students who have signed such agreements are subject to the terms and conditions as identified by the student assistance programs in the school. Applicants requesting Special Consideration must assure compliance by submitting a “Special Consideration Assurance Statement” (electronic version) in the HRSA EHBs. Signed commitments must be retained by the school of nursing for three years. **Signed commitments must not be mailed to HRSA, but should be retained by the school of nursing for three years.**

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the review process, including whether the application was eligible for funding. Applicants who are eligible 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 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 one year project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent by the start date of July 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.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity 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 103-227, 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.

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>.

HEALTHY PEOPLE 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has 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>.

Diversity

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPr) 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, BHPr 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.

To the extent possible, program grant activities should strive to support the guiding principles identified by BHP_r to increase diversity in the health professions workforce.

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.

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 <http://www.dpm.psc.gov> for additional information.

c. Status Reports

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of the 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 and Final Reports.** For grantees who submit applications for funding in the following year, the application itself serves as the progress/final report for the preceding grant. For grantees who do not submit applications in the following year, HRSA requires that they submit a brief final report that includes the information that would have been included in the accomplishments summary of the application within 90 days of the end of the grant.

Effective fiscal year 2012, NAT Grantees in this program are now required to submit BHP Performance Measures.

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:

Ardena Githara
Grants Management Specialist
ATTN: NAT (A22)
Division of Grants Management Operation, OFAM
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Telephone: 301-443-4903
Fax: 301-443-6343
Email Address: AGithara@HRSA.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding opportunity announcement may be obtained by contacting:

Karen Delia Breeden, MPA
Public Health (Program) Analyst
ATTN: NAT (A22)
Bureau of Health Professions, HRSA
Division of Nursing
5600 Fishers Lane Room 9-61

Rockville, MD 20857
Telephone: 301-443-5787
Fax: 301-443-0791
Email Address: KBreeden@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 Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

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

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

VIII. OTHER INFORMATION:

**** TECHNICAL ASSISTANCE GoToWebinar****

A NAT Technical Assistance GoToWebinar is scheduled for the FY 2012 application cycle for Tuesday, March 13, 2012 – 1:00pm-3:00pm ET. Technical Assistance will help to prepare NAT applicants for the FY 2012 application period, communicate significant program changes, visually highlight key steps and procedures on the NAT Tables and offer applicants an opportunity to ask questions pertaining to the information presented in the GoToWebinar.

PROGRAM DEFINITIONS

“Academic Health Center” means 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. While the organization and structure may vary, it must include an accredited school of nursing.

“Accredited” means a program accredited by a 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. The Secretary of Education publishes a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be a reliable authority as to the quality of education offered at <http://ope.ed.gov/accreditation/>.

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of students of the first entering class in such a program. (See section 801(6)(B) of the PHS Act).

“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, or letter from State Board of Nursing. Each university/college has a unique process for gaining approval to start new programs, especially new master’s 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.

“Authorized Official / Authorized Organizational Representative” means the individual authorized by the applicant organization to act for the applicant and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. Responsibilities include: submitting the grant on behalf of the company, organization, institution, or Government and signing grant applications and the required certifications and/or assurances necessary to fulfill the requirements of the application process.

“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 functional or 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, 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(6) of the PHS Act.

“Cultural competence” means a set of academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities within, as well as among and between, groups. This requires willingness and ability to draw on values, traditions, and customs of the populations served and the ability to develop culturally sensitive interventions. Curriculum is a set of

courses constituting an area of specialization. Didactic training involves traditional classroom or virtual education forums wherein trainees receive instruction from designated faculty members and/or clinicians.

“Direct Costs” means costs that can be specifically identified with a particular project or activity. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the project or activity.

“Diversity” as defined by BHP_r means the proportion and number of individuals from groups underrepresented among students, faculty, administrators, and staff (i.e., structural diversity). Diversity, however, can also be conceptualized as the diversity of interactions that take place on campus (e.g., the quality and quantity of interactions across diverse groups and the exchange of diverse ideas), as well as campus diversity-related initiatives and pedagogy (e.g., the range and quality of curricula and programming pertaining to diversity, such as cultural activities and cultural awareness workshops).”

“Doctoral Program in Nursing” means a program of instruction beyond the baccalaureate and master’s degrees in nursing (e.g. PhD, DNS, DSN, DNSc, DNP and DNAP). Doctoral programs in nursing fall into two principal types: research focus and practice focus.

“Educationally Disadvantaged” means an individual who (1) educationally comes from an environment that has inhibited the individual from obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school or (2) economically 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 the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all health professions programs.

Examples of criteria for educationally disadvantaged are below:

- (1) The individual graduated from (or last attended) a high school with low SAT score based on most recent data available:
- (2) The individual graduated from (or last attended) a high school from which, based on most recent data available: (a) low percentage of seniors receive a high school diploma; or (b) low percentage of graduates go to college during the first year after graduation.
- (3) The individual graduated from (or last attended) a high school with low per capita funding.
- (4) The individual graduated from (or last attended) a high school at which based on most recent data available, many of the enrolled students are eligible for free or reduced price lunches.
- (5) The individual comes from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing).
- (6) The individual comes from a family that lives in an area that is designated under section 332 of the Act as a health professional shortage area.
- (7) The individual would be the first generation in a family to attend college

“Enrollee” is a trainee who is receiving training in a program, but has not finished the program during a given grant year. Enrollees do not include graduates or program completers.

“Ethnicity” means two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.” “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

“Full-Time Student” means a student who is enrolled on a full-time basis as defined by the institution.

“Graduate” means a trainee who has successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.

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

“Health 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.

“Health professional shortage area (HPSA)” means an area designated as having a shortage of primary medical care, dental, or mental health providers. The area may be geographic (a county or service area), demographic (low income population), or institutional (comprehensive health center, federally qualified health center, or other public facility). More information about HPSAs is available on the BHPr Web sites: <http://bhpr.hrsa.gov/shortage/> and <http://hpsafind.hrsa.gov/> .

“Indirect Costs (Facilities and Administrative - F&A Costs)” means costs incurred by an organization for common or joint objectives and cannot be identified specifically with a particular project, program or activity, but are nonetheless necessary to the operations of the organization. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as Indirect Costs (also known as Facilities and Administrative - F&A Costs). Note that Indirect Costs are unallowable for the NAT Program.

“Medically Underserved Areas/Populations (MUA/P)” means areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

“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), 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 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. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

“Nonprofit” as applied to any school, agency, organization, or institution means one 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.

“Nurse Anesthetist” means a registered nurse that has successfully completed a nurse anesthetist education program.

“Nurse Anesthetist Trainee” means a student enrolled in a graduate program and who is receiving traineeship support from a BHPnurse anesthetist traineeship grant.

“Primary Care” means the provision of **integrated, accessible health care services** by **clinicians** who are **accountable** for addressing a large **majority of personal health care needs**, developing a **sustained partnership** with **patients**, and practicing in the **context of family and community**. The term **clinician** refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients. A clinician has direct contact with patients and may be a physician, nurse practitioner, or physician assistant.

“Primary care setting” means a setting that provides integrated comprehensive and continuous, 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.

“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 competence(s) to practice.

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

“Project Director” means an individual designated by the grantee to direct the project or activity being supported by the grant. He or she is responsible and accountable to the grantee and HRSA for the proper conduct of the project or activity

“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.ⁱ 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).

“Reasonable living expense (stipend)” means a payment made to an individual under a fellowship or training grant in accordance with preestablished levels to provide for the individual's living expenses during the period of training.

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA). The White House's Office of Management and Budget (OMB) designates counties as Metropolitan, Micropolitan, or Neither. Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metro or Micro.

For more information on Metro areas, see:

<http://www.census.gov/population/www/estimates/metroarea.html>

There is an additional method of determining rurality that HRSA uses called the Rural-Urban commuting area (RUCA) codes. Like the MSAs, these are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 60,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, HRSA's Office of Rural Health Policy has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people.

For more information on RUCAs, see:

<http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/>

The HRSA website has page where you can search for eligible counties, or eligible census tracts inside Metro counties, at <http://datawarehouse.hrsa.gov/RuralAdvisor/>. You can also download a complete list of eligible areas from that page.

“School of Nursing” means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are – (A) authorized to sit for the National Council Licensure Examination-Registered Nurse (NCLEX-RN); or (B) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b), as defined in Section 801(2) of the PHS Act, as amended.

“Trainee” means a person receiving training or education in a vocation, occupation or profession.

“Underserved area/population” means but is not limited to:

- The elderly, individuals with HIV/AIDS, substance users, and survivors of domestic violence
- Homeless populations
- Health professional shortage areas/populations
- Medically underserved areas/populations
- Migrant and seasonal farm workers
- Nurse shortage areas
- Residents of public housing
- Rural communities Rural health clinic

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://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.

APPENDIX A

LIST OF NAT PROGRAM ATTACHMENTS, TABLES AND ELECTRONIC FORM INCLUDED IN THIS FUNDING OPPORTUNITY ANNOUNCEMENT

Reference page 7 of this Funding Opportunity Announcement for instructions on the document submission for Grants.gov (Phase 1) and the HRSA's EHBs (Phase 2).

Also, see the NAT Attachments and NAT Program Tables and Instructions and NAT Special Consideration Assurance Statement information below:

NAT Attachments

- Attachment 1 Full-Time Status, Tuition, Fees and Stipends (only full-time trainees are eligible for NAT support)
- Attachment 2 Accreditation and Approval Documentation of the Program
- Attachment 3 Biographical Sketch of the Project Director
- Attachment 4 Maintenance of Effort Documentation

NAT Program Tables and Instructions

- Table 1 - NAT: Enrollment, Traineeship Support, Graduate and Projected Data
- Table 2A - NAT: Graduate Data – Rural, Underserved, or Public Health
- Table 2B - NAT: Graduates Supported by Traineeship Data – Rural, Underserved or Public Health
- Table 3 - NAT: Ethnicity Data
- Table 4 – NAT: Race / Disadvantaged Data
- Table 5 – NAT: Age and Gender Data

Electronic Form

Special Consideration Assurance Statement

ATTACHMENT 1 – FULL-TIME STATUS, TUITION, FEES AND STIPENDS
(Note: NAT supports full-time study only.)

FULL-TIME STATUS

Provide information on how the applicant institution defines the following:

- (1) Full-time graduate study: Indicate the number of credit hours or units required per term.

TUITION, FEES AND STIPENDS

- (1) Provide the in-state and out-of-state tuition costs for a full-time students per year.
- (2) Based on the “Projected Full-time Student Enrollees” reported on Table 1, provide the **total cost of tuition and fees** that would be required to support all the graduate students eligible for support from July 1, 2011 - June 30, 2012 for a 12-month period, if funds were available.
- (3) Based on the “Projected Full-time Student Enrollees” reported on Table 1, provide the **total cost of stipend support** that would be required to support all the graduate students eligible for support from July 1, 2011 - June 30, 2012 based on \$22,000 for a 12-month period, if funds were available.

NAT PROGRAM TABLES AND INSTRUCTIONS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0305. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Applicants must adhere to the table instructions to ensure that the data provided are accurate and complete.

Schools are encouraged to consult with Program Staff for technical assistance prior to submitting the grant application.

Table 1 - NAT: Enrollment, Traineeship Support, Graduate and Projected Data

Complete Table 1 summarizing student enrollment, student support, graduates, graduates supported and projected student enrollment. Instructions for completing Table 1 are below.

| Students | Total # of NAT Full-time Students Enrolled (As of 10/15/11) | Total # of NAT Students Supported (07/01/10 - 06/30/11) | Total # of Graduates (07/01/10 - 06/30/11) | Total # of NAT Graduates Supported (07/01/10 - 06/30/11) | Projected Students by 10/15/2011 |
|---|---|---|--|--|----------------------------------|
| # Master's Students in First 12 Months of Study | | | | | |
| # Doctoral Students in First 12 Months of Study | | | | | |
| # Master's Students Beyond First 12 Months of Study | | | | | |
| # Doctoral Students Beyond First 12 Months of Study | | | | | |

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Instructions for Completing Table 1 - NAT:

IMPORTANT NOTES:

- **Effective Fiscal year 2012, the Nurse Anesthesia Traineeship Program will support students in both the first 12 months of anesthesia study and beyond the first 12 months of anesthesia study.**
 - **Students should not be counted as both an Enrollee and a Graduate.**
 - **Enrollees** – Students that are enrolled in an Nurse Anesthetist Program and have not graduated or completed the program by 10/15/11.
 - **Graduates** – Students who have successfully completed all educational requirements for the Nurse Anesthetist Program between 07/01/10-06/30/11.
 - **Report Students** who received traineeship support from 07/01/10-06/30/11 and graduated, under "TOTAL # OF GRADUATES SUPPORTED".
 - **Report Students** who received traineeship support from 07/01/10-06/30/11 and **did not** graduate, under "STUDENTS SUPPORTED BY TRAINEESHIPS."
-
- **All applicants should complete this table.**
 - Do not make any changes to this table.
 - For **“Total # of NAT Full-time Students Enrolled”**, enter the total number of NAT full-time students enrolled as of 10/15/2011 by Master’s and/or Doctoral level for both students in the first 12 months of study and students beyond the first 12 months of study.
 - For **“Total # of NAT Students Supported”**, enter the total number of Master’s and Doctoral (separately) students supported during the first 12 months of study and those beyond 12 months of study from 07/01/10-06/30/11 who have received Nurse Anesthetist Traineeship support.
 - For **“Total # of Graduates”**, enter the total number of graduates beyond 12 months of study who completed degree requirements between 07/01/10-06/30/11. If this is a new program, enter “0” in the “Total # of Graduates” column.
 - For **“Total # of NAT Graduates Supported”**, enter the total number of graduates beyond 12 months of study who received NAT support and completed degree requirements between 07/01/10-06/20/11. If this is a new program, enter “0” in the “Total # of NAT Graduates” column.
 - For **“Total # of NAT Projected Students”**, enter the total number of NAT Master’s and/or Doctoral students projected to enroll by October 15, 2012.
 - For **“Grand Total”**, enter the Grand Totals for each column.

Table 2A - NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/10-6/30/11)

Complete Table 2A, as appropriate, providing data on the number of graduates who completed degree requirements between 7/1/10-6/30/11 who spend at least 50 percent of their work-time in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2A are below.

| Practice Settings | Nurse Anesthetists |
|---|---------------------------|
| Community Health Centers | |
| Migrant Health Centers | |
| Health Care for the Homeless Grantees | |
| Public Housing Primary Care Grantees | |
| Rural Health Clinics | |
| National Health Service Corps Sites | |
| Indian Health Service Sites/Tribal Health Sites | |
| Federally Qualified Health Centers | |
| State or Local Health Departments | |
| Ambulatory Practice Sites Designated by State Governors | |
| Health Professional Shortage Areas (HPSAs) | |
| Rural Populations | |
| Underserved Populations | |
| Total Number of Graduates in these Settings (from 07/01/10 – 06/30/11) | |
| Total Number of Graduates (from 07/01/10 – 06/30/11) | |
| Percentage of Graduates in these Settings | |

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Instructions for completing Table 2A - NAT:

- **All applicant institutions requesting the Statutory Funding Preference must complete this table which will be used to determine if the applicant has met the Statutory Funding Preference.**
- Do not make any changes to this table.
- Data on this table should reflect only the **number of nurse anesthetist graduates** who completed degree requirements between 07/01/2010 and 06/30/2011.
- Although a graduate's practice site may qualify under more than one category, each individual graduate should be reported only once.
- Enter the total number of "**Nurse Anesthetist**" graduates employed in each of the "**Practice Settings**" listed.
- Enter the "**Total Number of Graduates Employed in these Settings**" employed in the identified settings from 07/01/2010 – 06/30/2011.
- Enter the "**Total Number of Graduates**" completing degree requirements between 07/01/2010 and 06/30/2011.
- Enter the "**Percentage of Graduates Employed in these Settings**" employed in the identified settings ("Total Number of Graduates in these Settings" divided by the "Total Number of Graduates").

Table 2B - NAT: Graduates Supported by Traineeships Data - Rural, Underserved, or Public Health (7/01/10-6/30/11)

Complete Table 2B, as appropriate, providing data on the number of graduates supported by traineeships who completed degree requirements between 7/1/10-6/30/11 who spend at least 50 percent of their work-time in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2B are below.

| Practice Settings | Nurse Anesthetists |
|--|---------------------------|
| Community Health Centers | |
| Migrant Health Centers | |
| Health Care for the Homeless Grantees | |
| Public Housing Primary Care Grantees | |
| Rural Health Clinics | |
| National Health Service Corps Sites | |
| Indian Health Service Sites/Tribal Health Sites | |
| Federally Qualified Health Centers | |
| State or Local Health Departments | |
| Ambulatory Practice Sites Designated by State Governors | |
| Health Professional Shortage Areas (HPSAs) | |
| Rural Populations | |
| Underserved Populations | |
| Total Number of Graduates Supported By Traineeships Employed in these Settings (from 07/01/10 – 06/30/11) | |
| Total Number of Graduates (from 07/01/10 – 06/30/11) | |
| Percentage of Graduates Supported by Traineeships Employed in these Settings | |

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Instructions for completing Table 2B - NAT:

- **All applicant institutions requesting the Statutory Funding Preference must complete this table for data analysis purposes only.**
- Do not make any changes to this table.
- Data on this table should reflect only the **number of nurse anesthetist graduates who received traineeship support** who completed degree requirements between 07/01/2010 and 06/30/2011.
- Although a graduate's practice site may qualify under more than one category, each individual graduate should be reported only once.
- Enter the total number of "**Nurse Anesthetist**" graduates who received traineeship support employed in each of the "**Practice Settings**" listed.
- Enter the "**Total Number of Graduates Supported by Traineeships Employed in these Settings**" employed in the identified settings from 07/01/2010 – 06/30/2011).
- Enter the "**Total Number of Graduates**" completing degree requirements between 07/01/2010 and 06/30/2011.
- Enter the "**Percentage of Graduates Supported By Traineeships Employed in these Settings**" employed in the identified settings ("Total Number of Graduates in these Settings" divided by the "Total Number of Graduates).

Table 3 - NAT: Ethnicity Data

Did your program have **enrollees, students supported, graduates, or graduates supported** of “Hispanic/Latino” **and/or** “Non Hispanic/ Non Latino” ethnicity between July 1, 2010 and June 30, 2011?

- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Hispanic/Latino.
- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Non Hispanic/Non Latino.
- Yes, I **do not** have data **for all**, but only have data for a **few**.
- Yes, I do not have data at **all**, the entire data is **unreported/unavailable**.

| | Hispanic/Latino | Non Hispanic/ Non Latino | Unreported/ Unavailable | TOTAL |
|--|------------------------|-------------------------------------|------------------------------------|--------------|
| ENROLLEES (As of 10/15/11) | | | | |
| STUDENTS SUPPORTED (7/1/10-6/30/11) | | | | |
| GRADUATES (7/1/10-6/30/11) | | | | |

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IMPORTANT NOTES:

Do not double count a student as both an Enrollee and a Graduate.

- **Enrollees** – Students that are enrolled in an Nurse Anesthetist Program and have not graduated or completed the program by 10/15/11.
- **Graduates** – Students who have successfully completed all educational requirements for the Nurse Anesthetist Program between 07/01/10-06/30/11.
- **Report Students** who received traineeship support from 07/01/10-06/30/11 and graduated, under "TOTAL # OF GRADUATES SUPPORTED".
- **Report Students** who received traineeship support from 07/01/10-06/30/11 and **did not** graduate, under "STUDENTS SUPPORTED BY TRAINEESHIPS." This will include students in both the first 12 months of anesthesia study and beyond the first 12 months of anesthesia study who received traineeship support from AENT during 07/01/10-06/30/11.

Instructions for completing Table 3: Ethnicity Data

- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Hispanic/Latino.
- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Non Hispanic/Non Latino.

If the above options are checked, enter data for the first two columns and fill in the corresponding Race data in tables 4A and 4B.

- Yes, I **do not** have data for **all**, but only have data for **few**. ***If this option is checked, enter data for all the three columns and fill in the corresponding Race data in tables 4A, 4B and 4C.***

- Yes, I do not have data at **all**, the entire data is **unreported/unavailable**. ***If this option is checked, enter data under the third column only and fill in the corresponding Race data in Table 4C.***

Provide the **total number of enrollees (students in the first 12 months of study and students beyond the first twelve months of study), students supported, graduates and graduates supported**, that were reported on NAT Table 1, by ethnicity category. Instructions for completing Table 3 are below.

Using the data reported on Table 1 enter the total number of **“Enrollees”, Students Supported, Graduates and Graduates Supported”** by ethnicity on Table 3. All data should be captured in one of three ethnicity categories: “Hispanic / Latino”, “Non Hispanic / Non Latino” or “Unreported / Unavailable”. The Total column on this Table 3 must reconcile with the Total numbers reported on Table 1.

- Hispanic/Latino is considered an ethnicity. On the following rows **“Enrollees, Students Supported, Graduates and Graduates Supported”** please enter the number of Hispanics / Latinos in the first column and the number of Non Hispanics / Non Latinos in the second Column.
- If your institution does not capture data on ethnicity, or the data requested is voluntary and therefore incomplete, please report the unavailable and/or unreported data in the third column of Table 3.
- “Hispanic/Latino” racial categories (White, Black, Asian, Native American or More Than One Race) will be requested on Table 4A.
- “Non Hispanic/ Non Latino” racial categories (White, Black, Asian, Native American or More Than One Race) will be requested on Table 4B.
- Enter the total number of **“Enrollees”** (students in the first 12 months of study and students beyond the first 12 months of study) by ethnicity **as of 10/15/11**.
- Enter the total number of **“Students Supported”** (students in the first 12 months of study and students beyond the first 12 months of study) by ethnicity as of **7/1/10-6/30/11**.
- Enter the total number of **“Graduates”** beyond the first 12 months of study who completed degree requirements between **7/01/10 and 6/30/11**. Enter the total number of **“Graduates Supported”** beyond the first 12 months of study by ethnicity as of **7/1/10-6/30/11**. The **TOTAL** for each row is **Hispanic/Latino + Non Hispanic/ Non Latino + Unreported/Unavailable** columns.

IMPORTANT NOTES: Enrollees, Students Supported, Graduates and Graduates Supported are the total numbers from Table 1 separated and reported as Hispanic/Latino and Non Hispanic/ Non Latino. If your institution does not track this data or you do not know the ethnicity of the student, include those numbers in the Unreported/ Unavailable column.

TABLE 4 - NAT: Racial/Disadvantaged Data

On the following Table 4, provide the **number of enrollees, students supported, graduates and graduates supported reported on Table 1** by race/disadvantaged category. Instructions for completing Table 4 are below.

| | American Indian or Alaska Native | Underrepresented Asian Subgroup* | Asian (Not Under-Represented) | Black or African American | Native Hawaiian or Other Pacific Islander | White: Disadvantaged | White: Not-Disadvantaged | More than one race | Unreported/Unavailable Student Ethnicity | TOTAL |
|---|----------------------------------|----------------------------------|-------------------------------|---------------------------|---|----------------------|--------------------------|--------------------|--|-------|
| ENROLLEES (As of 10/15/11) | | | | | | | | | | |
| STUDENTS SUPPORTED (7/1/10-6/30/11) | | | | | | | | | | |
| GRADUATES (7/1/10-6/30/11) | | | | | | | | | | |
| GRADUATES SUPPORTED (7/1/10-6/30/11) | | | | | | | | | | |

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*Any Asian *other than* Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4:

- < Enter the total number of “**Enrollees**” by category and the “total” for students enrolled **as of 10/15/2011**.
- < Enter the total number of “**Students Supported**” by category and the “total” for students supported **7/01/2010 and 6/30/2011**.
- < Enter the total number of “**Graduates**” by category and the “total” for graduates
 - o who completed degree requirements between **7/01/2010 and 6/30/2011**.
- < Enter the total number of “**Graduates Supported**” by category and the “total” for graduates supported that completed degree requirements between **7/01/2010 and 6/30/2011**.

IMPORTANT NOTES: Enrollees, Students Supported, Graduates and Graduates Supported that do not report ethnicity or racial / disadvantaged status must be reported in the “Unreported / Unavailable” column.

Also, indicate and include the Racial category of the Hispanic / Latino’s that are reported on Table 3 in each row count on Table 4 as appropriate. A Hispanic / Latino can be White, Black, Asian, Native American or More Than One Race.

When data is not captured for Hispanics / Latinos, include the numbers in the Unreported / Unavailable column.

- < Use the following definitions on ethnicity and race for the identified **ethnicity/racial categories**:

“**Ethnicity**” means two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.” “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

“**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.ⁱⁱ 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.
- < Use the 2012 Poverty Guidelines to determine Disadvantaged status; these guidelines are located on the following website: <http://www.gpo.gov/fdsys/pkg/FR-2012-01-26/pdf/2012-1603.pdf> .

Table 4 – NAT: RACE / DISADVANTAGED DATA

A. HISPANIC / LATINO ETHNICITY DATA BY RACE

Provide the number of **Hispanic / Latino** enrollees, students supported, graduates and graduates supported reported on Table 1 and the first column of Table 3 by racial category. Instructions for completing Table 4A are below.

| | American Indian or Alaska Native | Underrepresented Asian Subgroup* | Asian (Not Under-Represented) | Black or African American | Native Hawaiian or Other Pacific Islander | White: Disadvantaged | White: Not-Disadvantaged | More than one race | Unreported/Unavailable | TOTAL |
|---|----------------------------------|----------------------------------|-------------------------------|---------------------------|---|----------------------|--------------------------|--------------------|------------------------|-------|
| ENROLLEES (As of 10/15/11) | | | | | | | | | | |
| STUDENTS SUPPORTED (7/1/10-6/30/11) | | | | | | | | | | |
| GRADUATES (7/1/10-6/30/11) | | | | | | | | | | |
| GRADUATES SUPPORTED (7/1/10-6/30/11) | | | | | | | | | | |

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*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4A: NAT: RACE / DISADVANTAGED DATA

- Enter the number of Hispanic / Latino “**Enrollees**” by race and “total” for students enrolled as of 10/15/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of Hispanic / Latino “**Students Supported**” by race and “total” for students supported as of 7/1/10-6/30/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of Hispanic / Latino “**Graduates**” by race and “total” for graduates who completed degree requirements between 7/01/10 and 6/30/11.
- Enter the number of Hispanic / Latino “**Graduates Supported**” by race and “total” for graduates supported as of 7/1/10-6/30/11.
- **TOTAL** columns for “**Enrollees, Students Supported, Graduates and Graduates Supported**” should each reconcile with the total applicable specific data reported on NAT Table 1. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.

IMPORTANT NOTES:

Indicate and include the Race of all Hispanics / Latinos reported on Table 4 (first column) in each row on Table 4A as appropriate. A Hispanic / Latino can be White, Black, Asian, Native American or More Than One Race.

Table 4 – NAT: RACE / DISADVANTAGED DATA

B. NON HISPANIC/ Non LATINO ETHNICITY DATA BY RACE

Provide the number of **Non Hispanic / Non Latino** enrollees in the first 12 months of study and beyond the first twelve months of study of the program, students supported, graduates and graduates supported reported on Table 1 and the second column of Table 3 by racial category. Instructions for completing Table 4B are below.

| | American Indian or Alaska Native | Underrepresented Asian Subgroup* | Asian (Not Under-Represented) | Black or African American | Native Hawaiian or Other Pacific Islander | White: Disadvantaged | White: Not-Disadvantaged | More than one race | Unreported/Unavailable | TOTAL |
|---|----------------------------------|----------------------------------|-------------------------------|---------------------------|---|----------------------|--------------------------|--------------------|------------------------|-------|
| ENROLLEES (As of 10/15/11) | | | | | | | | | | |
| STUDENTS SUPPORTED (7/10-6/30/11) | | | | | | | | | | |
| GRADUATES (7/1/10-6/30/11) | | | | | | | | | | |
| GRADUATES SUPPORTED (7/1/10-6/30/11) | | | | | | | | | | |

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*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4B: NAT: RACE / DISADVANTAGED DATA

- Enter the number of “**Non Hispanic / Non Latino Enrollees**” by race and “total” for students enrolled as of 10/15/110. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
-
- Enter the number of “**Non Hispanic / Non Latino Students Supported**” by race and “total” for students supported as of 7/1/10-6/30/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
-
- Enter the number of “**Non Hispanic/ Non Latino Graduates**” by race and “total” for graduates who completed degree requirements between 7/01/10 and 6/30/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
-
- Enter the number of “**Non Hispanic/ Non Latino Graduates Supported**” by race and “total” for graduates supported as of 7/1/10-6/30/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
-
- **TOTAL** columns for “**Non Hispanic / Non Latino Enrollees, Students Supported, Graduates and Graduates Supported**” should reconcile with the corresponding data reported on NAT Table 1. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.

IMPORTANT NOTES:

Indicate and include the Race of all Non Hispanics/ Non Latinos reported on Table 4 (second column) in each row on Table 4B as appropriate. A Non Hispanic/ Non Latino can be White, Black, Asian, Native American or More Than One Race.

Table 4 – NAT: RACE / DISADVANTAGED DATA

C. UNREPORTED / UNAVAILABLE ETHNICITY DATA BY RACE

Provide the number of **Unreported / Unavailable** Ethnicity enrollees, students supported, graduates and graduates supported reported on Table 1 and the third column of Table 4 by racial category. Instructions for completing Table 4C are below.

| | American Indian or Alaska Native | Underrepresented Asian Subgroup* | Asian (Not Under-Represented) | Black or African American | Native Hawaiian or Other Pacific Islander | White: Disadvantaged | White: Not-Disadvantaged | More than one race | Unreported/Unavailable | TOTAL |
|---|----------------------------------|----------------------------------|-------------------------------|---------------------------|---|----------------------|--------------------------|--------------------|------------------------|-------|
| ENROLLEES (As of 10/15/11) | | | | | | | | | | |
| STUDENTS SUPPORTED (7/1/10-6/30/11) | | | | | | | | | | |
| GRADUATES (7/1/10-6/30/11) | | | | | | | | | | |
| GRADUATES SUPPORTED (7/1/10-6/30/11) | | | | | | | | | | |

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*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4C: NAT: RACE / DISADVANTAGED DATA

- < Enter the number of **“Unreported / Unavailable Ethnicity”** by race and “total” for students enrolled as of 10/15/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- < Enter the number of **“Unreported / Unavailable Ethnicity”** by race and “total” for students supported as of 7/1/10-6/30/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- < Enter the number of **“Unreported / Unavailable Ethnicity”** by race and “total” for graduates who completed degree requirements between 7/01/10 and 6/30/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- < Enter the number of **“Unreported / Unavailable Ethnicity”** by race for graduates supported beyond the first 12 months of study as of 7/1/10-6/30/11. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- < TOTAL columns for **“Unreported / Unavailable Ethnicity Enrollees, Students Supported, Graduates and Graduates Supported”** should reconcile with the corresponding data reported on NAT Table 1. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.

IMPORTANT NOTE:

Indicate and include the Race of all “Unreported / Unavailable Ethnicity” enrollees, students supported, graduates and graduates supported reported on Table 4 (Unreported/Unavailable Student Ethnicity column) onto Table 4C as appropriate.

TABLE 5 – NAT: AGE AND GENDER DATA

On the following NAT Table 5, provide data on the **total number of enrollees**, students supported, graduates and graduates supported reported on Table 1 by age and gender category. Count each student only once. Instructions for completing Table 5 are below. If data is not collected by Age and Gender, include in the appropriate Unreported/Unavailable section.

| Age and Gender | | | |
|---|--------------|----------------|--------------|
| | Males | Females | Total |
| Under 20 | | | |
| Enrollees (As of 10/15/11) | | | |
| Students Supported (7/1/10-6/30/11) | | | |
| Graduates (7/1/10-6/30/11) | | | |
| Graduates Supported (7/1/10-6/30/11) | | | |
| 20-29 | | | |
| Enrollees (As of 10/15/11) | | | |
| Students Supported (7/1/10-6/30/11) | | | |
| Graduates (7/1/10-6/30/11) | | | |
| Graduates Supported (7/1/10-6/30/11) | | | |
| 30-39 | | | |
| Enrollees (As of 10/15/11) | | | |
| Students Supported (7/1/10-6/30/11) | | | |
| Graduates (7/1/10-6/30/11) | | | |
| Graduates Supported (7/1/10-6/30/11) | | | |
| 40-49 | | | |
| Enrollees (As of 10/15/11) | | | |
| Students Supported (7/1/10-6/30/11) | | | |
| Graduates (7/1/10-6/30/11) | | | |
| Graduates Supported (7/1/10-6/30/11) | | | |
| 50-59 | | | |
| Enrollees (As of 10/15/11) | | | |
| Students Supported (7/1/10-6/30/11) | | | |
| Graduates (7/1/10-6/30/11) | | | |
| Graduates Supported (7/1/10-6/30/11) | | | |
| 60 or older | | | |
| Enrollees (As of 10/15/11) | | | |
| Students Supported (7/1/10-6/30/11) | | | |
| Graduates (7/1/10-6/30/11) | | | |
| Graduates Supported (7/1/10-6/30/11) | | | |
| UNREPORTED/UNAVAILABLE | | | |
| Enrollees (As of 10/15/11) | | | |
| Students Supported (7/1/10-6/30/11) | | | |
| Graduates (7/1/10-6/30/11) | | | |
| Graduates Supported (7/1/10-6/30/11) | | | |
| TOTAL | | | |

Instructions for completing Table 5:

IMPORTANT NOTES:

- Do not double count a student as both an Enrollee and a Graduate.
 - **Enrollees** – Students that are enrolled in a Nurse Anesthetist Program and have not graduated or completed the program by 10/15/11.
 - **Graduates** – Students who have successfully completed all educational requirements for a specified Nurse Anesthetist Program of study or have met the eligibility requirements for an Nurse Anesthetist Master’s or Doctoral degree between 07/01/10-06/30/11.
 - Data from each age specific category (Enrollees, Students Supported, Graduates, Graduates Supported) **plus** Unreported/Unavailable data (if applicable) should reconcile with the **same** categories (Enrollees, Students Supported, Graduates, Graduates Supported) from Table 1.
-
- Enter the number of **“Enrollees”** as of **10/15/2011** and the number of **“Students Supported”**, **“Graduates”** and **“Graduates Supported”** from **7/01/2010 - 6/30/2011**. All data entered should include full-time, first year nurse anesthesia students **and** second year and beyond nurse anesthetist supported students by age and gender for each category:
 - Enter the number of **“Enrollees”** by age and gender and the total enrolled **as of 10/15/2011**. This number will include all of the enrolled nurse anesthesia students (those that received traineeship support as well as those that did not receive traineeship support).
 - Enter the number of **“Students Supported”** by age and gender and the “total” for nurse anesthesia supported students.
 - Enter the number of **“Graduates”** by age and gender and the “total” for graduates who completed degree requirements between **7/01/2010 and 6/30/2011**.
 - Enter the number of **“Graduates Supported”** by age and gender and the “total” for graduates supported that completed degree requirements between **7/01/2010 and 6/30/2011**.

NAT PROGRAM

SPECIAL CONSIDERATION ASSURANCE STATEMENT

Applicant requesting “Special Consideration” must assure compliance with the following statement to be electronically completed and submitted with the electronic application.

I certify that _____ of the _____ combined total number of Master’s and Doctoral students (Total # of Full-time Students Enrolled **beyond 12 months of study** from NAT Table 1) as of October 15, 2011 have signed commitments to practice in HPSAs after graduation. The percent of students who have signed commitments is _____.

The school of nursing at the applicant organization will retain the signed commitments for three years. The signed commitments will not be mailed to the HRSA Division of Nursing.

Appendix B: Instructions for the SF-424 R&R (Research and Related)

This application form has replaced the 6025 training application form and the 398 application form. The SF-424 R&R is now used for all HRSA training and research programs.

INSTRUCTIONS FOR THE APPLICATION FACE PAGES

Below are detailed instructions for the completion of the SF-424 R&R form:

| Field | Instructions |
|-------|--|
| 1. | Select Type of Submission : Check the appropriate type from the submission options. Select Application for all HRSA grant programs |
| 2. | Date Submitted : Enter the date the application is submitted to the Federal agency. |
| 3. | Date Received by State : State Use Only (if applicable) |
| 4. | Federal Identifier : New Project Applications should leave this field blank. If this is a Continuation application (competing or non-competing) or a Supplement, enter your grant number located on your Notice of Grant Award (NGA). |
| 5. | Applicant Information : All items in bold are required fields and must be completed Enter your Organization's DUNS Number (received from Dun and Bradstreet), Enter the Legal Name, Applicant Department (if applicable) and Division (if applicable) who will undertake the assistance activity. In Street 1 enter the first line of the street address of your organization. In Street2 enter the second line of your organization, if applicable. Enter the City, County and State, Zip Code and Country where your organization is located. Enter the Person to be Contacted on Matters Involving the Application : This is the POINT OF CONTACT, the person to be contacted for the matters pertaining to this specific application (i.e., principal investigator, project director, other). Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the person to be contacted on matters relating to this application. Enter the Phone and Fax number, as well as the E-MAIL address of this person. These are all required fields. |
| 6. | Employer Identification (EIN)/ (TIN) Enter the 9 Digit Employer Identification Number as Assigned by the Internal Revenue Services. |
| 7. | Type of Applicant : Select the appropriate letter from one of the following: A. State Government B. County Government C. City or Township Government D. Special District Government E. Independent School District F. State Controlled Institution of Higher Education G. Native American Tribal Government (Federally Recognized) H. Public/Indian Housing Authority I. Native American Tribal Organization (other than Federally recognized) J. Nonprofit with 501C3 IRS status (other than Institute of Higher Education) K. Nonprofit without 501C3 IRS status (other than Institute of Higher Education) L. Private Institution of Higher Education M. Individual N. For Profit Organization(other than small business) O. Small Business P. Other (specify) |

| | |
|-----|--|
| | <p>Women Owned: Check if you are a woman owned small business (51% owned/controlled and operated by a woman/women)</p> <p>Socially and Economically Disadvantaged: Check if you are a socially and economically disadvantaged small business, as determined by the U.S. SBA pursuant to Section 8(a) of the SBA U.S.C.637(a).</p> |
| 8. | <p>Type of Application: Select the Type from the following list :</p> <ul style="list-style-type: none"> - New: A new assistance award - Resubmission (not applicable to HRSA) - Renewal: An application for a competing continuation – this is a request for an extension for an additional funding/budget period for a project with a projected completion. - Continuation: A non-competing application for an additional funding/budget period for a project within a previously approved projected period - Revision: Any change in the Federal Governments financial obligation or contingent liability from an existing obligation. Indicate the Type of Revision by checking the appropriate box: <ul style="list-style-type: none"> A. Increase in Award (supplement, competing supplement) B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (Enter text to Explain) <p>Is Application being submitted to Other Agencies: Indicate by checking YES or NO if the application is being submitted to HRSA only.</p> <p>What other Agencies: Enter Agency Name (if applicable)</p> |
| 9. | <p>Name of Federal Agency: Enter the Name of the Federal Agency from which assistance is being requested</p> |
| 10. | <p>Catalogue of Federal Domestic Assistance Number (CFDA): Use the CFDA Number found on the front page of the program guidance and associated Title of the CFDA (if available).</p> |
| 11. | <p>Descriptive Title of Applicant’s Project: Enter a brief descriptive title of the project. A continuation or revision must use the same title as the currently funded project.</p> |
| 12. | <p>Proposed Project: Enter the project Start Date of the project in the Start Date Field and the project Ending Date in the Ending Date Field. (e.g., 11/01/2005 to 10/31/2008)</p> |
| 13. | <p>Congressional District Applicant and Congressional District Project: Enter your Congressional District(s) in Applicant Field. Enter the Congressional District(s) of Project, the primary site where the project will be performed. (http://www.gpoaccess.gov/cdirectory/browse-cd-05.html)</p> |
| 14. | <p>Project Director/Principal Investigator Contact Information : All items in bold are required fields and must be completed</p> <p>Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the Project Director/Principal Investigator (PD/PI) for the project. Enter the Title of the PD/PI and the name of the organization of the PD/PI. Enter the name of the primary organization Department and Division of the PD/PI. In Street1 enter the first line of the street address of the PD/PI for the project. In Street2 enter the second line of the street address for the PD/PI, if applicable. Enter the City, County and State, Zip Code and Country of the PD/PI. Enter the Phone and Fax number as well as the E-MAIL address of this person. These are all required fields.</p> |
| 15. | <p>Estimated Project Funding:</p> <p>a. Total Estimated Project Funding Enter the total Federal Funds requested for the BUDGET PERIOD for which you are applying. Enter only the amount for the year you are applying, NOT the amount for the entire project period.</p> <p>b. Total Federal and Non-Federal Funds: Enter the total Federal and non-Federal funds</p> |

| | |
|-----|--|
| | <p>for the BUDGET PERIOD for which you are applying.</p> <p>c. Estimated Program Income: Identify any Program Income for the BUDGET PERIOD.</p> |
| 16. | <p>Is Application Subject to Review by State Executive Order 12372 Process: If YES: Check the YES box if the announcement indicates that the program is covered under State Executive Order 12372. If NO: Place a check in the NO box.</p> |
| 17. | <p>Complete Certification Check the “I agree” box to attest to acceptance of required certifications and assurances listed at the end of the Application.</p> |
| 19. | <p>Authorized Representative (Authorizing Official - This is the person who has the authority to sign the application for the organization.) All items in bold are required fields and must be completed.</p> <p>Enter the name of Authorized Representative/Authorizing Official. Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the Authorized Representative (AR) or Authorizing Official (AO). Enter the Title of the Authorized Representative and the organization of the AR/AO. Enter the name of the primary organization Department and Division of the AO. In Street1 enter the first line of the street address of the AR/AO for the project. In Street2 enter the second line of the street address for the AR/AO, if applicable. Enter the City, County and State, Zip Code and Country of the AR/AO. Enter the Phone and Fax number, as well as the E-MAIL address of AR/AO this person. These are all required fields .</p> <p>Note: Applicant applying in paper must send their entire grant application with the signed face/cover pages to the GAC</p> |
| 20. | <p>Pre-Application This is Not applicable to HRSA. A limited number of HRSA programs require a Letter of Intent which is different from a preapplication. Information required and the process for submitting such a Letter of Intent is outlined in the funding opportunity announcements for those programs with such a requirement. .</p> |