

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

Bureau of Health Professions
Division of Student Loans and Scholarships

Scholarships for Disadvantaged Students (SDS)

Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Phase 1: Application Due Date in Grants.gov: June 22, 2012
Phase 2: Supplemental Information Due Date in EHBs: July 6, 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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Andreina Stampone
Public Health Analyst
Email: astampone@hrsa.gov
Telephone: 301-443-1701
Fax: 301-443-0846

Hai Le
Management Analyst
Email: hle1@hrsa.gov
Telephone: 301-443-1541
Fax: 301-443-0846

Legislative Authority: Title VII, Section 737 of the Public Health Service Act (42 U.S.C. 293a), as amended by Section 5402 of the Patient Protection and Affordable Care Act (Pub.L.111-148)

Executive Summary

The Scholarships for Disadvantaged Students (SDS) Program was established via the Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527), and is codified at section 737 of the Public Health Service Act. The purpose of the SDS Program is to increase diversity in the health professions and nursing workforce by providing grants to eligible health professions and nursing schools for use in awarding scholarships to financially needy students from disadvantaged backgrounds. Many of these students are from underrepresented racial and ethnic backgrounds and will help diversify the health workforce.

The SDS Program addresses a major barrier to disadvantaged students' access to health professions education -- namely, high tuition costs. Education is often interrupted due to the lack of funds, so scholarship awards may allow students to complete their education sooner without interruption. The SDS Program gives funding priority to health professions and nursing schools with certain percentages of: (1) full-time underrepresented minorities, (2) graduates practicing in primary care, and (3) graduates working in medically underserved communities.

The SDS program has been reformed to ensure meaningful grant awards to schools and to increase primary care minority and disadvantaged students' retention and graduation. Changes to the program include: (1) competing the SDS awards using the objective review application process; (2) requiring that students receive scholarships that cover at least half of the cost of tuition (with a cap of \$15,000 per student award per year); individual student awards must be \$15,000 for students whose tuitions are over \$30,000 per year; (3) increasing the weight of the primary care and minority priorities; (4) expanding the disciplines in the primary care eligibility (such as dental hygiene and mental and behavioral health); (5) increasing the grant award to a 4-year project period; and (6) increasing the disadvantaged students enrolled and disadvantaged students graduated school eligibility requirements to 20 percent each. These changes are detailed in a notice published in the *Federal Register* on May 23, 2012. For purposes of this Funding Opportunity Announcement (FOA), a student of "disadvantaged background" means a student who:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions or nursing school; or
- Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and applied by the Secretary of Health and Human Services for use in health professions and nursing programs. (See Appendix B for specific dollar amounts.)

Health disciplines eligible for funding under the SDS program include:

- Allopathic medicine
- Osteopathic medicine
- Dentistry

- Veterinary medicine
- Optometry
- Podiatry
- Pharmacy
- Chiropractic
- Behavioral and mental health
- Public health
- Nursing
- Allied health
- Physician assistants

Applicants receiving awards must develop and implement a program for recruiting and retaining students from disadvantaged backgrounds. Additionally, applicants receiving awards must demonstrate that the program has achieved success based on the percentage of disadvantaged students who are enrolled or graduated from the school.

Approximately \$45 million is expected to be available to award approximately 246 grants in fiscal year (FY) 2012.

Additional information on updates and clarifications to this program can be found in the **Final Notice Regarding Updates and Clarifications of the Implementation of the Scholarships for Disadvantaged Students Program**, published in the Federal Register May 23, 2012, Volume 77, No. 100, page 30536.

Note: New this year—institutions must submit a separate application for each health profession discipline for which they seek funding. Institutions may not submit one application for multiple disciplines or programs.

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I. Funding Opportunity Description

1. Purpose

The Scholarships for Disadvantaged Students (SDS) program promotes diversity among health profession students and practitioners by providing scholarships to full-time students with financial need from disadvantaged backgrounds, enrolled in health professions and nursing programs. Participating schools are responsible for selecting scholarship recipients, making reasonable determinations of need, and providing scholarships that do not exceed the allowable costs (*i.e.*, tuition, reasonable educational expenses and reasonable living expenses with a cap for the total scholarship award of \$15,000).

2. Background

The Bureau of Health Professions (BHPr) is administering the SDS funding opportunity in its capacity as a component of the Health Resources and Services Administration (HRSA), which is an agency within the U.S. Department of Health and Human Services (DHHS). For thirty years, BHPr has worked to address health care workforce issues and support the recruitment and training of health professionals. BHPr's mission is to increase the U.S. population's access to health care by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality care for all. Additional information about the Bureau of Health Professions and its programs is available at <http://www.bhpr.hrsa.gov/>.

The Scholarships for Disadvantaged Students (SDS) program was established by the Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527). The governing statute is Section 737 of the Public Health Service (PHS) Act, as amended. The SDS program supports scholarships to students from disadvantaged backgrounds enrolled (or accepted) for full-time enrollment. Colleges and universities receiving SDS funds must develop, implement, and maintain a program to recruit and retain students from disadvantaged backgrounds.

The SDS Program gives funding priority to health professions and nursing schools with certain percentages of: (1) full-time underrepresented minorities, (2) graduates practicing in primary care, and (3) graduates working in medically underserved communities. The table below provides the percentages and range of priority points.

Priority Type	Priority Points
<i>Under-represented minority students.</i> (To be eligible for this priority, applicants must have a certain percentage of racial and ethnic minorities in their student population.)	2 points for 15-29.99% minority students 3 points for 30-49.99% minority students 4 points for 50% or more minority students
<i>Graduating students going into primary care.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in primary care.)	2 points for 15-29.99% graduates entering PC 3 points for 30-49.99% graduates entering PC 4 points for 50% or more graduates entering PC

<p><i>Graduates working in medically underserved communities.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in a medically underserved community.)</p>	<p>1 point for 10-29.99% serving in a MUC 2 points for 30-49.99% serving in a MUC 3 points for 50% or more serving in a MUC</p>
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This year, the SDS program was reformed to ensure meaningful awards to schools and increase primary care minority and disadvantaged students' retention and graduation. Changes to the program include: (1) competing the SDS awards using the objective review application process; (2) requiring that students receive scholarships that cover at least half of the cost of tuition (with a cap of \$15,000 per student award per year); individual student awards must be \$15,000 for students whose tuitions are over \$30,000 per year; (3) increasing the weight of the primary care and minority priorities; (4) including more disciplines in the primary care eligibility (such as dental hygiene and mental and behavioral health); (5) increasing the grant award to a 4-year project period; and (6) increasing the disadvantaged students enrolled and disadvantaged students graduated school eligibility requirements to 20 percent each.

Also, this year the SDS program will use the definition of primary care provided by the Institute of Medicine (IOM): 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. (IOM. 1996. "Primary Care: America's Health in a New Era," Washington, DC: *National Academy Press*).

The SDS program tackles a major barrier to a disadvantaged student's access to a health professions education -- high tuition costs. Education is often interrupted due to the lack of funds, so scholarship awards may allow students to complete their education sooner without interruption. The SDS program helps foster a strong and diversified health workforce that will champion prevention and public health activities.

SDS increases diversity in the health professions and nursing workforce by providing grants to eligible health professions and nursing schools for use in awarding scholarships to financially needy students from disadvantaged backgrounds, many of whom are underrepresented minorities (URMs). URMs comprise more than 25 percent of the U.S. population; however, they account for less than 10 percent of the physician workforce, 7.4 percent of the nursing professions, 6.8 percent of dentistry, and 6.9 percent of psychology health professions. (George Washington University Policy Update, July 2008 and *In the Nation's Compelling Interest: Ensuring Diversity in the Health Professions*, Institute of Medicine, February 2004).

The Census Bureau projected that underrepresented minorities would represent 28 percent of the U. S. population by 2010 and 39 percent in 2050; yet, by 2008, the annual enrollment of underrepresented minority medical students had not increased since 2000 when it reached 12 percent of all medical students. (George Washington University Policy Update, July 2008).

From FY 2003 through FY 2010, approximately 134,000 students received funds from the SDS program. In FY 2011, the SDS program awarded 339 grants, and \$45.2 million was

distributed to 682 disciplines/programs to provide students with scholarships through this program.

Institutions apply for SDS funds from the Department of Health and Human Services and are responsible for both selecting eligible recipients and determining their financial need.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2012-2015. Approximately \$45 million is expected to be available in FY 2012 to fund approximately 246 grants. Applicants may apply for a ceiling amount of up to \$650,000 per year. The average award amount likely to be awarded to an institution is \$450,000. Student scholarships must be at least 50 percent of the student's annual tuition costs for tuition \$30,000 or less, but the SDS award must be \$15,000 for students whose tuitions are over \$30,000 per year. No student can be awarded over \$15,000 in SDS funds per year.

The project period is four (4) years. The first year of the project period will be September 15, 2012 – June 30, 2013. The second year of the project period will be July 1, 2013 – June 30, 2014. All subsequent years will run from July 1 of one year to June 30 of the next year. Funding beyond the first year is dependent on the availability of appropriated funds for the SDS program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are accredited schools of medicine, osteopathic medicine, dentistry, nursing (as defined by section 801 of the PHS Act), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants. For further information refer to the Public Health Service Act, Sections 737 and 799B.

Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply if all other eligibility requirements are met.

To be eligible, applicants must also be carrying out a program to recruit and retain students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. Applicants must demonstrate that the program has achieved success based on the percentage of disadvantaged students who are enrolled and have graduated from the

school. Twenty percent of their enrolled students and graduates must be disadvantaged. Instructions for newly established schools are on page 6.

Eligibility includes any **public or other non-profit** accredited institution that offers degrees to full-time students in disciplines as specified below:

Health Professions

- doctor of allopathic medicine
- doctor of osteopathic medicine
- doctor of dentistry
- doctor of veterinary medicine
- doctor of optometry
- doctor of podiatry medicine
- doctor of pharmacy
- doctor of chiropractic medicine

Behavioral and Mental Health

- graduate degree in clinical psychology
- graduate degree in clinical social work
- graduate degree in gerontological counseling
- graduate degree in marriage and family therapy
- graduate degree in mental health counseling
- graduate degree in rehabilitation counseling

Public Health

- graduate degree in health administration
- graduate degree in public health

Allied Health

- baccalaureate and graduate degree in audiology
- baccalaureate and graduate degree in dental hygiene
- baccalaureate degree in medical laboratory technology
- graduate degree in occupational therapy
- graduate degree in physical therapy
- baccalaureate degree in radiologic technology
- baccalaureate and graduate degree in registered dietician
- baccalaureate and graduate degree in speech pathology

Eligibility also includes any accredited institutions that offer degrees to full-time students in the disciplines specified below:

Nursing:

- associate, diploma, baccalaureate and graduate degrees in nursing

Physician Assistant

- associate, baccalaureate and graduate degrees in physician assistant

Health professions and nursing schools must be accredited by the relevant accrediting body recognized by the Secretary of Education. In addition, each institution's program that is applying for SDS participation (*i.e.*, pharmacy, baccalaureate nursing, dentistry, etc.) must also be accredited by the specialized accrediting body approved for the relevant health discipline, prior to submission of the SDS application.

Applicants must provide proof of accreditation as an attachment to the application, as follows:

Allopathic Medicine	<ul style="list-style-type: none"> • Liaison Committee on Medical Education sponsored by American Medical Association and Association of American Medical Colleges
Osteopathic Medicine	<ul style="list-style-type: none"> • American Osteopathic Association, Commission on Osteopathic College Accreditation
Dentistry	<ul style="list-style-type: none"> • American Dental Association, Commission on Dental Accreditation
Veterinary Medicine	<ul style="list-style-type: none"> • American Veterinary Medical Association, Council on Education
Optometry	<ul style="list-style-type: none"> • American Optometric Association, Accreditation Council on Optometric Education
Podiatric Medicine	<ul style="list-style-type: none"> • American Podiatric Medical Association, Council on Podiatric Medical Association
Chiropractic	<ul style="list-style-type: none"> • The Council on Chiropractic Education
Pharmacy	<ul style="list-style-type: none"> • Accreditation Council for Pharmacy Education
Public Health	<ul style="list-style-type: none"> • Council on Education for Public Health • Commission on Accreditation of Healthcare Management Education
Allied Health	<ul style="list-style-type: none"> • American Speech-Language-Hearing Association, Council on Academic Accreditation in Audiology and Speech-Language Pathology • American Occupational Therapy Association, Accreditation Council for Occupational Therapy Education • American Dietetic Association, Commission on Accreditation for Dietetics Education • American Physical Therapy Association, Commission on Accreditation in Physical Therapy Education • Council on Rehabilitation Education • Joint Review Committee on Education in Radiologic Technology
Behavioral & Mental Health	<ul style="list-style-type: none"> • American Psychological Association, Committee on Accreditation • Council on Social Work Education • Council for Accreditation of Counseling and Related Education • American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education
Physician Assistants	<ul style="list-style-type: none"> • Accreditation Review Commission on Education for

	Physician Assistants
Nursing	<ul style="list-style-type: none"> • National League for Nursing • Commission on Collegiate Nursing Education or the regional higher education accrediting associations

Additionally, a school must meet all eligibility requirements as listed below. All requirements refer to full-time students (using the school’s definition of full-time):

At least 20 percent of the total enrollment (full-time enrolled) of a program during Academic Year (AY) 2010-2011 (7/1/10-6/30/11) must be students from disadvantaged backgrounds; **and**

At least 20 percent of the total graduates (who were full-time students) of a program during AY 2010-2011 must have been from disadvantaged backgrounds.

Newly established schools may apply for the SDS program as long as the school had students enrolled for the 7/1/10 - 6/30/11 SDS program reporting year. Since newly established schools do not have data for program graduates, such schools may complete the “graduates” data on this application using data from the class year of its expected first graduating class in place of graduate data. For example, if the newly established school offers a 4-year program and you have students enrolled only in the first 2 years, you must use the second year data in providing the "graduates" information. In other words, the data for the second year and the data for the "graduates" will be the same.

Program Requirements:

Under the SDS program, scholarships are awarded by eligible entities to any full-time student who is an eligible individual as defined by the statute. The definition of “eligible individual” means an individual who: (A) is from a disadvantaged background; (B) has a financial need for a scholarship; and (C) is enrolled (or accepted for enrollment) at an eligible health professions or nursing school as a full-time student in a program leading to a degree in a health profession or nursing.

A student applicant must be a citizen or national of the United States, or a lawful permanent resident of the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands or the Federated States of Micronesia. A student who is in this country on a student or visitor's visa is not eligible.

Student scholarships must be at least 50 percent of the student’s annual tuition costs for tuition \$30,000 or less, but SDS awards must be \$15,000 for students whose tuitions are over \$30,000 per year. No student can be awarded over \$15,000 of SDS funds per year. To be eligible, students must be enrolled in health professions programs on a full time basis. The larger award amounts are expected to have a greater impact on improving the students’ access to health professions education and may allow students to complete their training programs sooner.

Also, in providing scholarships under the SDS program, schools are required to give preference to students for whom the cost of attendance would constitute a severe financial hardship and to former recipients of scholarships under sections 736 [Scholarships for Students of Exceptional Financial Need] and 740(d)(2)(B) [Financial Assistance for

Disadvantaged Health Professions Students (as such sections existed on the day before the date of enactment of this section). Also, schools must give preference to eligible disadvantaged students who have participated in the Health Career Opportunities Program (HCOP) or Nursing Workforce Diversity Program (NWD). The amount of the scholarship may not exceed a recipient's cost of tuition expenses, other reasonable educational expenses and reasonable living expenses incurred in attendance at such school. The scholarship may be expended by the student only for such expenses. The student must have a financial need for a scholarship in accordance with a need analysis procedure approved by the Department of Education (P. L.105-244, Part F, The Higher Education Act of 1965 as amended).

Disadvantaged Definitions:

An individual from a disadvantaged background is defined as someone who:

(A) [Part I - educational/environmental] 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 from a program providing education or training in an allied health profession;

Or

(B) [Part II - economic] 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 of Health and Human Services for use in health professions and nursing programs.

The parental income will be used to determine a student's eligibility for economically disadvantaged in all cases except in those cases where the student is considered independent by being at least 24 years old and has not been listed as a dependent on his or her parents' income tax for 3 or more years. In those cases, the students' family income will be used instead of parental family income (for parental income and students' family income use the historical poverty income level, Appendix B).

Documentation must be provided to the school for age and independent status. Schools may use whichever documentation they choose, such as the students' last three years income tax or the parents' last three years income taxes or other sources of proof of independence. For proof of age, some examples are a drivers' license, birth certificate, or passport. However, the school will be held accountable for the accuracy of the students' independent status.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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

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

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

Number of Applications: Applicants may submit multiple applications: **one application must be submitted per one health profession discipline. Institutions may not submit one application for multiple disciplines or programs.**

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. 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 Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

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

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

Applicants that fail to allow ample time to complete or update registration with the Federal Government's Central Contractor Registry (CCR) and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement, and will be unable to submit the supplemental information in the EHBs.

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 FOA in conjunction with Application Form SF-424. 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 the SF-424 appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

IMPORTANT NOTE: HRSA will use a two-tier submission process for the SDS applications, via Grants.gov (Phase 1) and the HRSA EHBs (Phase 2). The application process is divided as follows:

- **PHASE 1: GRANTS.GOV – Completed SF-424, proof of accreditation, and supplemental information must be submitted via Grants.gov with a due date of June 22, 2012.**

Once the Grants.gov application has been successfully submitted to Grants.gov, the applicant will receive an email from HRSA within 7 business days. This email will provide instructions and necessary information needed to access your application through HRSA's Electronic Handbooks (HRSA's EHBs). This email will be sent to the authorizing official, the business official, the point of contact and the project director listed on the face page of the Grants.gov application.

- **PHASE 2: HRSA’s EHBs – SDS discipline-specific forms must be complete and successfully submitted by 5:00 P.M/ ET via EHBs with a due date of July 6, 2012.**

Please note that applicants can only begin Phase 2 in HRSA’s EHBs after Phase 1 in Grants.gov has been completed by the applicable due date and HRSA has assigned the application a tracking number. See Section 5 of the aforementioned User Guide for detailed application submission instructions. These instructions must be followed.

For information on registering in HRSA’s EHBs, please refer to <http://www.hrsa.gov/grants/userguide.htm> or call the HRSA Contact Center at 1-877-464-4772. If you do not complete the registration process, you will be unable to submit an application. HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the supplemental information in HRSA’s EHBs.

PHASE I: Grants.gov submission- (SF-424, Abstract, Narrative, Proof of Accreditation, and Supplemental Information)

Applicant organizations must submit one application per discipline/program for which you are applying in Grants.gov. No other options are available.

All Applicants will be “New,” please do not include a grant number.

PHASE II: Electronic Handbooks (EHBs) submission: (Program Specific Forms, Narrative Check Boxes)

- Remember – you must submit multiple applications for multiple disciplines or programs (in other words, only one application may be submitted per one health profession discipline. Institutions **may not** submit one application for multiple disciplines or programs.) One program specific form for the specific discipline will be completed in the EHBs.
- Project Director for that discipline will be listed as point of contact on the program specific form.

It is very important to work with your colleagues. You can use the “Peer Access” feature within the EHBs so that multiple people can work on the application at the same time. The Business Official identified on the application, however, must grant each person access to the EHBs.

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 80 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 Non-Construction – Table of Contents

Phase 1: Submission through 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
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site	Attachment	Can be uploaded in the SF-424 Performance	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Location(s)		Site Location(s) form. Single document with all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Accreditation Documentation
Attachment 2	Institution Diversity Statement
Attachment 3	Maintenance of Effort Documentation
Attachment 4-15	Other Relevant Documents

-  After successful submission of the Application Forms in Grants.gov (Phase 1), and subsequent processing by HRSA, you will be notified by HRSA confirming the successful receipt of your application. This notification is expected within 7 business days from the date of submission in Grants.gov.
-  If you do not receive notification within 7 business days after submission in Grants.gov, contact the HRSA Contact Center at 877-GO4-HRSA (877-464-4772), 24 hours per day, 7 days per week, or email callcenter@hrsa.gov. Please have your Grants.gov tracking number at hand.
-  Your application will not be considered compliant unless you review and submit the required Attachments in HRSA's EHBs (Phase 2).

Phase 2: Submission through HRSA's Electronic Handbooks (EHBs)

 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 receive further consideration in the application review process and those particular applicants will be notified.**

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SDS Program Specific Form Program Narrative check boxes	Form	Complete in HRSA EHBs	Not counted in the page limit. Refer to detailed instructions in Appendix A.

Applicants are reminded that failure to include all required documents as part of the application may result in an application being considered as incomplete or non-responsive.

Application Format

i. Application Face Page (Grants.gov)

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. "Name and contact information of person to be contacted on matters involving this application." If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.925.

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 form SF-424 - item 8c on the application face page on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any sub-recipient 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 in Grants.gov and the EHBs. 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

Please complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for each year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.

Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the "New or Revised Budget" column- not

the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. SDS applicants should use the “Other” category (line h) for all applicable costs. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (4) for subsequent budget years (up to four years).

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. SDS applicants may request costs for scholarship tuition, other reasonable educational expenses, and reasonable living expenses to eligible students (remember all costs should be in the “Other” category as stated above). The amount of the scholarship to students must be at least half of the cost of tuition (with a cap of \$15,000 per student award per year). Individual student awards must be \$15,000 for students whose tuitions are \$30,000 or more. However, the scholarship may not exceed a recipient’s cost of tuition expenses, other reasonable educational expenses and reasonable living expenses incurred in attendance at such school.

The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to four (4) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to four (4) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the four-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

v. Assurances

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

vi. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

vii. Project Abstract

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

The project abstract must be single-spaced and limited to one page in length. The abstract should provide the following:

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

The abstract might be best prepared after the completion of the program narrative.

Please place the following at the top of the abstract:

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

xiii. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Applications will collect descriptive school information in the narrative, and data for review and analysis will also be collected in the Program Specific Form.

Use the following section headers for the Narrative:

NEEDS ASSESSMENT

This section outlines the needs of your institution/organization. The SDS program supports scholarships to students from disadvantaged backgrounds enrolled (or accepted) for full-time enrollment. College and Universities receiving SDS funds must already have recruitment and retention activities for disadvantaged students in place. This section should help reviewers understand the institution that will be served by the proposed project.

- Provide a description of commitment to the education of disadvantaged students, especially underrepresented minorities. Commitment should be demonstrated in the following ways:
 - Shown in official documents (such as strategic plans, admission policies, and initiatives).
 - Number, type, variety, and effectiveness of current recruitment and retention activities.
 - The applicant's provision of resources (staff, time, and funds) to the projects and initiatives that promote and facilitate the matriculation of disadvantaged students.
 - Number and percent of disadvantaged students and disadvantaged graduates.

- Number and percent of racial and ethnic minority disadvantaged students and graduates.
 - Collaborations with other institutions to enhance education pathway of disadvantaged students.
 - Financial assistance already provided to disadvantaged students.
- Provide a description of commitment to increasing primary care practitioners. Commitment should be demonstrated in the following ways:
 - Official documents showing primary care commitment such as program mission statement.
 - Clinical site placements in primary care such as listing of actual clinical sites.
 - High percentage (30 percent or more) of graduates entering service in primary care.
 - Other activities showing commitment.
- Provide a description of commitment to increasing graduates working in medically underserved communities. Commitment should be demonstrated in the following ways:
 - Official documents showing commitment such as recruitment materials.
 - Activities to increase graduates choosing to work in MUC's such as recruiting plans targeting MUCs
 - High percentage (30 percent or more) of graduates entering service in MUCs.
 - Other activities showing commitment.
 - Mission statement
 - Recruitment materials

METHODOLOGY

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements. As appropriate, include descriptions and a proposed plan.

- Provide a detailed description of your current recruitment and retention activities for students of disadvantaged backgrounds, including underrepresented minority students who enter into the health professions. Discuss activities that provide educational preparation and clinical services preparation. Be sure to include program strategies, staffing, and amount of funding dedicated to the recruitment and retention programs. Discuss collaborations with others to better achieve goals. Describe SDS scholarship funding and disbursement strategies and processes and program evaluation plans. Descriptions should include the following items:
 - Proposed recruitment and retention programs.
 - Proposed linkages and collaborations with other institutions that help identify and encourage students in pipeline programs.
 - Evaluation program and the tracking and monitoring of graduates.

- Barriers addressed.
 - Improvements to program.
 - Availability of numerous programs for educating student on resources available such as, study skills, note taking, and test taking skills
- Describe achievements and successes in educating disadvantaged students, especially underrepresented minorities, in a way that eliminates barriers along the educational pipeline for disadvantaged students and assures graduates practice in primary care and serve in medically underserved communities.
 - Identify the retention rate of URM
 - Describe any programs available to identify academic shortcomings and remediation.
 - Provide a proposed plan describing how your school will increase and educate disadvantaged students, especially underrepresented minorities, and ensure that students graduate, enter primary care and serve in medically underserved communities.
 - Provide a description of how your school intends to improve the performance of recruiting and retaining students of disadvantaged student including underrepresented minority students who enter into the health professions.
 - For educational preparation, describe the plan to provide adequate instruction regarding minority health issues in the curricula of the school. Also include course work reflecting an institutional awareness of the special health needs of underrepresented minority populations.
 - For experience in providing clinical services, describe arrangements entered into with one or more health clinics providing services to a significant number of individuals who are from disadvantaged student backgrounds including members of underrepresented minority groups.

WORKPLAN

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders such as more public or non-profit private, secondary education and undergraduate institutions of higher education (feeder schools). Further, describe the extent to which these contributors support educational preparation, recruitment of disadvantaged students and establishment of mentoring programs.

- Describe arrangements entered into with one or more public or non-profit private secondary education institutions and undergraduate institutions of higher education (feeder schools) for the purpose of carrying out programs regarding:
 - the educational preparation of disadvantaged students, including underrepresented minority students to enter into the health professions

- the recruitment of disadvantaged students, including underrepresented minority students to enter into the health professions
- Describe how you would establish a mentor program for assisting disadvantaged students including underrepresented minority students regarding the completion of the educational requirements for degrees from the school. This program may include the involvement of students, community health professionals, faculty, alumni, past recipients (e.g. tutoring, counseling, and summer/bridge programs).

In order to ensure that the Review Criteria in the FOA are fully addressed, this table provides a bridge between the project narrative and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response

ix. Program Specific Forms

For instructions for completing the SDS Program Specific Form, see Appendix A.

x. 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.**

Attachment 1: Accreditation Documentation

As detailed in Section III.1., include proof of school accreditation.

Attachment 2: Institution Diversity Statement.

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

Attachment 3: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURES

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

Attachment 4-15: Other Relevant Documents

Include here any other documents that are relevant to the application, specifically describe a commitment to the program, such as brochures, mentoring documentation, recruiting and retention documentation. These documents are all included in the page limit.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement through Grants.gov is *June 22, 2012 at 8:00 P.M. ET, with a subsequent deadline in the HRSA EHBs of July 6, 2012 at 5:00 P.M. E.T.* Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization’s Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time, and the supplemental information has been successfully transmitted through the EHBs prior to the second deadline.

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. At that time the applicant can enter the EHBs and complete the supplemental information.

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

Late applications:

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

4. Intergovernmental Review

The Scholarships for Disadvantaged Students program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of four (4) years, at no more than \$650,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Estimated funding (**up to \$650,000 per grant**) may be requested only to provide scholarships for students. The amount of the scholarship to students must be at least half of the cost of tuition (with a cap of \$15,000 per student award per year). Individual student awards must be \$15,000 for students with tuitions of \$30,000 or more. However, the scholarship may not exceed a recipient's cost of tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at such school.

There are no explicit requirements for the timing of disbursements of SDS funds to eligible students who have been designated as scholarship recipients. However, requirements for other programs and good practice strongly suggest that funds should not be disbursed in one lump sum. Instead, awards that are earmarked to pay for tuition should be disbursed at the beginning of each period within the academic year (e.g. semester, trimester, quarter).

Disbursing funds in logical increments throughout the academic and calendar years helps students budget their resources. In addition, this approach protects the institution in case a SDS recipient drops below full-time student status due to academic failure, disability, or death. If a recipient becomes ineligible to receive funds the school may award the money to another eligible student at that institution. However, if the school cannot award the funds to another eligible student, the school must return the funds to HHS.

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

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

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

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

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

6. Other Submission Requirements

As stated in Section IV.1, except in very 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 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 Registry (CCR)
- Identify the organization’s E-Business Point of Contact (E-Biz POC)
- Confirm the organization’s CCR “Marketing Partner ID Number (MPIN)” 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 date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov and/or HRSA EHBs due to errors, you must correct the application and resubmit it to Grants.gov and/or HRSA EHBs before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

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

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The SDS program has 2 review criteria:

Criterion 1: NEED (30 points)

- The degree to which applicant demonstrates its commitment to the education of disadvantaged students, especially underrepresented minorities. (10 points)
- The degree to which applicant demonstrates its commitment to increasing primary care practitioners. (10 points)
- The degree to which applicant demonstrates its commitment to increasing graduates working in medically underserved communities (MUCs). (10 points)

Criterion 2: RESPONSE (70 points)

- The extent to which the proposed project demonstrates levels of achievement and success in educating disadvantaged students, especially underrepresented minorities, in a way that eliminates barriers along the educational pipeline for disadvantaged students and assures graduates practice in primary care and serve in MUCs. (30 points)
 - The extent to which the proposed project demonstrates high retention of URMs.
 - The extent to which the proposed project demonstrates that programs are available to identify academic shortcomings and remediation.
- The extent to which the proposed project demonstrates the level of adequacy of proposed plan to increase and educate disadvantaged students, especially underrepresented minorities, and ensure that students graduate, enter primary care and serve in MUCs. (40 points)
 - The extent to which the proposed project demonstrates a recruitment and retention plan.
 - The extent to which the proposed project demonstrates linkages and collaborations with other institutions that help identify and encourage students in pipeline programs.
 - The extent to which the proposed project addresses an evaluation program and the tracking and monitoring of graduates.
 - The extent to which the applicant addresses barriers in meeting program goals.
 - The extent to which the applicant addresses improvements to its program.
 - The extent to which the proposed project demonstrates the availability of numerous programs for educating students on resources available such as study skills, note taking, and test taking skills.
 - The strength and effectiveness of the proposed mentor program for assisting disadvantaged students including minority students regarding the completion of the educational requirements for degrees from the school.

2. Review and Selection Process

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

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V.1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable

the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Funding Priorities (Priority Points)

A funding priority is defined as the favorable adjustment of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. Program staff will assign priority points to all approved applications that meet the following criteria.

A school/program is given funding priority based on the following:

- 1) At least 15 percent of student full-time enrollment are underrepresented minorities during Academic Year (AY) 2010-2011.
- 2) At least 15 percent of graduates practicing in primary care during AY 2010-2011.
 - For allopathic and osteopathic medicine: use graduate data from AY 2006-2007.
 - For dentistry, dental hygiene, graduate nursing, physician assistants and mental and behavioral health: use graduate data from AY 2009-2010.

Note: Priority in primary care is limited to allopathic and osteopathic medicine, dentistry, dental hygiene, graduate nursing, physician assistants and behavioral and mental health.

- 3) At least 10 percent of graduates are practicing in medically underserved communities during AY 2010-2011.
 - For allopathic and osteopathic medicine: use graduates from AY 2006-2007.
 - For all other disciplines: use graduates from AY 2009-2010.

Priority Points

Additional points will be given after the objective review for the following priorities:

Priority Type	Priority Points
<i>Under-represented minority students.</i> (To be eligible for this priority, applicants must have a certain percentage of racial and ethnic minorities in their student population.)	2 points for 15-29.99% minority students 3 points for 30-49.99% minority students 4 points for 50% or more minority students
<i>Graduating students going into primary care.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in primary care.)	2 points for 15-29.99% graduates entering PC 3 points for 30-49.99% graduates entering PC 4 points for 50% or more graduates entering PC
<i>Graduates working in medically underserved</i>	1 point for 10-29.99% serving in a MUC

<p><i>communities.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in a medically underserved community.)</p>	<p>2 points for 30-49.99% serving in a MUC 3 points for 50% or more serving in a MUC</p>
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3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 15, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee’s assessment of the application’s strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant’s Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 15, 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).

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit

discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

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>.

Diversity

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

Diversity Guiding Principles for all its workforce programs that focus on increasing the diversity of the health professions workforce.

All health professions programs should aspire to --

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

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

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>

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 www.whitehouse.gov/omb/circulars.

b. Payment Management Requirements

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

c. Status Reports

- 1) **Federal Financial Report (SF-425)**. The Federal Financial Report (SF-425) is required according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. 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 NoA.
- 2) **Performance/Progress Report(s)**. The awardee must submit a performance/progress report to HRSA on an annual basis. Submission and HRSA approval of the Progress Report(s) triggers the budget period renewal and release of subsequent year funds. An annual report is required within 45 days of the end of the budget period. The report is an accounting of expenditures and performance under the project year. The number of students enrolled, students receiving SDS funds, the number of students that received SDS funds that graduated, and students' racial/ethnic background, gender and age are collected, as well as information on students' pipeline training from other HRSA programs and SDS student clinical

training sites with high disadvantaged populations or located in MUCs. Information on whether graduates entered the discipline for which they trained, whether they were from a rural background, and whether graduates intend to work in primary care, rural communities, or medically underserved areas is collected. Information regarding the number of graduates actually serving in medically underserved communities and rural communities, and the number of graduates practicing in primary care are also collected. Information regarding the school's need for funds for disadvantaged students is collected as well as the type of school, such as community college. Recruitment and retention activities are collected as well. Performance reports will collect both aggregate and individual student data.

- 3) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

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:

Barbara Ellis
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1738
Fax: (301) 443-6343
Email: bellis@hrsa.gov

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

Andreina Stampone
Public Health Analyst, BHPr,
Division of Student Loans and Scholarships
Attn: Scholarships for Disadvantaged Students
Parklawn Building, Room 9-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1173
Fax: (301) 443-0846
Email: astampone@hrsa.gov

Hai Le
Public Health Analyst, BHPr,
Division of Student Loans and Scholarships
Attn: Scholarships for Disadvantaged Students
Parklawn Building, Room 9-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1173
Fax: (301) 443-0846
Email: hle1@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
Telephone: 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
Telephone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Technical Assistance Calls

The Scholarships for Disadvantaged Students (SDS) in BHP's Division of Student Loans and Scholarship will conduct three technical assistance (TA) calls for this funding opportunity announcement. The calls will include information important for preparing an application and an opportunity to ask questions. Taped replays will be available one hour after each call ends, through the closing date of the funding opportunity. The calls will take place as follows:

Date: May 31, 2012
Time: 1:00 – 3:00 PM EST
Telephone Number: 888-790-2005
Pass code: 55496
Play-back telephone number: 800-879-5210
Pass code: 5521

Date: June 6, 2012
Time: 1:00 – 3:00 PM EST
Telephone Number: 888-790-2005
Pass code: 55496
Play-back telephone number: 800-944-3317
Pass code: 5521

Date: June 18, 2012
Time: 1:00 – 3:00 PM EST
Telephone Number: 888-790-2005
Pass code: 55496
Play-back telephone number: 866-443-1209
Pass code: 5521

Definitions

Disadvantaged Background Student

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions or nursing school; or
- Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services for use in health professions and nursing programs. (See Appendix B for specific dollar amounts.)

Primary Care

The SDS program will use the definition of primary care provided by the Institute of Medicine: 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.

(IOM. 1996. *Primary care: America's health in a new era*. Washington, DC: National Academy Press).

Medically Underserved Community

According to Section 799B (6) of the Public Health Service (PHS) Act, a “medically underserved community” means an urban or rural area or population that:

- (A) is eligible for designation under Section 332 of the PHS Act as a health professional shortage area (HPSA);
- (B) is eligible to be served by a migrant health center under Section 329 [now 330(g)] of the PHS Act, a community health center under Section 330 of the PHS Act, a grantee under Section 330(h) of the PHS Act, (relating to homeless individuals), or a grantee under Section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);
- (C) 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
- (D) 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 HPSAs and populations serviced by Community Health Centers, Migrant Health Centers, or homeless health centers, the list of types of practice sites that can be claimed under Section 799 B(6) includes the following:

- Community Health Centers (CHC) (Section 330 of the PHS Act)
- Migrant Health Centers (MHC) (Section 330(g) of the PHS Act)
- Health Care for the Homeless Grantees (Section 330(h) of the PHS Act)
- Public Housing Primary Care Grantees (Section 330(i) of the PHS Act)
- Rural Health Clinics, federally designated (Section 1861(aa)(2) of the Social Security Act)
- National Health Service Corps (NHSC) Sites (Section 333 of the PHS Act)
- An outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act (25 U.S.C. § 450 et seq. and 25 U.S.C. § 1601 et seq.)
- Federally Qualified Health Centers (Section 1861(aa)(2) of the Social Security Act) Primary Medical Care Health Professional Shortage Areas (HPSAs) (Section 332 of the PHS Act)
- Primary Medical Care Health Professional Shortage Areas (HPSAs) (Section 332 of the PHS Act)
- Mental Health HPSAs
- Dental HPSAs (Section 332 of the PHS Act)
- Nurse Shortage Areas (Section 846 of the PHS Act)
- State or Local Health Departments (regardless of sponsor - for example, local health departments who are funded by the state would qualify)
- Practice sites designated by State Governors as serving medically underserved communities

School

As defined in section 799B of the PHS Act, (1)(A) The terms “school of medicine”, “school of dentistry”, “school of osteopathic medicine”, “school of pharmacy”, “school of optometry”,

“school of podiatric medicine”, “school of veterinary medicine”, “school of public health”, and “school of chiropractic” mean an accredited public or nonprofit private school in a State that provides training leading, respectively, to a degree of doctor of medicine, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of osteopathy, a degree of bachelor of science in pharmacy or an equivalent degree or a degree of doctor of pharmacy or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a graduate degree in public health or an equivalent degree, and a degree of doctor of chiropractic or an equivalent degree, and including advanced training related to such training provided by any such school.

The term “school of nursing” means a collegiate, associate degree, or diploma school of nursing, as defined by section 801 of the PHS Act.

IX. Tips for Writing a Strong Application

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

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

APPENDIX A – SDS Program Specific Forms Instructions - available through the EHBs
Form Approved
OMB Number 0915-0149
Exp. Date: 11/30/2013

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BUREAU OF HEALTH PROFESSIONS

INSTRUCTIONS FOR SCHOLARSHIPS FOR DISADVANTAGED STUDENTS (SDS)
PROGRAM APPLICATION

Academic Year 2012-2013

PUBLIC REPORTING 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 0915-0149. Public reporting burden for the applicant for this collection of information is estimated to average 28 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 11A-33, Rockville, Maryland, 20857.

GENERAL INFORMATION

You are required to complete a program specific form for each discipline for which you are seeking support.

To be eligible to participate in the SDS program, the **application must be submitted through Grants.gov by June 22, 2012 and supplemental information must be submitted in HRSA's EHBs by July 6, 2012.** If your school receives SDS funding, you will be required annually to provide to HRSA program and fiscal data and submit an annual report electronically via the Electronic Handbooks (EHBs). The two required reports are the Federal Financial Report (FFR) also known as the SF 425 (formerly the SF 269 FSR) and the SDS Performance Report (SDSPR).

Your submission of the SDS Application represents an agreement between the applicant school and the Secretary of the Department of Health and Human Services (HHS) for the management and administration of the SDS Program, and is binding on all parties participating in the program.

ELIGIBILITY CRITERIA: A school must meet all of the criteria listed below to be eligible to be considered for SDS funds for FY 2012. All requirements refer to full-time students (using the school's requirements for full-time):

Full-time students from disadvantaged backgrounds must be:

- 1) At least 20 percent of the total enrollment (full-time enrolled) of your program during Academic Year (AY) 2010-2011 (7/1/10-6/30/11), **and**
- 2) At least 20 percent of the total graduates (who were full-time students) of your program during AY 2010-2011, **and**

In addition to the above, if your school is a newly established school, as long as you have students enrolled for the SDS program reporting year (7/1/10 – 6/30/11) you may apply. Since newly established schools have not yet graduated students, and do not have graduate data, schools may complete the "graduates" data on the application using the data on the class year of expected first graduating class in place of the graduate data. For example, if your program is a 4-year program and you have students enrolled only in the first 2 years, you must use the second year data in providing the "graduates" information. In other words, the data for the second year and the data for the "graduates" will be the same.

Program Specific Instructions

A. FULL-TIME STUDENTS ENROLLED IN YOUR PROGRAM FOR ACADEMIC YEAR 2010-2011 (7/1/10-6/30/11) AND THEIR RACIAL/ETHNIC BACKGROUNDS

You must include all full-time students (using your school's definition of full-time) enrolled in your program. Complete this table showing the enrollment and racial/ethnic background of full-time students enrolled in the program for which your school is applying for SDS funds (*i.e.*, health professions, baccalaureate nursing, public health, clinical psychology, etc.) **during Academic Year 2010-11.**

Select the category of racial/ethnic background using the following definitions.

Race:

American Indian or Alaska Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Asian Underrepresented: Any Asian (see above definition) *other than* Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

Black or African American: A person having origins in any of the Black racial groups of Africa.

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, North America, the Middle East or North Africa.

Unknown: The race/ethnicity of the student is not known.

More than One Race: A person having origins from more than one race.

Ethnicity:

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Non-Hispanic/Non-Latino: A person not having origins of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Provide the age and gender information for the number of **full-time** students enrolled during the reporting period July 1, 2010 and June 30, 2011. Count each student only once.

AGE	MALE Enrollment	FEMALE Enrollment
Under 20		
20-29		
30-39		
40-49		
50-59		
60 or older		
Total		

B. TOTAL FULL-TIME ENROLLMENT AND FULL-TIME DISADVANTAGED ENROLLMENT BY CLASS YEAR FOR STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEAR 2010-2011 (7/1/10-6/30/11)

CLASS YEAR - Enter full-time enrollment by class year (using the school's definition for full time). Space on the application is available for programs up to six years in length. Enter only Class Year data that is appropriate for the length of your program. For example, if your program is four years in length, the Fifth and Sixth years on the application would be left blank.

For graduate degree programs with more than one type of degree (e.g. masters and doctorate, or pharmacy baccalaureate and graduate), all students who are in the last year of their program should be included in the same year. For example, if a school has a one year program and a two

year program, the students in the one year program would be included in the same year as the students in the second year of the two year program.

DISADVANTAGED ENROLLMENT - Complete the table, showing full-time student enrollment from disadvantaged backgrounds (using your school's requirements for full time) by class year.

Enter Class Year data that is applicable for the length of your program.

An individual from a disadvantaged background is defined as someone who:

[Part I - educational/environmental] comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a school;

The Department expects that eligible students who meet these criteria will

- (1) Have the abilities needed to succeed in a health career, but come from backgrounds and educational environments that have made it difficult for them to reach and fully demonstrate their academic potential; and
- (2) Are more likely than other students to provide care to underserved areas and populations following completion of their degree.

EXAMPLES - schools are not limited to these examples only:

- (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) First generation in family to attend college

OR

[Part II - economic] 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 of Health and Human Services for adaptation to this program.

Of the Total Full-Time Disadvantaged, enter the number of students who qualify as disadvantaged under the economic (Part II) definition.

Please NOTE: When identifying students from disadvantaged backgrounds, minority status in

itself is NOT A FACTOR for determining disadvantaged status.

For income levels that determine what constitutes a low income family for determining economically disadvantaged students enrolled/graduated during AY 2010-11 see Appendix B.

The parental income will be used to determine a student's eligibility for economically disadvantaged in all cases except in those cases where the student is considered independent by being at least 24 years old and has not been listed as a dependent on his or her parents' income tax for 3 or more years. In those cases, the students' family income will be used instead of parental family income (for parental income and students' family income use the historical poverty income level, Appendix B, of the FOA).

Documentation must be provided to the school for age and independent status. Schools may use whichever documentation they choose, such as the students' last three years income tax or the parents' last three years income taxes or other sources of proof of independency. For proof of age, some examples are, a drivers' license, birth certificate, or passport. However, the school will be held accountable for the accuracy of the students' independent status.

If a student is at least 24 years old, and cannot prove independent status then he or she would be considered dependent and schools should use the parental income for economically disadvantaged.

C. TOTAL NUMBER OF FULL-TIME STUDENTS GRADUATED, TOTAL NUMBER OF FULL TIME STUDENTS GRADUATED THAT RECEIVED SDS FUNDS, TOTAL FULL-TIME DISADVANTAGED GRADUATES, AND OF THE NUMBER OF FULL-TIME DISADVANTAGED GRADUATES, HOW MANY ARE ECONOMICALLY DISADVANTAGED FROM YOUR PROGRAM FOR ACADEMIC YEAR 2010-2011 (7/1/10-6/30/11).

* Total Full-Time Graduates:

Enter the total Full-time Students (using your school's requirements for full time) Graduated for the academic year 2010-2011 (7/1/10-6/30/11).

- Of the number of full time graduates, number of graduates that received scholarships for disadvantaged students (SDS):

Of the number full time graduates above, enter the total number of Full-time students graduated that received SDS funds regardless of when they received the funds.

*Full-Time Disadvantaged Graduates:

Enter total full-time disadvantaged students graduated for the academic year 2010-2011 (7/1/10-6/30/11).

For newly established schools or programs that had full-time students enrolled in AY 2010-2011, but had not been in existence long enough to have had a graduating class in AY 2010-2011, provide the data from the table in Section B. that represents the first graduating class, in place of graduate data. For example, if a four year program had students enrolled in the first, second and

third years during AY 2010-2011, the school would provide data on the third year full-time students in place of the graduate data requested.

* Of the number of full-time disadvantaged, how many are economically disadvantaged:

Of the number of full-time disadvantaged above, enter the number of students who qualify as disadvantaged under the economic (Part II) definition for the academic year 2010-2011 (7/1/10-6/30/11).

D. GRADUATES FROM YOUR PROGRAM SERVING IN PRIMARY CARE AND/OR MEDICALLY UNDERSERVED COMMUNITIES: If the graduated student is in Primary Care as well as working in Medically Underserved Communities, include this graduate in both categories.

MEDICALLY UNDERSERVED COMMUNITIES (MUC)

Definition of Medically Underserved Community:

The term “Medically Underserved Community” means an urban or rural area or population that:

- (A) is eligible for designation under Section 332 of the PHS Act as a health professional shortage area (HPSA);
- (B) is eligible to be served by a migrant health center under Section 329 [now 330(g)] of the PHS Act, a community health center under Section 330 of the PHS Act, a grantee under Section 330(h) of the PHS Act, (relating to homeless individuals), or a grantee under Section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);
- (C) 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
- (D) 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 serviced by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision includes the following:

- Community Health Centers (CHC) (section 330 of the PHS Act)
- Migrant Health Centers (MHC) (section 330(g) of the PHS Act)
- Health Care for the Homeless Grantees (section 330(h) of the PHS Act)
- Public Housing Primary Care Grantees (section 330(i) of the PHS Act)
- Rural Health Clinics, federally designated (section 1861(aa)(2) of the Social Security Act)
- National Health Service Corps (NHSC) Sites (section 333 of the PHS Act)
- An outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving

funds under Title V of the Indian Health Care Improvement Act (25 U.S.C. § 450 et seq. and 25 U.S.C. § 1601 et seq.)

- Federally Qualified Health Centers (section 1861(aa)(2) of the Social Security Act)
- Primary Medical Care Health Professional Shortage Areas (HPSAs) (section 332 of the PHS Act)
- Mental Health HPSA
- Dental HPSAs (section 332 of the PHS Act)
- Nurse Shortage Areas (section 846 of the PHS Act)
- State or Local Health Departments (regardless of sponsor - for example, local health departments who are funded by the state would qualify)
- Practice sites designated by State Governors as serving medically underserved communities

1. Number of Full-Time Graduates in Medically Underserved Communities:

1.1 For schools of allopathic and osteopathic medicine: enter the total number of full-time students graduated in academic year 2006-2007 who were serving (residency included) during 2010-2011 in medically underserved communities.

1.2 For disciplines other than allopathic and osteopathic medicine: enter the total number of full-time students graduated in academic year 2009-2010 who were serving in medically underserved communities (residency included) during 2010-2011.

2. Of the Number of Full-Time Graduates in Medically Underserved Communities (above), Number of Graduates that Received SDS:

2.1. For schools of allopathic and osteopathic medicine: Of the number of full-time graduates in medically underserved communities (item 1.1 above), enter the number of graduates that received SDS funds regardless of when they received them.

2.2. For disciplines other than allopathic and osteopathic medicine: Of the Number of full-time graduates in medically underserved communities (item 1.2 above), enter the number of graduates that received SDS funds regardless of when they received them.

3. Total number of Full-Time Graduates:

3.1: For schools of allopathic and osteopathic medicine: enter the total number of full-time students graduated in academic year 2006-2007.

3.2. For disciplines other than allopathic and osteopathic medicine: enter the total number of full-time students graduated in academic year 2009-2010.

PRIMARY CARE

Definition: Primary Care is 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. (Institute of Medicine. *Primary Care: America's Health in a New Era*. Washington, D.C.: National Academy Press, 1996).

For the SDS program, primary care fields are limited to Allopathic Medicine, Osteopathic Medicine, Dentistry, Dental Hygiene, Behavioral and Mental Health, Graduate Nursing, and Physician Assistants. Disciplines other than those listed above are not eligible for providing Primary Care data.

Following are the categories for Primary Care:

Allopathic Medicine/Osteopathic Medicine

Family Medicine

General Internal Medicine

General Pediatrics

Preventive Medicine

Osteopathic General Practice

Please note that OB/GYN is an unacceptable primary care residency/practice for this program.

Behavioral and Mental Health

Clinical Psychology

Clinical Social Work

Gerontological Counseling

Marriage and Family Therapy

Mental Health Counseling

Rehabilitation Counseling

Dentistry

General Dentistry

Dental Public Health

Pediatric Dentistry

Graduate Nursing

Midwifery

Nurse Practitioner

Physician Assistants:

Non-Specialized Practice

4. Number of full - time graduates in Primary Care:

4.1 For schools of allopathic and osteopathic medicine: enter the total number of full-time students graduated in academic year 2006-2007 (7/1/06-6/30/07) who were serving in Primary Care (residency included) during 2010-2011.

4.2 For schools of dentistry, dental hygiene, behavioral and mental health, nursing (graduate degree), and physician assistants: enter the total number of full-time students graduated in academic year 2009-2010 (7/1/09-6/30/10) who are serving in primary care (residency included) during 2010-2011.

5. Of the Number of Full-Time Graduates in Primary Care (above), Number of Graduates that Received SDS:

5.1 For schools of allopathic and osteopathic medicine: Of the number of full-time graduates in primary care (item 4.1 above), enter the total number of students who received SDS funds, regardless of when they received them.

5.2 For schools of dentistry, dental hygiene, mental and behavioral health, nursing (graduate degree), and physician assistants: Of the number of full-time graduates in primary care (item 4.2 above), enter the total number of students who received SDS funds, regardless of when they received them.

6. Total Number of Full-Time Graduates:

6.1 For schools of allopathic and osteopathic medicine: will be pre-populated from item 3.1 above.

6.2. For disciplines other than allopathic and osteopathic medicine: will be pre-populated from item 3.2 above.

E. COST OF TUITION FOR FULL-TIME STUDENTS FOR THIS PROGRAM: Enter the average cost of tuition for one year (average of in-state and out-state) for full-time students for the program you are applying for.

F. LENGTH OF PROGRAM: Enter the length of time (in years) necessary to complete this program (Nursing Baccalaureate, enter 4).

G. ACCREDITATION: Health professions and nursing schools that are interested in participating in the SDS program must be accredited by a recognized body approved for such purpose by the Secretary of Education.

Each program/discipline must be accredited by the specialized accrediting body approved for the health discipline applying for program participation.

Enter the Name of Accrediting Body (American Osteopathic Association, Commission on Dental Accreditation, Council on Education of the American Podiatric Association, National League for Nursing, etc.) that your discipline (Osteopathic Medicine, Dentistry, Podiatric Medicine, Graduate Nursing, etc.) is accredited by and accreditation expiration date, mm/yy.

Provide proof of accreditation for the discipline(s) that you are applying for as Attachment 1 in Grants.gov.

H. POINT OF CONTACT: The person responsible for the application data.

I. WHAT IS YOUR TOTAL NEED AMOUNT? Enter the amount needed for your school to provide one-half of all your financially needy, disadvantaged students' tuition. This amount is not necessarily the amount requested in the budget, but is the amount actually needed, so the "need" amount may exceed the \$650,000 cap that has been placed on the requested amount you identified in the budget.

J. HOW MANY STUDENTS DO YOU PLAN TO SUPPORT WITH THE REQUESTED AWARD AMOUNT? Enter the number of students the school plans to support with the requested award amount.

K. IS YOUR SCHOOL/PROGRAM PUBLIC OR ANY OTHER NON PROFIT ACCREDITED INSTITUTION? Enter Yes or No. Note: For profit institutions are eligible for nursing and physician assistant programs only.

L. CERTIFICATION AND ELIGIBILITY QUESTIONS (Narrative Questions):

- **Please certify that you will give preference to students for whom the cost of attendance would constitute a severe financial hardship.**
Enter Yes or No.
- **Please describe in the text box your program's methods and standards for setting the amounts of scholarships.**
- **Select the method (including frequency) the program will use to disburse the SDS scholarships to students:**
 - Disburse funds directly to students
 - Apply funds towards tuition expenses
 - Disburse funds to students monthly
 - Disburse funds to students quarterly
 - Disburse funds to students per semester
 - Disburse funds to students annually
- **Check box(s) that reflect(s) how the SDS scholarships will be used:**
 - Tuition
 - Fees and other reasonable educational expenses
 - Reasonable living expenses

Performance Progress Report (SF-PPR-2)

PPR-2-001 – Please indicate if your school is a community college.

PPR-2-002 - Please indicate what recruitment activities for disadvantaged students apply to your program by checking all boxes that apply under the following categories.

Recruitment:

- High School Recruitment
- Specifically targeting/recruiting disadvantaged students
- College Level Recruitment
- Application Services
- Open Houses

PPR-2-003 - Please indicate what retention and/or mentoring activities for disadvantaged students apply to your program by checking all boxes that apply:

Retention and/or mentoring activities:

- Individual or Group Peer Mentor Program (big brother/big sister)
- Individual Staff/Advisor Mentor Program
- Specialized pre-attendance orientation for disadvantaged students
- College Skills Development and Review Programs
- Early identification for students at risk
- Group or Individual Tutoring Services
- Child Care Support
- Professional Opportunities

APPENDIX B: – Historical HHS Poverty Table

HHS Poverty Table for Use in Responding to Program Specific Questions B and C requesting historical data about students in the academic year 2010-11 who were identified by your institution using the 2009 income tax data.

The 2010 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family 1)	Poverty guideline 2)
1	\$21,660
2	29,140
3	36,620
4	44,100
5	51,580
6	59,060
7	66,540
8	74,020
For families with more than 8 persons, add \$7,480 for each additional person.	
2010 Poverty Guidelines for Alaska	
Persons in family 1)	Poverty guideline 2)
1	\$27,060
2	36,420
3	45,780
4	55,140
5	64,500
6	73,860
7	83,220
8	92,580
For families with more than 8 persons, add \$9,360 for each additional person.	
2010 Poverty Guidelines for Hawaii	
Persons in family 1)	Poverty guideline 2)
1	\$24,920
2	33,520
3	42,120
4	50,720
5	59,320

6	67,920
7	76,520
8	85,120
For families with more than 8 persons, add \$8,600 for each additional person.	

- 1) Includes only dependents listed on Federal income tax forms
- 2) Adjusted gross income for calendar year 2009

If the student is at least 24 years of age and not listed on his or her parents' income tax for 3 years or more, use the students' family income rather than his or her parents' family income.