

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

Bureau of Clinician Recruitment and Service  
Grants to States for Loan Repayment

*Affordable Care Act  
State Loan Repayment Program (SLRP)*

**Announcement Type:** New  
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**Catalog of Federal Domestic Assistance (CFDA) No. 93.547**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: June 5, 2012**

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

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Authority: Public Health Service Act, Title III, Section 338I(a)-(i) (42 U.S.C. 254q-1(a)-(i)) The Patient Protection and Affordable Care Act of 2010, Public Law 111-148).

## Executive Summary

This funding opportunity is for State Loan Repayment Program (SLRP) grants to be funded under the Patient Protection and Affordable Care Act of 2010 (“PPACA or ACA”); Public Law 111–148). As the nation’s population grows and ages, the need for well-trained and geographically distributed primary care clinicians becomes more prevalent. The State Loan Repayment Program (SLRP) is part of the overall strategy of the Health Resources and Services Administration (HRSA) to improve access to health care in underserved communities and to address the health professional shortages that cause disparities in access to health care. Section 338I of the Public Health Service (PHS) Act, as amended (42 U.S.C. § 254q-1), authorizes the Secretary to make grants to States to assist them in the repayment of educational loans of health professionals who agree to provide primary health services in Federally designated health professional shortage areas (HPSAs). Practitioners are required to provide primary care services in a health professional service area for a minimum of two years in order to receive loan repayment benefits.

The General Accounting Office, in its 2009 report, “Graduate Medical Education: Trends in Training and Student Debt,” indicates that multiple factors influence students’ specialty choices, including the level of medical school student debt upon graduation ([GAO-09-438R](#)). Decreasing student loan debt is where the State Loan Repayment Program makes a positive impact and has the potential to influence a student’s selection of primary care as a specialty, impact the geographic distribution of practitioners, and simultaneously increase access to primary health care services for underserved populations in the country.

The SLRP grants to be awarded are funded by fiscal year (FY) 2012 appropriations. Approximately \$10 million is available to fund an estimated 19 FY 2012 awards. The program has a cost sharing requirement that States must make available (directly or through donations from public or private entities) non-Federal contributions in cash toward SLRP contracts in an amount not less than \$1 for each \$1 of Federal funds provided in the grant. Current grantees are not eligible to apply unless their project period for all SLRP grants ends on or before 9/30/2012.

Two technical assistance calls to help applicants understand, prepare and submit a grant application for the program have been scheduled. The first call will occur on May 8, 2012, 2012 and the second on May 10, 2012, see Section VIII for more information. Both calls will be recorded and will remain available until after the closing date. The details for participation are included in Section VIII.

## Table of Contents

<b>I. FUNDING OPPORTUNITY DESCRIPTION</b> .....	1
1. PURPOSE.....	1
2. BACKGROUND.....	1
<b>II. AWARD INFORMATION</b> .....	2
1. TYPE OF AWARD.....	2
2. SUMMARY OF FUNDING.....	2
<b>III. ELIGIBILITY INFORMATION</b> .....	2
1. ELIGIBLE APPLICANTS.....	2
2. COST SHARING/MATCHING.....	2
3. OTHER.....	3
<b>IV. APPLICATION AND SUBMISSION INFORMATION</b> .....	3
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	3
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	4
i. <i>Application Face Page</i> .....	8
ii. <i>Table of Contents</i> .....	8
iii. <i>Budget</i> .....	8
iv. <i>Budget Justification</i> .....	9
v. <i>Staffing Plan and Personnel Requirements</i> .....	10
vi. <i>Assurances</i> .....	11
vii. <i>Certifications</i> .....	11
viii. <i>Project Abstract</i> .....	11
ix. <i>Project Narrative</i> .....	11
x. <i>Attachments</i> .....	23
3. SUBMISSION DATES AND TIMES.....	24
4. INTERGOVERNMENTAL REVIEW.....	25
5. FUNDING RESTRICTIONS.....	25
6. OTHER SUBMISSION REQUIREMENTS.....	25
<b>V. APPLICATION REVIEW INFORMATION</b> .....	26
1. REVIEW CRITERIA.....	26
2. REVIEW AND SELECTION PROCESS.....	28
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	28
<b>VI. AWARD ADMINISTRATION INFORMATION</b> .....	29
1. AWARD NOTICES.....	29
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	29
3. REPORTING.....	31
<b>VII. AGENCY CONTACTS</b> .....	33
<b>VIII. OTHER INFORMATION</b> .....	35
<b>IX. TIPS FOR WRITING A STRONG APPLICATION</b> .....	37

# **I. Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Health Resources and Services Administration (HRSA) State Loan Repayment Program (SLRP) is part of HRSA's overall strategy to improve access to health care. Section 338I(a)-(i) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254q-1(a)-(i)), authorizes the Secretary of Health and Human Services ("the Secretary") to make grants to States to assist them in providing support to health professions to repay educational debt who in turn agree to provide primary health services in Federally designated health professional shortage area (HPSAs). The SLRP provides grants to more than 30 states, and, since the SLRP's inception in 1987, approximately 3,500 clinicians have been recruited to provide primary care services in HPSAs.

As of November 21, 2011, there were 13,745 designated primary care, dental, and mental health HPSAs according to the Bureau of Health Professions, Office of Shortage Designation. With the enactment of the Patient Protection and Affordable Care Act (P.L. 111-148), an increase in the number of physicians and other primary health care practitioners will be needed to satisfy the demand for health care services by these urban, rural, and vulnerable populations.

In order to be eligible for SLRP funding, States must operate loan repayment programs for primary care providers on terms that are no more favorable than what the NHSC LRP is authorized to provide. While this statutory requirement places certain restrictions on the structure of a State's loan repayment program, there is a significant amount of flexibility for States to differentiate their loan repayment program from the NHSC LRP. Information contained in this announcement includes the statutory and other requirements to which all grantees must adhere.

## **2. Background**

The Bureau of Clinician Recruitment and Service (BCRS) is a component of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. The mission of the HRSA's BCRS is to improve the health of the Nation's underserved communities and vulnerable populations by coordinating the of caring health professional in the healthcare system and supporting communities' efforts to build more integrated and sustainable systems of care. Each year, BCRS accepts applications from students and clinicians and selects qualified individuals to receive financial assistance in exchange for service where they are needed most. Additional information about the Bureau of Clinician Recruitment and Service and its programs is available at <http://www.hrsa.gov/about/organization/bureaus/bcrs/index.html>.

This program is authorized by Title III of the Public Health Service Act, Section 338I(a)-(i) (42 U.S.C. 254q-1(a)-(i)). Section 338I of the Public Health Service (PHS) Act as amended, Title III, 42 U.S.C. 254q-1, authorizes the Secretary to make grants to States to assist them in the repayment of educational loans of health professionals who agree to provide full-time primary health services in Federally designated health professional shortage area (HPSAs). Since the SLRP's inception in 1987, approximately 3,500 clinicians have been recruited and retained in the program.

## **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 2012-13. Approximately \$10,000,000 is expected to be available annually to fund nineteen (19) grantees. The project period is two (2) years. Funding beyond the first year is dependent on the availability of appropriated funds for SLRP in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Successful applicants under the competition may use their grant funding to cover allowable costs incurred up to 90 days before the grant period start date specified on their award. Applicants are cautioned that they incur such costs at their own risk, and if the grant application is not approved and funded, or if such costs are not otherwise allowable on the grant, HRSA will bear no responsibility for those costs.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Entities eligible to apply for this grant program include the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands.

In order to be eligible, States must demonstrate that the program operated with the grant funds will be administered directly by a State agency. States must also agree that the grant funds will be used to pay all or part of the principal, interest, and related expenses of qualifying educational loans of health professionals, in return for their provision of primary health care services in HPSAs. The contract between the State and the health professional must contain a breach provision and other terms that are not more favorable than what the Secretary is authorized to offer to participants in the National Health Service Corps (NHSC) Loan Repayment Program (LRP) (42 U.S.C. Sec. 2541-1). In addition, States must agree to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward SLRP contracts in an amount not less than \$1 for each \$1 of Federal funds provided in the grant.

SLRP grantees whose project period ends in 2014 are not eligible to apply for this funding opportunity. SLRP grantees that are receiving ARRA funds that may be expended by 9/30/2012 are eligible to apply.

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

SLRP grants have a cost sharing requirement. States must agree to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward

SLRP contracts in an amount not less than \$1 for each \$1 of Federal funds provided in the grant. A State *may not* use any Federal funds or in-kind contributions to satisfy the non-Federal match requirement. A State must verify that contributions from sources other than State appropriated funds are non-Federal. The State's share of the program may be used to repay qualifying loans of health professionals or administrative costs of the State's Loan Repayment Program, or a combination of both.

**Matching funds** – Applicants have some flexibility in meeting the required match. For example, States may use funds from other State education loan repayment programs, donations from eligible service sites, and donations from private foundations and community organizations. For those States that administer their own loan repayment programs, the SLRP provides an opportunity to expand their education loan repayment programs without additional State outlays. States may use funds appropriated for their own State loan repayment programs as the match for a Federal SLRP grant, but cannot make SLRP awards to individuals already obligated under the State program, unless those individuals will have completed their State obligation before the SLRP service would be due to commence. See “Participant Eligibility – Required Elements” concerning outstanding contractual obligations for health professional service.

### **3. Other**

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

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

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

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

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. 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 registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

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

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

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form 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](mailto:HRSADSO@hrsa.gov)

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

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

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 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

- 🔔 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 Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		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 <b>specific</b> 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 pages 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	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts
Attachment 2	Staffing Plan: Project Director
Attachment 3	Biographical Sketch: Project Director
Attachment 4	Project Organizational Chart
Attachment 5	Sample Application and Contract - Copies of a sample practitioner application and a sample contract completed by SLRP participants. ALL CONTRACTS MUST CONTAIN A DEFAULT PROVISION.
Attachment 6-15	Other Relevant Documents (letters of support, relevant support material, etc.)

## **Application Format**

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

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 93.547.

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c 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 missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

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

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

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

### **iii. Budget**

Complete Application Form SF-424A Budget Information – Non-Construction provided with the application package.

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. 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).

#### **SF 424A, Section A - Budget Summary**

The budget must reflect separately the amount of Federal and non-Federal contributions proposed for loan repayment for urban and rural areas. Non-Federal contributions for loan repayment are at the rate of \$1 for every \$1 of Federal funds proposed. Project administration costs must be paid by non-Federal contributions over and above funds for loan repayments. This should be displayed as follows:

On line 1, column (a) - enter SLRP-URBAN.

On line 1, column (b) - CFDA Number (see new program CFDA number above); (c) - Unobligated Federal funds; (d) - Unobligated Non-Federal funds; (e) - Federal funds; (f) - Non-Federal contributions.

**Follow the same procedure on line 2 for RURAL areas.**

On line 3, column (f) - enter Non-Federal funds for project administration.

#### **SF 424A, Section B - Budget Categories**

Title Column 1 - SLRP/URBAN; Column 2 - SLRP/RURAL; and Column 3 - ADMINISTRATION.

The full amount of loan repayment costs for urban areas should be reflected in column (1) on line f "contracts." Follow the same procedure in column 2 for rural areas.

In column 3, display project administration costs in appropriate budget categories. Include the following in the Budget Justification narrative:

#### ***iv. Budget Justification***

Provide a narrative that explains the amounts requested for each line in the budget. 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 (two years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. For those applicants currently receiving funding from other SLRP grants, the budget narrative should include the amount of funding received, and the grant number. Do NOT use the justification to expand the project narrative.

This announcement is inviting applications for project periods up to two years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for two (2) 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 two-year project period is subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

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

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

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

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

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

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project director must be included in Attachment 2. A Biographical sketch for the project director must be included in Attachment 3. When applicable,

biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

**vi. Assurances**

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

**vii. Certifications**

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

**viii. 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. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

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

The project abstract must be single-spaced and limited to one page in length.

**ix. 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.

Use the following section headers for the Narrative:

▪ **INTRODUCTION**

This section should briefly describe the purpose of the proposed project.

▪ **NEEDS ASSESSMENT**

This section outlines the needs of your community and/or organization. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the

project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

Provide a brief assessment of the State's need for health professionals in federally designated HPSAs, including identification of health service access problems unique to the State, the distribution of federally designated HPSAs with large minority populations, and health professional needs between urban and rural HPSAs. A listing of currently designated HPSAs can be found on the following HRSA webpage: <http://hpsafind.hrsa.gov/>.

▪ **METHODOLOGY**

Provide a description of the plans for administrating a SLRP which must, at a minimum, include the annual amount of loan repayment offered to clinicians under the program; the frequency and timing of the loan repayments; length of required service periods; program incentives for longer periods of service; procedures for monitoring the service of program participants; procedure for placing clinicians in default for failure to complete their service obligations; remedies for default; cancellations; provisions for waivers and suspensions; a description of the contract and/or obligation process to be used by a State to obligate individuals receiving SLRP awards; process for recruitment and selection of program participants; and beginning and end process for review of applications.

Include the number of practitioners that are projected to sign contracts to provide primary care.

As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable.

Propose methods that will be used to meet each of the following Critical Elements:

- A. Participant and Practice Site Eligibility
- B. Participant Recruitment and Retention
- C. Participant Awards
- D. Administrative Responsibilities
- E. Participant Contract Terms and Conditions
- F. Participant Monitoring

**Critical Element A: Participant and Practice Site Eligibility**

Grant applications should include the eligibility criteria that the State intends to use to ensure that health professionals selected for SLRP awards will be meeting the statutory requirement to provide primary health services at public and nonprofit private sites in health professional shortage areas (HPSAs). This part of the application should include the types of disciplines that will be supported using the grant funds, as well as the eligible practice locations. Note that all practice locations must be located in federally-designated HPSAs and that all providers must work in a HPSA that corresponds with their training (e.g., a dentist must work in a dental HPSA, a mental health provider must work in a mental health HPSA).

This section of the application should also include the processes in place to detect instances where participants seek a concurrent loan repayment award under a different program, particularly the NHSC Loan Repayment Program. Grantees will be able to submit to the NHSC a list of applicants and awards monthly and the NHSC will notify grantees if a data “match” is detected, to ensure applicants/participants are not incurring a concurrent service obligation

***1. Participant Eligibility -- Required Elements***

Applicants selected for SLRP awards must meet the following criteria, and the State grantee’s SLRP application should include questions designed to gather information about these requirements:

- (1) Must be United States citizens or U.S. Nationals.
- (2) Must not have an outstanding contractual obligation for health professional service to the Federal Government, or to a State or other entity, unless that service obligation will be completely satisfied before the SLRP contract has been signed. Be aware that recruitment bonus clauses in employment contracts may impose a service obligation. States may utilize an exception to this policy for individuals in a reserve component of the U.S. Armed Forces or National Guard (for information on how this exception may be administered, please review the NHSC LRP Application and Program Guidance).
- (3) Must not have a judgment lien against their property for a debt to the United States. Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance, including Federal grant funds.
- (4) Must not be excluded, debarred, suspended, or disqualified by a Federal agency.

The grant application must include information on the process the State will use to verify that individuals meet the above eligibility requirements – e.g., SLRP application questions that address these requirements.

***Financial Responsibility Criteria***

Grant applications should also include the criteria that will be used to ensure that funding is provided to individuals with a strong record of financial responsibility and commitment to primary care. For example, States should require that applicants demonstrate:

- (1) They have not defaulted on a Federal or State payment obligation, even if the obligation was ultimately paid in full. (See note on child support below);
- (2) They have not breached a prior service obligation, even if the obligation was ultimately fulfilled;
- (3) They have not had any debts written off as uncollectible;

- (4) They have not had any service or payment obligation waived.

Under Executive Order 13019, Federal agencies are directed to implement procedures to deny Federal financial assistance to individuals who are delinquent in child support payments. In keeping with the Executive Order, grantees are strongly encouraged to put into place mechanisms that would identify SLRP applicants who are “deadbeat parents” and to consider violation of court-ordered child support as a disqualifying factor in reviewing an applicant's eligibility for funding.

#### *Discipline Eligibility*

As indicated above, the purpose of the grant funding is to assist States in operating loan repayment programs to provide for the increased availability of primary health care services in HPSAs. As such, States have flexibility in the types of disciplines they support, so long as they meet the mission of providing primary health services in HPSAs. The NHSC statute, at 42 U.S.C. § 254d(a)(3), defines “primary health services” as “health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.” To provide additional guidance to States, the following disciplines are among those considered by the Bureau of Clinician Recruitment and Service to be eligible under the SLRP: physicians (allopathic/osteopathic); nurse practitioners; certified nurse-midwives; physician assistants; dentists; pediatric dentists; registered dental hygienists; health service psychologists; licensed clinical social workers; psychiatric nurse specialists; licensed professional counselors; marriage and family therapists; registered nurses; and pharmacists. Further, physicians must pursue one of the following specialties: family medicine, internal medicine, pediatrics, obstetrics/gynecology, geriatrics, or psychiatry. Nurse practitioners and physician assistants must pursue one of the following specialties: adult, family, pediatrics, psychiatry/mental health, geriatrics, or women’s health.

***State Loan Repayment Programs are not required to include all eligible disciplines as participants.***

#### **2. *Site Eligibility***

The statute requires that States assign health professionals participating in the SLRP to public and nonprofit private entities located in and providing health services in HPSAs. In addition, clinicians must work in sites that charge for their professional services at the usual and customary prevailing rates in the area in which such services are provided, except that if a person is unable to pay such charge, such person shall be charged at a reduced rate or not charged any fee. Within these parameters, States have flexibility in terms of which sites they consider to be eligible service sites and may include the following:

- (1) Federally-Qualified Health Centers (FQHCs)
- (2) FQHC Look-Alikes
- (3) Rural Health Clinics
- (4) Critical Access Hospitals
- (5) State and County Mental Health Hospitals
- (6) Long-Term Care Facilities

- (7) Community Outpatient Facility
- (8) Community Mental Health Facility
- (9) State and County Health Department Clinic
- (10) Free Clinic
- (11) Mobile Units
- (12) School-based Health Clinic
- (13) Indian Health Service Clinic
- (14) Tribal Health Clinic
- (15) Urban Indian Health Clinic
- (16) Immigration and Customs Enforcement (ICE) Health Clinic
- (17) State or Federal Correctional Facilities
- (18) Solo or Group Private Practices

Any practice site that the State deems eligible for placement of an individual under contract with the SLRP must provide discounts for individuals with limited incomes (i.e., use a sliding fee scale). For those with annual incomes at or below 100 percent of the HHS Poverty Guidelines States must ensure that practice sites provide services at no charge or at a nominal charge. For individuals between 100 and 200 percent of the HHS Poverty Guidelines, States must ensure that practice sites provide a schedule of discounts, which should reflect a nominal charge coverage from a third party (either public or private), a State may allow practice sites to charge for services to the extent that payment will be made by the third party. An application for funding under this announcement should include the steps the State will take to ensure these charging requirements are adhered to. For information about HHS Poverty Guidelines, please visit <http://aspe.hhs.gov/poverty/12poverty.shtml>.

In addition, the application should describe the State's processes and policies for ensuring that SLRP service sites accept Medicare assignment and have entered into the appropriate agreements with State Medicaid and Children's Health Insurance programs.

#### **Critical Element B: Provider Recruitment and Retention**

As part of the application, the State should discuss its strategy for the recruitment and retention of primary health care providers in HPSAs, including any unique challenges present in the State that may affect recruitment and retention. This strategy should discuss the overall project period, as well as the long-term strategy for recruitment and retention, including any marketing and outreach plans. It should include the timeframe for measuring retention and the specific steps that will be taken to increase both recruitment and retention of primary health care providers.

In addition, discuss any policies the State will have in place to prioritize applications, including any incentives that will be given to particular groups, e.g., higher award levels for participants serving in HPSAs of greatest need.

## **Critical Element C: Participant Awards**

### *1. Amount of Award and Application of Payments*

The SLRP statute places restrictions on the amount of funding a State can provide to individual participants. Pursuant to 42 U.S.C. § 254q-1(c)(3)(B), the amount of an SLRP award cannot be greater than the amount the Secretary is authorized to provide to NHSC LRP participants, *unless* (a) the excess amount comes from non-Federal sources, and (b) the participant agrees to serve at a site that is approved under the NHSC Scholarship Program.

**Please note:** In 2010, the Affordable Care Act amended the NHSC LRP statute to increase the maximum NHSC LRP award amount from \$35,000/year to \$50,000/year for full-time service. The following half-time service options are now also authorized for NHSC LRP participants: (1) up to \$25,000/year for 2 years of half-time service, and (2) up to \$50,000/year for 4 years of half-time service.

“Full-time” service is defined in the NHSC statute as a minimum of 40 hours per week, for a minimum 45 weeks per year. “Half-time” service is defined as a minimum of 20 hours per week (not to exceed 39 hours per week) for a minimum 45 weeks per year. See 42 U.S.C. § 254d.

States are authorized to provide award levels that are below the maximum allowable award and are also authorized to provide different award levels to different categories of applicants (e.g., based on the number of years of service or the degree of shortage of a particular area). That is, a State may offer an initial two-year contract for \$30,000 in the first year and \$25,000 in the second year, or provide \$60,000 for two years of service in a HPSAs determined by the State to be of greatest shortage, compared with \$50,000 for two years of service in a less needy HPSA.

States may propose other award structures for HRSA review, and the grant application should clearly indicate how the awards are structured. An application that does not include the award structure will be deemed incomplete and not considered for funding.

Applications for SLRP grants must include a discussion of the policies and processes that States will use to determine and verify eligibility of qualifying educational loans for repayment under the SLRP contract. This includes the processes for verifying that all funds provided under the SLRP contract have been used to pay down the qualifying educational loan debt of the health professional before issuing a subsequent contract once the initial SLRP contract is fulfilled, if States provide such “continuation contracts,” “extensions,” or “amendments.”

### *2. Length of Service Obligation*

Grant applications must outline the State’s service options for SLRP participants, including whether the State will be allowing clinicians to fulfill their obligation in a half-time capacity.

While States may fund contracts in one-year increments, all States must require that SLRP participants provide no fewer than 2 years of full-time service or 4 years of half-time service in a HPSA. A complete application must include the timing of contracts offered by States using the federal funding made available under this announcement. If the contract length is less than 2 years, the applicant must describe the processes in place to ensure that 2 years of service are required by its loan repayment program. States are authorized to require longer initial contracts, as well as provide additional funding for service provided beyond the initial contract.

#### **Critical Element D: Administrative Responsibilities**

Include a description of the qualifications and experience of the State entity and its personnel concerning health service delivery systems and health professional needs. The application should also include acknowledgment of, and the processes and policies in place to ensure, the following rules and requirements:

- (1) It is expected that Grantees will obligate the total amount of each participant's SLRP contract when the participant's contract is executed. However, Grantees that have administrative restrictions that will not allow for funds in outlying years to be obligated in a given fiscal year will be expected to honor contracts that extend past the project period. Please note that even if the initial SLRP contract is only for one year of loan repayments, the participant still incurs the minimum 2-year service obligation.
- (2) Federal grant funds can only be used to repay the qualifying educational loans of health professionals who have entered into SLRP contracts with the State. Federal grant funds cannot be used toward the cost of administering the program (Section 338I(d)(2) of the PHS Act). State matching funds may be used to repay qualifying loans of health professionals or administrative costs of the State's Loan Repayment Program, or a combination of both.
- (3) Pursuant to 26 U.S.C. § 108(f)(4), payments made under the State Loan Repayment Program are tax-exempt. Applications under this funding announcement should demonstrate that the State clearly informs applicants that SLRP benefits are tax-free. **States cannot use ONLY Federal funds for the first year of the SLRP contract. The State match must be part of the funds disbursed to the participant.**
- (4) The Secretary may not award an SLRP grant for any subsequent fiscal year unless the State has complied with the terms of the grant for the preceding fiscal year. Approval for continuation awards will be based on satisfactory grantee performance relative to the criteria outlined above and availability of funds. Compliance with the terms and conditions of the grant award includes the following:
  - a. Utilizing contracts with program participants that contain, at a minimum, the elements specified in these instructions;

- b. Demonstrating that the grantee is enforcing the terms of its SLRP contracts (e.g., service commitment and default provisions);
- c. Complying with applicable reporting requirements, including reporting to HRSA any defaults by SLRP participants;
- d. Demonstrating that all SLRP funds are being expended to avoid excessive unobligated funds; and
- e. Demonstrating the impact of the SLRP in the State's HPSA communities as it relates to recruitment and retention of primary health care providers, elimination of access barriers, and improved health outcomes.

*Reduction in Grant for Breached Contracts*

Where a State has had one or more initial breaches by health professionals of SLRP contracts in the fiscal year preceding that of the grant application, the Secretary is required by law to offset the State's grant award as a means of "recovering" the Federal dollars invested in the health professional who failed to serve. Before making a grant award, the Secretary must apply the following offset formula: the grant is reduced by the amount of Federal funds expended on the breached SLRP contracts, plus an amount representing interest on those amounts at the maximum legal rate prevailing for loans made during the time amounts were paid under the contract as determined by the Treasurer of the United States. The Secretary may waive the reduction in the amount of the subsequent grant award only if it is determined that a health professional's breach was attributable solely to the incapacity of the professional due to serious illness.

It is the responsibility of the State to recover from the SLRP participant the amount specified in the SLRP contract's default provision. While the State is not required to return to HRSA any of the monies it recovers from an SLRP defaulter, HRSA expects the State to enforce its SLRP contracts, including the default provision. Grantees are reminded that the amount a defaulting SLRP participant owes the State must be at least equal to the amount a defaulting NHSC LRP participants would owe the United States under the NHSC LRP statute and contract (see below for additional details).

**Sample Grant Reduction and Breached Contract scenario:**

**State is approved for a \$500,000 SLRP grant for FY 2012.**

State has one defaulter, who received a \$50,000 award during FY 2011. Half of the \$50,000 was from the FY 2011 Federal grant and the other half was the State match. The SLRP funds were disbursed to the participant on Sept. 15, 2011. She defaulted on May 1, 2012.

The default should be reported as soon as possible to HRSA, and the information should include:

- a) the amount of Federal funds spent on the defaulter ("the expenditures of Federal funds made regarding the contracts involved"), and
- b) the date(s) that the Federal portion of the SLRP award were paid to the defaulter.

The state needs to work out with that defaulter recovering those funds, and the state can then continue to use those funds.

Applying the grant reduction formula:

Federal funds expended on the defaulter = \$25,000

Interest from Sept. 15, 2011 until the time the continuation funding amount is determined by the program for recommendation to the Grants Management Officer at the rate of 11.5% per year (the rate in effect on the date that the SLRP contract funds were disbursed to the defaulter). Interest rates may be found here:

<http://www.hhs.gov/asfr/of/finpollibrary/chronorates.html>.

The State's next SLRP grant from HRSA (2012) would be reduced by \$25,000, plus 11.5% interest, assessed from the date the loan funds were first provided to the SLRP participant (Sept. 15, 2011), until the time the continuation funding amount is determined by the program for recommendation to the Grants Management Officer.

The above-described grant reduction takes place regardless of how much the State collects from the participant pursuant to its default provision. The State may keep whatever funds are collected from the defaulter.

### **Critical Element E: Contract Terms and Conditions**

Grantees are responsible for the development of participant contracts that adhere to SLRP guidelines. Applications under this funding announcement must include a copy of any contract (as Attachment 5) that is used under the loan repayment program, and such contracts must contain the following information and terms:

- (1) Contract period (award period).
- (2) Total award amount of contract.
- (3) Name and location of eligible practice site (including 9-digit zip code and HPSA identification number).
- (4) The State agrees to pay all or part of the principal, interest, and related expenses of the qualifying educational loans of the health professional. The award amount may not exceed \$50,000 per year, unless the individual agrees to serve at a higher need site, as defined by the State, and the additional funds come from non-Federal sources.
- (5) In return for repayment of qualifying loans, the individual agrees to provide primary health services for not less than 2 years at a public or nonprofit private entity that serves a HPSA.
- (6) The health professional agrees to provide either full- or half-time clinical service at a HPSA site. Full-time must be defined as not less than 40 hours per week for at least 45 weeks per year, and half-time must be defined as not less than 20 hours, but not more than 39 hours, per week for at least 45 weeks per year.
- (7) The health professional agrees to work at a service site that accepts Medicare, Medicaid and Children's Health Insurance Program, as appropriate for their designated discipline, reimbursement and sees all patients regardless of their ability to pay.

- (8) If the participant fails to begin or complete service, he/she will incur a debt to the State in an amount not less than the damages that would be owed under the NHSC LRP default provision (see below).
- (9) The State should have a waiver provision to accommodate cases where the participant is unable to complete the service obligation due to illness or other compelling personal circumstances. The waiver provision must not be more favorable than the NHSC LRP's waiver provision at 42 U.S.C. § 254(o)(d)(2). That provision allows the Secretary to waive, in whole or in part, an NHSC LRP service or payment obligation in cases where enforcement of the obligation would be impossible or an extreme hardship and unconscionable. The Secretary may also suspend (rather than permanently waive) a participant's obligation for up to 1 year if his/her compliance with the obligation is *temporarily* impossible or an extreme hardship.
- (10) The State may cancel the obligation in the case of the participant's death.
- (11) The State may allow participants to request termination of their SLRP contract. The contract should clearly state the terms and conditions for termination. The State may fashion its own termination provision so long as it is not more favorable than the NHSC LRP's termination provision, which requires the participant to make a written request for termination and return any funds disbursed to him/her, no later than 45 days before the end of the fiscal year in which the contract was awarded. See 42 U.S.C. § 254o(c)(2).

*Additional Information on Breach Provision*

The NHSC LRP default provision is found at 42 U.S.C. § 254o(c)(1) and reads as follows:

*If (for any reason not specified in subsection (a) of this section or section 254p(d) of this title) an individual breaches the written contract of the individual under section 254l-1 of this title by failing either to begin such individual's service obligation in accordance with section 254m or 254n of this title or to complete such service obligation, the United States shall be entitled to recover from the individual an amount equal to the sum of—*

- (A) the total of the amounts paid by the United States under section 254l-1(g) of this title on behalf of the individual for any period of obligated service not served;*
- (B) an amount equal to the product of the number of months of obligated service that were not completed by the individual, multiplied by \$7,500; and*
- (C) the interest on the amounts described in subparagraphs (A) and (B), at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach; except that the amount the United States is entitled to recover under this paragraph shall not be less than \$31,000.*

In summary, there are 3 components to the damages formula:

- (A) The amounts paid to the participant for any period **not** served;
- (B) The # of months **not** served, multiplied by \$7,500; and
- (C) Interest on (A) and (B).

**\*But** if the amount resulting from the above formula equals less than \$31,000, then the defaulter owes **\$31,000**.

The amount owed is due to be paid within one year of breach.

Grantees may use a breach formula in their SLRP contract different than the one above; however, the amount due to the State cannot be less than what would be owed if the above formula was used. In addition, the State must require that individuals who breach owe not less than \$31,000 to the State, even if its breach formula would result in a lower amount due.

SLRP participants are considered to be in default if they do not complete the period of obligated service at an eligible site in accordance with their SLRP contract, or otherwise fail to comply with the terms of the contract, even if no monies have yet been disbursed to the participant. That is, if a State does not release SLRP funds to a participant until the service obligation is completed, an individual found in breach of the obligation would still incur a debt to the State.

**EXAMPLE:**

If a State chooses to use the NHSC LRP damages formula, and an SLRP participant breaches in the first month of service, before receiving any SLRP funds, (A) in the above formula would be zero. However, the defaulter would still owe \$7,500 for each month of service not completed ((B) in the formula above), amounting to \$172,500 ( $\$7,500 \times 23$  months of service not provided). He/she would also owe interest on the \$172,500 ((C) in the formula above).

In addition to the above required terms, grantees are strongly encouraged to include the following provisions in the SLRP contract between the State and health professionals:

- (1) Beginning and ending dates of service commitment. **Please note:** A participant's employment at the service site prior to the effective date of the SLRP contract does **not** qualify for service credit. In addition, if the State contract allows participants a certain time period within which to commence service (e.g., within 3 months of signing the contract), service credit should begin only after the participant has actually begun practice at the service site in accordance with SLRP service requirements. For example, the NHSC LRP contract provides that service credit will begin on the date the contract has been signed by both parties (the participant and an authorized agency official) or the date that the participant begins practice at the approved site, whichever is later.
- (2) The number of absences allowed in a service year. Because participants are required to serve at least 45 weeks per year, participants who take more than 7.14 weeks of leave in a service year for any reason (vacation, sick leave, CME, etc.) fail to meet the 45 week minimum.
- (3) Any additional variations on the clinical service requirements (defined in #3 on page XX). For example, the State has the flexibility to consider teaching as clinical practice for up to 8 hours per week for SLRP participants serving full-time. If a clinician is serving at a HRSA-funded Teaching Health Center, up to 20 hours per week of teaching can count towards the full-time service obligation. Note: For SLRP participants serving half-time, no more than 4 hours of the minimum 20 hours per week may consist of teaching or practice-related administrative activities.

## **Critical Element F: Participant Monitoring**

Grant applications must include the policies and processes that will be utilized by States to ensure that program requirements are met, that service obligations are fully completed, and that appropriate action is taken when a participant fails to complete the obligation. An application should also include the monitoring timeframe that is utilized, e.g., how often a participant is contacted to verify service, as well as the staffing resources spent on participant monitoring and the involvement of the practice sites in participant monitoring. Applicants seeking guidance on how to establish a monitoring process may use the NHSC as a model, but are not required to do so.

This section of the application should also provide assurances that SLRP contracts are not being used as a salary offset. Salaries for health professionals participating in the SLRP should be based on prevailing rates in the area. This section of the application should discuss States' processes to ensure that salaries are not being reduced because of the SLRP award.

## **Critical Element G: Reporting**

The SLRP Grantee will comply with applicable reporting requirements and demonstrate that all SLRP funds are being expended to avoid excessive unobligated funds to the best of their ability. The SLRP reporting requirements are outlined in section VI.3 and may be subject to change based on Office of Management and Budget (OMB) guidance and the reporting needs of the Bureau of Clinician Recruitment and Service.

- ***WORK PLAN***

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 in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

- ***RESOLUTION OF CHALLENGES***

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g. race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

Provide a plan for measuring the impact of the program on the State's short-term and long-term needs. Provide a discussion on the program's administrative and management capabilities; a description of the staff who would administer the program, including their qualifications and experience.

▪ ***ORGANIZATIONAL INFORMATION***

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

This includes BCRS-supported State-based activities and the NHSC Loan Repayment Program. When the applicant is not the State Cooperative Agreement entity, evidence of collaboration with the State Cooperative Agreement entity must be included in the application.

**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: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)***

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreement must be dated.

***Attachment 2: Staffing Plan: Project Director***

Applicants must present a description of their Project Director's education and experience qualifications. This position description should include the roles, responsibilities, and qualifications of the proposed project director

***Attachment 3: Biographical Sketch: Project Director***

Biographical sketches for this key employed person that will be assigned to work on the proposed project. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

***Attachment 4: Project Organizational Chart***

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

***Attachment 5: Sample Application and Contract***

Provide a copy of a sample practitioner application and a sample contract used for SLRP participants. This attachment **does** count toward the maximum number of pages for this application. Ensure that the contract includes a default provision that must be spelled out clearly and must be **at least as stringent as (i.e., not more favorable than) the NHSC LRP default penalty found at 42 U.S.C. § 254o(c)(1).**

***Attachments 6-15: Other Relevant Documents***

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated.

**Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page.**

**3. Submission Dates and Times**

**Application Due Date**

The due date for applications under this funding opportunity announcement is *June 5, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

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

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

**Late applications:**

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

#### 4. Intergovernmental Review

Grants to States for Loan Repayment is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

#### 5. Funding Restrictions

Current grantees that are currently receiving ARRA (HRSA-09-228) and/or non-ARRA SLRP funds (HRSA-10-066, HRSA-09-205) are not eligible to apply for this funding opportunity unless the current grant project period or budget period ends on or before 8/31/2012. Given ARRA funds must be expended by 9/30/2012. Those states with active ARRA grants only, are eligible to apply.

**Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.**

**Funds under this announcement must only be used to repay the qualifying educational loans of health professionals who have entered into SLRP contracts with the States and cannot be used for the following purposes:**

- Cost of administering the program,
- Any other purpose.

#### 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. 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 Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)

- Obtain a username and password from the Grants.gov Credential Provider

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

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

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

**Tracking your application:** It is 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/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of 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 State Loan Repayment Program (SLRP) has 4 (four) review criteria.

#### ***Criterion 1: NEED (25 points)***

The extent to which the application demonstrates the problem and associated contributing factors to the problem including the following factors:

- The degree to which the State’s need for primary care health professionals in federally designated HPSAs is consistent with the health professions and specialists identified in the SLRP application guidance;
- The extent to which the State’s assessment of need for health professionals in federally designated HPSAs identifies:
  1. problems unique to the State;
  2. Federally designated HPSAs with large minority populations;
  3. the need for primary care health professionals in urban and rural HPSAs (identify, if possible, disciplines in greatest need);
- The degree to which the project will fill or address the identified gaps; and
- The degree to which the will improve the health workforce and health-care delivery in HPSA
- The degree to which the applicant describes the institutional experience in managing similar programs and focuses discussion on the development of a plan for tracking future outcomes for the proposed project;
- The degree to which the applicant describes coordination with Federal, State, and other programs for meeting the State’s health professional needs, including BCRS-supported State-based activities and the NHSC Loan Repayment Program.

***Criterion 2: PROGRAM EXPECTATIONS (25 points)***

The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

This criterion includes the extent to which the:

- Purpose is consistent with the legislative purpose to increase access to primary health care services in HPSAs;
- Project plan specifies measurable outcome objectives which are attainable within the grant period;
- Roles and responsibilities of project personnel responsible for each activity are described;
- Evaluative measures assess: (1) to what extent the program objectives have been met and, (2) to what extent these can be attributed to the project;
- Applicant provides a description of the source of non-Federal matching funds for the proposed project period and the plan for proposed use of these funds, **including current verification or assurance that the non-Federal matching funds are or will be available**;

***Criterion 3: RECRUITMENT & RETENTION (25 points)***

The extent to which the application demonstrates the problem and associated contributing factors to the problem including the following factors:

- The degree to which the applicant describes the steps or processes that will be used to recruit and retain health professionals in the SLRP program; this includes a description of the participant application and contracting process.

- The extent to which the applicant provides a review of the vacant positions (disciplines) and provides an explanation of the barriers in filling the positions;
- The extent to which the applicant discusses the projected numbers of practitioners, by discipline and year, being recruited during the project period;

***Criterion 4: MONITORING (25 points)***

The extent to which the application demonstrates monitoring and associated contributing factors to monitoring including the following factors:

- The extent to which the applicant specifies what data will be collected, the method for collection, and the manner in which data will be analyzed and reported within the framework required under SLRP;
- The extent to which the applicant provides the estimated number and amount of loans for each type of health professional in both urban and rural HPSAs;
- The extent to which the applicant provides the number of health care providers to be recruited to participate in the SLRP by discipline and by year;

**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 relevant sections 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.

**3. Anticipated Announcement and Award Dates**

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

The Notice of Award 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 1, 2012.

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

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

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

#### **Trafficking in Persons**

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

#### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion

of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Cultural and Linguistic Competence**

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

### **Healthy People 2020**

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

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

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

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

### **Health IT**

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

### **Related Health IT Resources:**

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

## **3. Reporting**

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

### **a. Audit Requirements**

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

### **b. Payment Management Requirements**

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

### **c. Status Reports**

The SLRP Grantee will comply with applicable reporting requirements and demonstrate that all SLRP funds are being expended to avoid excessive unobligated funds to the best of their ability. To date the SLRP reporting requirements are outlined below and may be subject to change based on the reporting needs of the Bureau of Clinician Recruitment and Service. Grantees will be notified via email and/ or the SLRP Website <http://nhsc.hrsa.gov/loanrepayment/state.htm> if and when this occurs. A suggested template for these reports will be posted to the above website.

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

2) **Field Strength Progress Report(s).** The awardee must submit progress reports to HRSA three times a year. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. All reports are to be submitted electronically through EHB. Further information will be provided in the award notice.

### **Reporting Schedule**

**September 21<sup>st</sup>** - this report captures data from May-August

**January 21<sup>st</sup>** - this report captures data from September-December

**May 21<sup>st</sup>** - this report captures data from January-April

**Field Strength Progress Report** - SLRP grantees are required to submit through EHB a Field Strength Report. All reports should capture the following:

- a. The total # of **NEW** contracts signed by discipline for the cited reporting period,.
- b. Average educational debt amount for participants under new contracts.
- c. Total # of practitioners (new and continuing) currently providing care through the SLRP.
- d. Total # of SLRP participants by name with, terminations, and/or defaults , waivers, and who have completed service during the reporting period by discipline (includes new and current providers) under contract during the reporting period by discipline

3) **Final Report(s).** 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.

Provide a brief description of each of the following:

- Project overview.
- Project impact on jobs.
- Accumulative total number of health professionals, by discipline, supported from these funds.
- Prospects for continuing the project and/or replicating this project elsewhere.
- Publications produced through this grant activity.
- Changes to the objectives from the initially approved grant.

The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

#### 4) Other Required Reports

The SLRP Grantee will comply with applicable reporting requirements and demonstrate that all SLRP funds are being expended to avoid excessive unobligated funds to the best of their ability. To date the SLRP reporting requirements are outlined below and may be subject to change based on the reporting needs of the Bureau of Clinician Recruitment and Service. Grantees will be notified via email and/ or the SLRP Website <http://nhsc.hrsa.gov/loanrepayment/state.htm> if and when this occurs.

#### **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.

Prime grant awardees are required to register into the FFATA Subaward Reporting System (FSRS). However, grant awards funded through ARRA are not subject to the reporting requirements of FFATA.

Competing continuation (“Type 2”) awardees 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:

John B. Gazdik, Grants Management Specialist  
Attn: State Loan Repayment Program  
Division of Grants Management Operations  
Office of Federal Assistance Management, HRSA  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: 301-443-6962  
Fax: 301-443-6686  
Email: [jgazdik@hrsa.gov](mailto:jgazdik@hrsa.gov)

Grants Management Specialist for the following States: AZ, CA, CO, CT, DE, GA, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, NJ, OK, SC, UT, VA, WA, WV, WI

Dee Gibson, Grants Management Specialist  
ATTN: State Loan Repayment Program  
Division of Grants Management Operations  
Office of Federal Assistance Management, HRSA  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: 301-443-3243  
Fax: 301-443-6686  
Email: [DGibson@hrsa.gov](mailto:DGibson@hrsa.gov)

Grants Management Specialist for the following States: MN, MO, NV, NH, NM, ND, OH, PA, RI, SD, TX

**Note: If your State does not appear listed above, you can contact either one of the grants management specialists.**

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

Natalie A. Solomon, MPH  
Program Officer, Division of National Health Service Corps  
HRSA, Bureau of Clinician Recruitment and Service  
Attn: State Loan Repayment Program  
Parklawn Building, Room 8-37  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-7753  
Fax: (301) 594-4981  
Email: [nsolomon@hrsa.gov](mailto:nsolomon@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](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

## **VIII. Other Information**

### **1. Technical Assistance Calls**

Because of the unique nature of this funding opportunity, all applicants are encouraged to participate in a technical assistance call. Two conference calls will be offered for current and prospective grantees. The call scheduled for May 8, 2012, is designed for potential applicants that have no experience preparing or submitting a grant application for SLRP. The call scheduled for May 10, 2012, is designed for potential applicants with prior experience in preparing and submitting grant applications for SLRP. Although all applicants are welcome to participate in both calls, it may be more beneficial for applicants to participate in the session appropriate to their history of applying for program funding.

- The technical assistance conference call scheduled for May 8, 2012 is designed for potential applicants that have no experience preparing or submitting a grant application for SLRP.
  - May 8, 2012
  - 2 PM ET
  - Toll-free number: 1-800-369-1698
  - Participant Pass Code: 5598860
  - Taped Replays: 1-888-562-4201 (passcode 5148); available until closing date
  
- The second conference call scheduled for May 10, 2012 is designed for potential applicants with prior experience in preparing and submitting grant applications for SLRP.
  - May 10, 2012
  - 2 PM ET
  - Toll-free number: 1-800-369-1698
  - Pass code: 5598860
  - Taped Replays: 1-866-453-1997 (passcode 4256); available until closing date

### **2. Definitions**

**Commercial Loans** - Loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

**Eligible Site** - A public or nonprofit private site located in or serving a federally designated HPSA.

**Fiscal Year (FY)** - The Federal FY is defined as October 1 through September 30.

**Full-Time Service** - Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year.

Government Loans - Loans that are made by Federal, State, county or city agencies that are authorized by law to make such loans.

Half-Time Service - Working a minimum of 20 hours (not to exceed 39 hours) per week in a clinical practice, for a minimum of 45 weeks per year.

Health Professional Shortage Area (HPSA) - A geographic area, population group, public or nonprofit private medical facility, or other public facility determined by the United States Secretary of Health and Human Services to have a shortage of primary health care, dental health, or mental health professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by BHPr pursuant to Section 332 of the PHS Act, as amended (42 U.S.C. § 254e) and implementing regulations (42 CFR Part 5). To confirm a HPSA designation, see the website <http://bhpr.hrsa.gov/shortage/> or call 1-800-400-2742.

Nonprofit Private Entity - An entity that may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual.

Qualifying Educational Loans - Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant leading to a degree in the health profession in which the participant will satisfy his or her SLRP service commitment. Applicants must provide a copy of all qualifying loan documentation (e.g., promissory notes).

If an applicant has consolidated loans or refinanced loans, the applicant must provide a copy of the original loan documentation to establish the educational purpose and contemporaneous nature of such loans. If an eligible educational loan is consolidated/ refinanced with any other debt other than another eligible educational loan of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.

Reasonable Educational Expenses - The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.

Reasonable Living Expenses - The costs of room and board, transportation and commuting costs, and other costs which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

Retention - For purposes of this grant program, the rate of retention means the percentage of practitioners who continue serving in a health professional shortage area once their service obligation is completed.

SLRP Participant - A primary health care professional who serves in a Federally designated health professional shortage area (HPSA) in exchange for repayment of qualifying educational loans, pursuant to a signed SLRP contract with a State receiving grant funds under 42 U.S.C. § 254q-1(a)-(i).

State - The 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands.

State Agency - An organization of a State with delegated authority to manage an SLRP grant. If the State contracts out any portion of the grant responsibilities, the State remains the responsible entity for the grant.

Tuition - Tuition refers to the matriculation amount established by the school in which the participant was enrolled.

## **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>.