

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

*Bureau of Health Professions  
Division of Medicine and Dentistry*

***Faculty Development in General, Pediatric and Public Health Dentistry and  
Dental Hygiene***

**Announcement Type: New  
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**Catalog of Federal Domestic Assistance (CFDA) No. 93.059**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: February 9, 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.*

**Release Date: December 21, 2011  
Issuance Date: December 22, 2011**

Fatima Ravat  
Project Officer, Division of Medicine and Dentistry, Oral Health Branch  
Email: fravat@hrsa.gov  
Telephone: (301) 443-9035  
Fax: (301) 443-8890

Authority: Public Health Service Act Title VII, Section 748 (42 U.S.C. 293k), as amended by the Patient Protection and Affordable Care Act, Section 5303, P. L. 111-148

## Executive Summary

Oral health is an essential and integral component of health. Poor oral health and untreated oral diseases can have a significant impact on an individual's quality of life. Millions of Americans are at high risk for oral health disease because of underlying medical conditions, ranging from very rare genetic diseases to more common chronic diseases such as arthritis and diabetes. However, the current oral health workforce fails to meet the needs of many segments of the U.S. population.

This announcement solicits applications for Fiscal Year (FY) 2012 for the *Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene* Program. Eligible entities to receive grant funds for this program include entities that have training programs in dental or dental hygiene schools, or have approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. For the purposes of this announcement, the use of “general, pediatric, and public health dentistry,” “primary care dentistry” and “dental faculty” shall include dental hygiene unless otherwise noted.

Grants may be made to accredited dental or dental hygiene schools, public or private not-for-profit hospitals, or other public or not for profit entities which the Secretary has determined is capable of carrying out such a grant to plan, develop, and operate, or participate in an approved professional training program in the field of general dentistry, pediatric dentistry, public health dentistry, or dental hygiene for dental or dental hygiene students, dental residents, practicing dentists or dental hygienists, or other approved primary care dental trainees that emphasizes training in general, pediatric, or public health dentistry. This *Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene* Program will fund institutions with objectives to:

- Plan, develop, and operate a program for the training of oral health care providers who plan to teach in general, pediatric, public health dentistry, or dental hygiene;
- Provide financial assistance in the form of traineeships and fellowships **to dentists** who plan to teach or are teaching in general, pediatric, or public health dentistry;
- Meet the costs of projects to establish, maintain, or improve dental faculty development programs in primary care (which may be departments, divisions or other units).

The project period is for federal fiscal years 2012 - 2016. Approximately \$3,000,000 is expected to be available in Fiscal Year (FY) 2012 to fund a total six (6) eligible entities for the five (5) year project period. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Applications are due in Grants.gov no later than February 9, 2012. It is anticipated that awards will be announced prior to the start date of July 1, 2012.

### Technical Assistance Calls

The Oral Health Branch (OHB) in the Bureau of Health Profession's (BHP) Division of Medicine and Dentistry (DMD) will conduct a technical assistance (TA) call for this funding opportunity announcement. The call will include information important for preparing an

application and an opportunity to ask questions. Taped replays will be available one hour after each call ends, through the closing date of the funding opportunity. The call will take place as follows:

Date: January 10, 2012

Time: 2pm EDT

Conference Call Number: 1-800-988-9679

Passcode: 4961712

Play-back telephone number: toll-free 866-373-1992

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits Fiscal Year (FY) 2012 applications for the *Faculty Development in General, Pediatric and Public Health Dentistry and Dental Hygiene* program. The overall purpose of the program is to increase access to oral health care through continued training, recruitment and retention of a diverse and cultural competent dental workforce. This program will fund institutions with objectives to:

- Plan, develop, and operate a program for the training of oral health care providers who plan to teach in general, pediatric, public health dentistry, or dental hygiene;
- Provide financial assistance in the form of traineeships and fellowships **to dentists** who plan to teach or are teaching in general, pediatric, or public health dentistry;
- Meet the costs of projects to establish, maintain, or improve dental faculty development programs in primary care (which may be departments, divisions or other units).

## 2. Background

This program is authorized by Public Health Service Act Title VII, Section 748 (42 U.S.C. 293k), as amended by the Patient Protection and Affordable Care Act, Section 5303, Pub. L. 111-148.

This program is administered by the Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP). The mission of BHP is to increase the population's access to health care by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all. BHP serves as a focal point for those interested in health professions and workforce issues. Additional information about the BHP is available at <http://bhpr.hrsa.gov/>.

Oral health is an essential and integral component of health. Poor oral health and untreated oral diseases can have a significant impact on quality of life. Oral diseases share common risk factors with the four leading chronic diseases: cardiovascular diseases, cancer, respiratory diseases, and diabetes, demonstrating a possible association between systemic disease and oral disease<sup>1</sup>. The burden of disease, increasing health disparities, and lack of access for many Americans has increased the need for oral health care services. Unfortunately the current oral health workforce fails to meet the needs of many segments of the U.S. population. A key strategy to equipping the workforce is to expand the number of dental educators who will provide culturally competent and comprehensive training to dental students and dental hygienists.

Oral health disparities and projected demographic changes in the U.S. population forecast the need for additional well trained oral health professionals. HRSA identifies a Dental Health Professional Shortage Area (HPSA) as a location where the dentist-to-population ratio is one dentist to every 5,000 people. In the year 2000, there were less than 2,000 dental HPSAs in the United States. As of September 2009 this number has climbed to over 4,200. This represents approximately 49 million residents. HRSA estimates that it would take 9,642 practitioners to meet the need for dental providers (a population to

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<sup>1</sup> Barnett ML. The oral-systemic disease connection: An update for the practicing dentist. JADA 2006;137 (Suppl):5S-6S.

practitioner ratio of 3,000:1). Despite significant advances in dental productivity, distribution problems remain for specific geographic areas and populations. To further complicate matters, the nation's dental school faculty is aging, as indicated by retirement rates foreshadowing faculty shortages.

As the need for dental services increases, the greater the strain becomes on the dental workforce. Although employment of dentists is projected to increase by 16% through 2018, this increase is not expected to keep pace with the demand for dental services as the size and age of the population increases while a large number of dentists reach retirement age<sup>2</sup>.

Shortages in dental faculty across the country play a role in the access to the oral health care problem. According to the American Dental Education Association (ADEA), a dental educator's role is to promote access to oral health care by better training the oral health workforce<sup>3</sup>. Shortages of dental faculty have been evident for a number of years. Efforts to address this issue reveal that the complexity of the problem is increasing. ADEA, then American Association of Dental Schools (AADS), published a paper in 1999 titled, the *Report of the AADS Presidents' Task Force on the Future of Dental School Faculty* that addressed the issue of the dental faculty shortage<sup>4</sup>. Since 1999, ADEA has surveyed the vacant budgeted faculty positions at dental schools across the country. This survey serves as a tool to assess changes and trends in dental education including factors influencing faculty vacancies by discipline. The most recent survey data from 2007 reports an estimated 379 budgeted faculty vacancies. General/Restorative Dentistry was the discipline most affected by the vacancies in 2007, followed by Pediatric Dentistry and Dental Public Health<sup>5</sup>.

The problem of the dental faculty shortage is multi-factorial. The major causes are high attrition rates through retirement due to the aging of the current faculty, the economic lure of private practice, and high levels of debt among graduating dentists. The projected retirement of the age 60 and older segment of the dental faculty population is estimated to create 900 academic vacancies by 2012<sup>6</sup>. One solution to the dental faculty shortage issue is to encourage dental students to pursue an academic career by offering training and education. However, a survey conducted by Rupp et al. reported that the knowledge of academic careers was very low among fourth year dental students<sup>7</sup>. While this strategy is still important in order to introduce alternate career pathways to dental students, it is apparent that new strategies to recruit, retain and develop faculty are needed to address the growing need. Furthermore, current faculty could benefit from additional training in academic and discipline-specific areas. One example of an innovative faculty development tool was created by ADEA in partnership with the Academy for Academic Leadership (AAL) to develop a program for dental educators to enhance core academic competencies to become more effective teachers<sup>8</sup>.

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<sup>2</sup> Bureau of Labor Statistics, U.S. Department of Labor, 2009.

<sup>3</sup> Oral health care: essential to health care reform. American Dental Education Association [Internet]. 2008 [cited 2011]. Available from:

[http://www.adea.org/policy\\_advocacy/federal\\_legislative\\_regulatory\\_resources/Documents/Principles%20and%20Policy%20Statement%20HOD%20Approved.pdf](http://www.adea.org/policy_advocacy/federal_legislative_regulatory_resources/Documents/Principles%20and%20Policy%20Statement%20HOD%20Approved.pdf)

<sup>4</sup> American Association of Dental Schools. Future of dental school faculty: report of the president's task force. Washington DC: American Association of Dental Schools, 1999.

<sup>5</sup> Okwuje I, Sisson A, Anderson E, Valchovic RW. Dental school vacant budgeted faculty positions, 2007-2008. *J Dent Educ* 2009; 73(12): 1415-22.

<sup>6</sup> Haden NK, Weaver RG, Valachovic RW. Meeting the demand for future dental school faculty: trends, challenges and responses. *J Dent Educ* 2001; 65(9): 841-8

<sup>7</sup> Rupp JK, Jones DL, Seale NS. Dental students' knowledge about careers in academic dentistry. *J Dent Educ* 2006; 70(10):1051-60

<sup>8</sup> Haden NK, Hendricson WD, Killip JW, O'Neill PN, Reed MJ, Weinstein G et al. Developing dental faculty for the future: ADEA/AAL Institute for Teaching and Learning, 2006-2009. *J Dent Educ* 2009; 73(11): 1320-35

Literature for faculty development in oral health programs is limited, and particularly scarce within the field of dental hygiene. It is evident however, that the factors that contribute to dental faculty shortages exist for dental hygienists as well. Other potential factors specific to the dental hygiene faculty shortage are lack of institutional support, lack of awareness of the shortage problem, and a lack of role modeling to prospective dental hygiene educators<sup>9</sup>. The Department of Dental Hygiene at the University of Texas Health Sciences Center at San Antonio conducted an assessment of clinical teaching workshops that addressed the need for faculty to share teaching strategies. The results from this assessment confirmed that innovative approaches are needed to alleviate shortage issues for dental hygienists that include structured workshops, mentoring programs, and systems to continually update clinical skills<sup>10</sup>.

The 2011 Institute of Medicine (IOM) report *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* recommends that dental education programs should “recruit and retain faculty with experience and expertise in caring for underserved and vulnerable populations (IOM, 194)<sup>11</sup>. Faculty development initiatives are needed to train and enhance the skills of new and current faculty members in order to impact future dental career choices. With two new dental schools launching this fall, and more dental schools planning to open in the near future, there will be an even greater need to fill faculty positions.

The oral health workforce requires increased racial and ethnic diversity. The nation’s diversity trends are not reflected in the oral health professions. Data from the 2000 U.S. Census shows that while Caucasians constituted 75.1% of the U.S. population, they made up 83% of dentists. In contrast, Black or African Americans reflected 12.3% of the U.S. population, and only comprised 3.3% of dentists<sup>10</sup>. Similar figures exist for other underrepresented minorities (URM) and oral health care providers. Increasing the diversity of the oral health workforce is an integral solution to improving access to care for underserved populations in addition to advanced cultural competence, strengthened research agendas, and increased management of the health system efficiency<sup>12</sup>. It is a solution that is included in the HRSA’s priorities to fulfill its four major goals of improving access to quality care and services, strengthening the health workforce, building healthy communities, and improving health equity.

The percentage of URM in dental school faculty mirrors the same trend as both oral health providers and dental school enrollees. Building a diverse workforce will require dental institutions, organizations and programs use strategic plans, develop outcomes, build diversity programs and provide leadership and commitment in meeting the challenges of producing a student body and faculty that can address disparities in health care access for underserved populations. Programs should be developed to improve the knowledge, abilities and skills of the profession to meet the oral health needs of the public. Specific subject areas to be included in this education are public health principles, community-based education, and health related issues of vulnerable populations within the disciplines of general, pediatric and public health dentistry or dental hygiene.

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<sup>9</sup> Carr, E., Ennis, R., Baus, L. The dental hygiene faculty shortage: cause, solutions and recruitment tactics. *J Dent Hyg* 2010; 84(4): 165-169.

<sup>10</sup> Wallace, J., Infante, T. Outcomes Assessment of Dental Hygiene Clinical Teaching Workshops. *J Dent Educ* 2008; 72(10):1169-1176.

<sup>11</sup> Institute of Medicine: "Improving Access to Oral Health Care for Vulnerable and Underserved Populations." 2011 [internet: [http://books.nap.edu/openbook.php?record\\_id=13116&page=R1](http://books.nap.edu/openbook.php?record_id=13116&page=R1)]

<sup>12</sup> Cohen, J., Gabriel, B., and Terrell, C. The Case For Diversity In The Health Care Workforce. *Health Affairs*, 21, no.5 (2002):90-102

## **Institute of Medicine Reports**

In 2011, the Institute of Medicine released two reports, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* and *Advancing Oral Health Care in America* that assessed the current oral health system and recommended strategic actions to improve oral health care in the United States. The reports describe the goal of improving access to care for underserved and vulnerable populations. Applicants may want to access the following website for further information: <http://www.iom.edu/Reports.aspx>.

## **II. Award Information**

### **1. Type of Award**

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

The project funding period is for federal fiscal years 2012 - 2016. Approximately \$3,000,000 is expected to be available annually to fund approximately six (6) awardees. Applicants may apply for a ceiling amount of up to \$500,000 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the *Faculty Development in General, Pediatric and Public Health Dentistry and Dental Hygiene* program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants include accredited dental or dental hygiene schools, public or nonprofit private hospitals, or other public or private nonprofit entities which the Secretary has determined are capable of carrying out such a grant.

Eligible applicants for this announcement shall include entities that have programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Eligible entities may partner with schools of public health to permit the education of dental students, residents, and dental hygiene students for a master's year in public health at a school of public health.

All applicants must be within a program accredited by a nationally recognized body approved by the Secretary of Education, such as the Commission on Dental Accreditation (CODA) or within a dental education program in an accredited institution and must certify that it is in compliance with all applicable State licensing requirements. Dental hygiene projects, if not accredited directly by a recognized body, must be partnered with an institution that is accredited.

Currently funded grantees under this program are not eligible to apply.

## 2. Cost Sharing/Matching

Cost sharing or matching is not required.

## 3. Other

Applications that exceed the ceiling amount of \$500,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

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

### Maintenance of Effort

Grant funds shall not be used to take the place of current funding for activities described in the application. The grantee must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year preceding the fiscal year for which the entity receives the grant.

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

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the 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 Standard Form 424 Research and Related (SF-424 R&R) appear in the "Application Format" 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 R&R – Table of Contents

-  **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**
-  **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**
-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

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

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Location(s)		Performance Site Location(s) form. Single document with all additional site location(s).	
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Required; Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required; Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Required. Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, charts, etc that give further details about the proposal and are not included elsewhere.
Attachment 2	Job descriptions for key personnel, which includes the role, responsibilities and qualifications of proposed staff. Please keep each to one page in length as much as possible.
Attachment 3	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) - Provide any documents that describe working relationships between the applicant agency 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 agreements must be dated.
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	Maintenance of Effort information
Attachment 6	Priorities request form, priorities justification narrative and supporting documentation. Included in the page limit.
Attachment 7	Institutional Diversity Statement – Required. Included in the page limit.
Attachment 8-15	Other Relevant Documents - Include here any other documents that are relevant to the application, including letters of supports, certifications, accreditation documentation and any others not listed currently elsewhere in the Table of Contents. Letters of support must be dated.

## **Application Format**

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

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance (CFDA) number is 93.884.

### **DUNS Number**

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. 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 Federal Government’s 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 the Research and Related Budget Form provided with the application package. Please complete the Research & Related Budget Form (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Periods 3 and 4.

The Cumulative Budget is automatically generated and provides the total budget information for the three-year grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.

#### **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 (5 years) at the time of application. Line item information must be provided to explain the costs entered in the Research and Related budget form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

#### **Budget for Multi-Year Award**

This announcement is inviting applications for five (5) year project periods. Awards, on a competitive basis, will be for a one-year budget period; the project period shall be for up to five (5) 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 five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification Narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary.

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

*Travel:* List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings organized by HRSA.

*Equipment:* List equipment costs and provide justification for the need of the equipment to carry out the program’s goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

*Supplies:* List the items that the project will use. In this category, separate office supplies from medical and oral health educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

*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 Registration (CCR) and provide the recipient with their DUNS number.

*Fellow/Trainee Support:* If applicable, list costs to support trainees or participants in dental educational programs who plan to teach or are teaching. Include tuition, fees, health insurance, stipends, subsistence for each participant/trainee and how these relate to the goals and objectives of the application. This applies only to **dentists** who are receiving financial assistance in the form of fellowships and traineeships. An applicant should enter the number and total financial assistance amount for each trainee. Financial assistance is set at the discretion of the training organization, taking into consideration the amounts paid at the institution. **Grant funds, however, may not be used to pay fringe benefits for trainees, or faculty, receiving financial support.**

*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.

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

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives 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.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures,

tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

**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 staff must be included in Attachment 2. Copies of biographical sketches for any key employed personnel that will be assigned to work on the project are required as part of the R&R application kit, and should be uploaded in the SF-424 R&R Senior/Key Person Profile form. 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. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.) If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 8.

**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:

- 1) A four or five sentence project summary;
- 2) Specific, measurable objectives which the project will accomplish;
- 3) How the proposed project will be accomplished, *i.e.*, the "who, what, when, where, why and how" of a project.

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
- Discipline(s) included in the proposal:
- Number of non-current faculty(ex: residents) per year of proposal, by discipline: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Number of current faculty participants, by discipline \_\_ / \_\_ / \_\_ / \_\_ / \_\_
- Targets for underrepresented minority trainees per year of proposal: \_\_ / \_\_ / \_\_ / \_\_ / \_\_

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

Upload in the SF-424 R&R Other Project Information form, Box 7.

**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. The project director and the organization to carry out the project should be thoroughly addressed, including challenges and barriers and how they will be addressed. This information will be evaluated using criteria outlined in the application review criteria section. It may be helpful to refer to the review criteria while addressing this section.

Proposals should focus on developing and implementing faculty development programs that teach the broad skill set required for general, pediatric and public health dentistry or dental hygiene, including caring for vulnerable populations, working in underserved communities, population health, and interprofessional care. Examples of projects that will fall into this description include, but are not limited to, subjects such as developing teaching skills, innovative teaching strategies, adult learning theory, curriculum design, program evaluation, research activities, competency assessment, professional development, mentorship, or development of organizational and management skills. Models of learning might include, but are not limited to: web-based training, distance learning, blended learning, or workshops organized by schools of dentistry and dental hygiene. Training may involve seminars, workshops, traineeships, fellowships, mini residencies, distance learning, train-the-trainer models, mentoring programs and others.

Use the following section headers for the Narrative:

***INTRODUCTION***

This section should briefly describe the purpose of the proposed project, its relevance to public health and to the stated goals of this solicitation.

***NEEDS ASSESSMENT***

In this section, provide information including, but not limited to:

The need of the organization, the oral health needs of the community where the project is to be implemented, as well as other national, regional or local need for the project. Include how the proposed faculty development program would potentially benefit vulnerable, rural and/or other underserved communities. Demographic, scientific, and/or any other data should be included and cited as appropriate. Include all available data regarding current faculty, need for newly trained or retrained faculty, and the need for innovative programs to train new or existing faculty in general, pediatric or public health dentistry and dental hygiene.

## *METHODOLOGY*

In this section, describe the overall strategy and methods that will be used to meet each of the program requirements and the purpose described in this grant announcement. Describe in detail the goals, objectives and activities of the proposed project. Be sure to describe any existing evidence that supports your approach. The first year of the project may be used to further develop the activities, design curricula, recruit personnel and/or trainees, buy equipment and any other required activities. Estimate the number of trainees for the proposed project by budget year, and a total or target for the entire five (5) year project proposal for each initiative. Summarize the expected outcomes of the proposed project and the potential impact on the access to oral health care of the population. Applicants should also describe the timeline of all their activities including the evaluation phase. This section should also include a description of the State's licensing requirements, the scope of practice and types of supervision of oral health care providers and any other applicable laws, as well as how the proposed project is, or expected to be, in compliance with those laws. Include evidence supporting the proposed recruitment and retention strategies to increase (or maintain if the historical performance has been exceptional with respect to the state and national population) the representation of underrepresented or disadvantaged minority trainees, program completers and faculty, including targets for each year of requested grant support.

The proposed methods may include the following, but is not limited to:

- Innovative teaching strategies
- Quality, practice-based learning environments
- Professional competencies and competency assessment
- Role modeling
- Innovative assessment strategies and feedback
- Inter-professional training and collaborative educational approaches
- Use of electronic dental technology
- Train the trainer models and similar methodologies
- Evidence-based approaches to improve oral health care training and practice

## *WORK PLAN*

Describe the specific steps for each activity proposed in the Methodology section, to include personnel responsible for each activity and expected outcomes, core faculty and other key personnel. Use a timeline that includes each activity and identifies responsible staff. Describe, in detail, the planning process that would be utilized in year one of the project if applicable and any preliminary data to be collected during the planning phase. A recruitment plan for potential trainees should also be included. Indicate where the work described in the Methodology section will be conducted. If there is more than one project/performance site, list all sites and provide an explanation as to whether a consortium/contractual arrangement is involved with one or more collaborating organizations.

## *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, as well as benchmarks for success.

### *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

Describe the evaluation methodology that will be utilized to measure progress. The evaluation strategy must be explicitly related to the project objectives. In addition, there are required outcome measures that will be reported annually: number and description of trainees, whether program completers are working as clinicians (general, pediatric, public health dentistry or dental hygiene), teachers, and/or researchers one (1) and five (5) years after program completion, and if program completers are working in underserved communities one (1) and five (5) years after program completion.

Program evaluation will demonstrate if the program is functioning according to program purpose and objectives. Evaluation plans should address the following elements, including but not limited to:

- Evaluation Technical Capacity: describe current evaluation experience, including skills and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
- Logic Model: demonstrate the relationship among resources, activities, outputs, target population, short-and long-term outcomes;
- Performance Measures: provide detailed description of how the required BHPr performance measures for this program will be collected;
- Evaluation Methods: provide examples of the evaluation questions; instruments/tools used; primary/secondary data sources; include milestones; timeline.
- Quality Assurance Plan: explain the process to validate data collection and results;
- Evaluation Report: describe how the evaluation activities, results, challenges, and recommendations will be analyzed and reported.

Applicants are required to include a plan for how they will track and report on individual trainee-level data and the field experiences of trainees. These data will be reported annually in performance reports. The plan should also address the collection of longitudinal follow-up data (e.g., graduates' employment, future education and training, certifications, and publications).

The implementation and results of all performance measurement and evaluation activities will be included in the annual Progress Report that grantees must submit to obtain annual continuation funding. These Progress Reports enable BHPr to monitor grantee progress, plan technical assistance, and make decisions concerning noncompeting continuation funding. Progress Reports from new grantees, which cover less than twelve (12) months of grant-funded activity, will be used to evaluate progress in relation to first year milestones stated in the original application.

### *ORGANIZATIONAL INFORMATION*

Provide information on the applicant organization's mission and structure, scope of current activities, organizational chart and describe how these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Identify and describe, in detail, the facilities and organizational resources of all the project's performance sites. For all key personnel, describe current position, skills and knowledge, and any previous experience that may justify their proposed role in the project. Provide information on the program's resources and capabilities to support provision of culturally and

linguistically competent services. Describe all collaborative linkages, partnerships and stakeholders that would contribute to the execution of the project.

Organization information should include, but is not limited to:

- (1) Applicant organization overview and structure, lines of responsibility. Include an organizational chart as Attachment 4;
- (2) Evidence of applicant organization's commitment to improve access to oral health care, and educate students knowledgeable and sensitive to the needs of vulnerable and underserved populations such as mission statement, support for institutional development, training and graduating trainees with community-based experience in general, pediatric and public health dentistry and dental hygiene;
- (3) Applicant organization's ability to conduct the proposed project, such as prior or current experience of the project director or members of the organization;
- (4) Overview of the current institutional context; if proposing a new program, explain how it will fit into the present institution and what, if anything, from the current organization will be removed;
- (5) Current community-based training settings and targeted patient populations;
- (6) Existing health systems, population, community health focused research activities that will benefit from the establishment or expansion of the Faculty Development; and
- (7) Summary of program resources (financial, personnel, facilities, equipment, etc.), identifying resources that currently exist and those that will be made available by the institution and/or partners to support the unit.

#### *DISSEMINATION*

Discuss the potential impact of the project on access to oral health care services in rural and/or other underserved communities at the local, state and national levels. Describe the potential impact of the project on oral health care education including the impact on improving the quality, distribution and diversity of the oral health care workforce in the context of the current need. Also describe how the project may be replicable, and plans for exporting and disseminating the methodology, products, materials, and outcomes and how the replication and dissemination plan relates to the previously described needs.

*Upload the Project Narrative in the SF-424 R&R Other Project Information form, Box 8.*

#### **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: Tables, charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

*Attachment 2: Job Descriptions for Key Personnel*

Keep each to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

*Attachment 3: 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 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: Maintenance of Effort Information*

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

**NON-FEDERAL EXPENDITURE**

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

*Attachment 6: Request for priorities and supporting documentation, as applicable.*

Indicate which priorities are being requested, if any, as described in Section V.2 -Review and Selection Process. Provide a justification narrative for the priorities requested and/or data tables with calculations if applicable to the priority(ies) selected.

*Attachment 7: Institution Diversity Statement*

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

*Attachment 8-15: Other relevant documents*

Include here any other documents that are relevant to the application, including letters of support, certifications, accreditation documentation, etc. 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 similar support letters on one page.

### 3. Submission Dates and Times

#### Application Due Date

The due date for applications under this funding opportunity announcement is *February 9, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

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

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

#### Late applications:

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

### 4. Intergovernmental Review

The *Faculty Development in General, Pediatric and Public Health Dentistry and Dental Hygiene* grant is not a program subject to the provisions of Executive Order 12372, pertaining to Intergovernmental Review of Federal Programs, as implemented by 45 CFR 100.

### 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of five (5) years, at a maximum amount of \$500,000 per year. Awards to support projects beyond the first budget period will be contingent upon availability of appropriated funds, satisfactory progress in meeting the project's approved objectives and a determination that continued funding is in the best interest of the Federal Government.

Grantees currently funded under announcement HRSA-10-263, *Faculty Development in General, Pediatric and Public Health Dentistry and Dental Hygiene*, may not apply for funds under this announcement.

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

- construction activities
- patient services
- supplement faculty salaries
- financial assistance to non-dentists

## 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 <http://www.Grants.gov> APPLY site. 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 Number 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 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/checkAppIStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide 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. **The sections of the project narrative that should be addressed under each review criteria are indicated.**

Review Criteria are used to review and rank applications. *The Faculty Development Training in General, Pediatric, Public Health Dentistry and Dental Hygiene* program has six (6) review criteria. **Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.** The corresponding sections of the application narrative are highlighted under each review criterion used to score applications.

All competitive applications will be reviewed and scored using the following criteria and weights:

#### **(1) NEED (10 points)**

##### **(Narrative section: *Needs Assessment*)**

- The extent to which the applicant has clearly identified the national, regional or local need for the project;
- The extent to which the application clearly describes the capacity of the existing and future oral health care workforce supply to meet the demand for culturally competent oral health services at the national, state, and the project's targeted community;
- The extent to which the applicant clearly describes the issues related to education/training of oral health professionals and its relevance to timely and appropriate access to oral health services at the national, state, and community level and; and
- The quality and adequacy of the data presented and its relevance to the stated need for the proposed project.

#### **(2) RESPONSE (30 points)**

##### **(Narrative sections: *Methodology, Work Plan, Resolution of Challenges*)**

- The extent to which the proposed project is innovative in its approach and responds to the purpose of the solicitation;
- The clarity and strength of the proposed goals and objectives and their relationship to the identified need;
- The extent to which the activities described in the application are capable of addressing the need and attaining the project objectives;
- The extent to which the applicant has defined a five (5) -year plan with specific activities and outputs for each objective of the grant per year;
- The extent to which the proposed plan addresses the resolution of challenges and overcoming barriers to the achievement of project objectives;

- The extent to which the proposed training program goals and desired educational outcomes are clearly defined;
- The extent to which innovative strategies are employed to address professional competencies, inter-professional education and collaborative approaches to delivery of oral health care;
- The extent to which the applicant has clearly defined short, intermediate and long term outcomes; and
- The extent to which the applicant organization has demonstrated commitment and to improve access to oral health care by training a high quality and diverse workforce.

**(3) EVALUATIVE MEASURES (20 points)**

**(Narrative section: *Evaluation*)**

- The overall quality of the evaluation plan;
- The extent to which the applicant demonstrates expertise, experience and the technical capacity to carry out the evaluation; how the applicant intends to achieve the evaluative competency needed if not currently available;
- The extent to which the evaluation strategies will assess project outputs and outcomes and are appropriate for the project's activities, including a plan to track required outcome measures that will be reported annually:
  - number and description of trainees
  - whether program completers are working in the general, pediatric or public health dentistry or dental hygiene fields, teachers, and/or researchers one and five years after program completion;
- The extent to which the applicants' proposed methodology for evaluation is succinct, valid and appropriate for the proposed project, including instruments/tools to be used, data sources, timelines, and measureable outputs; and
- The extent to which the applicant has outlined a process to validate data collection and results including a description of evaluation activities, expected results and challenges.

**(4) IMPACT (20 points)**

**(Narrative sections: *Methodology, Dissemination, Evaluation*)**

- The extent to which the project will leverage innovative teaching strategies;
- The extent to which the project will enhance the current curriculum to improve trainees competency, preparation and commitment to successfully function in teaching in general, pediatric and public health dentistry and dental hygiene;
- The potential for the proposed project to be replicated at the local, state and national level;
- The extent to which the project will increase the number of, quality, distribution, and diversity of the primary care workforce;
- The adequacy of plans to disseminate project results and/or the extent to which project results may be national in scope; and
- The degree to which the project activities are sustainable beyond the federal funding period.

## **(5) RESOURCES/CAPABILITIES (10 points)**

(Narrative sections: *Organizational and Technical Support Capacity*)

- The capabilities of the applicant and collaborating partners to carry out the proposed plan;
- The quality, availability, and capacity of the proposed facilities to meet the needs of the proposed project;
- The capacity and capabilities of the proposed personnel to fulfill the needs and requirements of the proposed project;
- The capability and commitment of the institution to building a diverse oral health workforce to include disadvantaged and underrepresented minority trainees and faculty;
- The extent the current community based training settings and patient population are appropriately aligned for proposed project;
- The extent to which the applicant leverages available resources; and
- The extent to which the applicant and partner organizations demonstrate commitment to improve the access to oral health care for rural and other underserved communities.

## **(6) SUPPORT REQUESTED (10 points)**

(Narrative sections: *Budget, Budget Justification*)

- The reasonableness of the proposed budget in relation to the number and scope of the activities, objectives, and the anticipated results;
- The degree to which the budget justification describes clearly all project costs and expenses;
- The cost effectiveness of the budget; and
- Applicants shall include budgets for all requested years of support for the proposed project (1 – 5 years).

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

### **Funding Priorities**

A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is

made by a set, pre-determined number of points. The *Faculty Development Training in General, Pediatric, Public Health Dentistry and Dental Hygiene* program has eight (8) funding priorities.

Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds three points to an applicant's score, with the maximum potential of 24 extra points. Applicants are permitted to apply for more than one priority as applicable.

Funding priorities are approved or denied by an objective review committee. **Failure to clearly request or provide the requested information, documentation or sufficient detail may result in reviewers denying the applicants request.** Applicants must use their judgment in deciding what information reviewers will need in order to grant the funding priority. However, some funding priorities below have applicant instructions and important definitions (for words in italics -see Appendix A for definitions). Funding priority requests and justification narratives/data should be uploaded as Attachment 6. For the purposes of reporting data, "program completers" includes both program completers and graduates.

### PARTNERING

#### **Priority 1: Collaborative Project**

- i. Applicants must propose a collaborative project between
  - 1) A department of general, pediatric, or public health dentistry or dental hygiene *and*
  - 2) A department of primary care medicine. (see budget justification for additional instructions on applying for a collaborative project)

#### **Priority 2: Formal Relationships**

- i. Applicants must establish formal relationships with
  - 1) Federally qualified health centers *or*
  - 2) Rural health clinics *or*
  - 3) Accredited teaching facilities
- ii. That conduct training of students, residents, fellows, or faculty at the center or facility
- iii. To apply for this priority applicants should attach a copy of a *formal signed agreement* in Attachment 3.

### TEACHING ACTIVITIES

#### **Priority 3: Cultural Competency**

- i. Applicants must include educational activities in cultural competency and health literacy.

#### **Priority 4: Special Population**

- i. Applicants must propose the establishment of
  - 1) A special populations oral health care education center *or*
  - 2) A didactic and clinical education training program for dentists, dental health professionals, and dental hygienists who plan to teach oral health care for individuals with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.

#### **Priority 5: Vulnerable Population Focus**

- i. Applicants must conduct teaching programs targeting vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders,

individuals with disabilities, individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations.

PLACEMENT

**Priority 6: Discipline Retention**

Applicants must have a

- 1) Record of training the greatest percentage of providers.  
An applicant must demonstrate a greater percentage in program completers or graduates teaching in general, pediatric or public health dentistry or dental hygiene practice for the last two years (2010 and 2011) when compared to the rest of the 2012 competition applicants. To calculate the greatest percentage, please use the formula below:

$$\text{Greatest percentage} = \frac{N_{2010} + N_{2011}}{D_{2010} + D_{2011}} \times 100$$

$N_{2010}$  – Numerator (2010) = the number of program completers or graduates teaching in general, pediatric, or public health dentistry or dental hygiene in 2010.

$N_{2011}$  – Numerator (2011) = the number of program completers or graduates teaching in general, pediatric, or public health dentistry or dental hygiene in 2011.

$D_{2010}$  – Denominator (2010) = the total number of program completers or graduates in 2010.

$D_{2011}$  – Denominator (2011) = the total number of program completers or graduates in 2011.

**OR**

- 2) Significant improvements in the percentage of providers teaching in general, pediatric or public health dentistry or dental hygiene from 2009 to 2011.

To qualify for this priority by demonstrating significant improvement in percentage, an applicant must demonstrate a greater percentage increase of program completers or graduates currently teaching in general, pediatric or public health dentistry or dental hygiene when compared to the rest of the 2012 competition applicant pool. To calculate the difference in percentages, please follow the formula below.

$$\text{Percentage point increase} = ((N_{2011}/D_{2011}) - (N_{2009}/D_{2009})) \times 100$$

**N<sub>2011</sub>** – Numerator (2011) = the number of program completers or graduates who are currently teaching in general, pediatric of public health dentistry or dental hygiene in 2011.

**D<sub>2011</sub>** – Denominator (2011) = the total number of program completers or graduates in 2011.

**N<sub>2009</sub>** - Numerator (2009) = the number of program completers or graduates who are currently teaching in general, pediatric of public health dentistry or dental hygiene in 2009.

**D<sub>2009</sub>** – Denominator (2009) = the total number of program completers or graduates in 2009.

Note: New programs, or programs that had no program completers or graduates in 2009, are not eligible to apply for this component of Priority 6 due to the absence of baseline data.

The percentages defining the threshold for “greatest percentage” and “significant improvement” will be determined each time the *Faculty Development Training in General, Pediatric, Public Health Dentistry and Dental Hygiene Program* is competed by calculating the median percentage of providers trained and the median percent increase from the competition’s Priority 6, Discipline Retention applicant pool. Reviewers will compare the percentage reported by the applicant (either “greatest percentage” or “significant improvement”) to the corresponding median value. Priority 6, Discipline Retention, will be awarded to those applicants whose percentages are greater than the corresponding median percentage, for either “greatest percentage” or “significant improvement”.

**Priority 7: Placement in Practice Settings**

- i. Applicants must have:
  - 1) A high rate for placing graduates in practice settings serving underserved areas or health disparity populations.

To qualify for this priority by demonstrating a high rate, an applicant must have a high rate of placing program completers or graduates in practice settings serving underserved areas or health disparity populations for the last two years (2010 and 2011) when compared to the rest of the 2012 competition applicants. To calculate the rate of placement in practice settings, follow the formula below:

$$\text{High Rate} = \frac{\mathbf{N_{2010}} + \mathbf{N_{2011}}}{\mathbf{D_{2010}} + \mathbf{D_{2011}}} \times 100$$

**N<sub>2010</sub>** – Numerator (2010) = the number of program completers or graduates in practice settings serving underserved areas or health disparity populations in 2010.

**N<sub>2011</sub>** – Numerator (2011) = the number of program completers or graduates in practice settings serving underserved areas or health disparity populations in 2011.

**D<sub>2010</sub>** – Denominator (2010) = the total number of program completers or graduates in 2011.

**D<sub>2011</sub>** – Denominator (2011) = the total number of program completers or graduates in 2011.

***OR***

- 2) A significant increase in the rate of placing graduates in practice settings serving underserved areas or health disparity populations from 2009 to 2011.

To qualify for this priority by demonstrating significant increase in rate, an applicant must demonstrate a greater increase in the rate of program completers or graduates currently placed in practice settings serving underserved populations or health disparity populations when compared to the rest of the applicant pool. To calculate the difference in percentages, please use the formula below:

**Percentage point increase =  $((N_{2011}/D_{2011}) - (N_{2009}/D_{2009})) \times 100$**

**N<sub>2011</sub>** – Numerator (2011) = the number of program completers or graduates who are currently placed in practice settings serving underserved populations or health disparity populations in 2011.

**D<sub>2011</sub>** – Denominator (2011) = the total number of program completers or graduates in 2011.

**N<sub>2009</sub>** - Numerator (2009) = the number of program completers or graduates who are currently placed in practice settings serving underserved populations or health disparity populations in 2009.

**D<sub>2009</sub>** – Denominator (2009) = the total number of program completers or graduates in 2009.

Note: New programs, or programs that had no program completers or graduates in 2009, are not eligible to apply for this component of Priority 7 due to the absence of baseline data.

Medically Underserved Communities (MUCs) are any geographic area or population served by practice sites, such as:

- Ambulatory practice sites designated by State Governors as serving medically underserved communities.
- Community health centers (section 330)
- Federally qualified health centers (section 1905(1)(2)(B) of the Social Security Act)
- Health Care for the Homeless grantees (section 330)
- Indian Health Services sites (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for IHS operated sites)
- Migrant health centers (section 330)
- Primary medical care, mental health, and dental health professional shortage areas (federally designated under section 332)
- Public housing primary care grantees (section 330)
- Rural health clinics, federally designated (section 1861(aa)(2) of the Social Security Act)
- State or local health departments (regardless of sponsor; for example, local health departments that are funded by the State would qualify)

Note: Information on CHCs, MHCs, Health Care for the Homeless grantees, Public Housing Primary Care grantees, National Health Service Corps' sites, and HPSAs is available on the Bureau of Health Profession or the Bureau of Primary Health Care Web sites: <http://bhpr.hrsa.gov> or <http://bhpc.hrsa.gov> (select "Key Program Areas" and "Resources").

The rate defining the threshold for "high" will be determined each time the *Faculty Development Training in General, Pediatric, Public Health Dentistry and Dental Hygiene* Program is competed by calculating the median rate of providers in practice settings serving underserved areas or health disparity populations from the pool of applicants requesting this priority. The median rate will be provided to the reviewers by HRSA program staff prior to the start of the review. Reviewers will compare the rate reported by the applicant to the median. The priority will be awarded to those applicants whose rates are greater than the median.

The increase in rate of program completers or graduates practicing in MUCs will be determined each time the *Faculty Development Training in General, Pediatric, Public Health Dentistry and Dental Hygiene* Program is competed by calculating the median increase in rate of PC/graduates from the pool of applicants requesting the priority. The median rate will be provided to reviewers by HRSA prior to the review. Reviewers will compare the increase in rate reported by the applicant to the median. The

Placement in Practice Settings Priority will be awarded to those applicants whose increase in rate is greater than the median.

- ii. Applicants are strongly encouraged to use the *Dental –HPSA or Health Professional Shortage Areas* as a measure supporting this request. The *HPSA* demonstrates a critical shortage of either primary care, dental or mental health providers, in accordance with federally-established guidelines. The *Dental HPSA* identifies an area’s access to dental care by assigning a score to the *HPSA* and is therefore a valuable tool for applicants applying for this priority. Dental *HPSA* designation requirements can be found here:  
<http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html>.

## STUDENT RECRUITMENT

### **Priority 8: Student Recruitment**

- i. Applicants must have a record of training individuals who are from a
  - 1) *Rural area or*  
For the purposes of applying for this priority, “rural” means either a jurisdiction that is not located in a metropolitan statistical area (MSA), as defined by the Office of Management and Budget  
[http://www.hrsa.gov/ruralhealth/policy/definition\\_of\\_rural.html](http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html) **or** any jurisdiction located in an MSA, but in a county or tribal jurisdiction that has a population less than 50,000. Special rules apply for independent cities and townships.
  - 2) *Disadvantaged background or*  
HHS defines an individual from a *disadvantaged background* as one who comes from 1) an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a graduate or undergraduate school or 2) a family with an annual income below established low-income thresholds. An individual must be certified by a school as having come from a *disadvantaged background* based on *environmental and/or economic factors*. Applicants should include the criteria used by the school for this designation.
  - 3) *Underrepresented minority population:*
    - a. Underrepresented minority is defined as, with respect to a health profession, *racial and ethnic populations* that are underrepresented in the health profession relative to their proportion of the population involved.
    - b. *Racial and Ethnic Minority group* means (1) American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. (2) The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

To request this priority, an applicant must demonstrate a record of training individuals who are from a rural or disadvantaged background or from underrepresented minorities for the last two years (2010 and 2011). To calculate the greatest percentage, please use the formula below:

$$\text{Greatest percentage} = \frac{N_{2010} + N_{2011}}{D_{2010} + D_{2011}} \times 100$$

$N_{2010}$  – Numerator (2010) = the number of program completers or graduates who are from a rural or disadvantaged background or from underrepresented minorities in 2010.

$N_{2011}$  – Numerator (2011) = the number of program completers or graduates who are from a rural or disadvantaged background or from underrepresented minorities in 2011.

$D_{2010}$  – Denominator (2010) = the total number of program completers or graduates in 2010.

$D_{2011}$  – Denominator (2011) = the total number of program completers or graduates in 2011.

The percentages defining the threshold for “greatest percentage” will be determined each time the *Faculty Development Training in General, Pediatric, Public Health Dentistry and Dental Hygiene* Program is competed by calculating the median percentage of providers trained from the competition’s applicant pool. Reviewers will compare the percentage reported by the applicant to the corresponding median value of the applicant pool. Priority 8, Student Recruitment, will be awarded to those applicants whose percentages are greater than the corresponding median percentage.

**Applicants may use any format to submit the proposed priority(ies); however, this information must be submitted as Attachment 6. Failure to *clearly request* and provide the below information, documentation or sufficient detail may result in the applicant’s request for the priority to be denied.** Attachment 6 should provide in one document a list of the priority(ies) being requested, clearly indicated by the number and name of the priority.

For each priority, please provide:

- a. The component of the priority being requested;
- b. A summary of the data;
- c. A concise narrative justification;
- d. A complete calculation with numerator and denominator for applicable priorities (priorities 6, 7, and 8).

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits 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 July 1, 2012.

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

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

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

#### **Trafficking in Persons**

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

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

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

## **Cultural and Linguistic Competence**

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

## **Healthy People 2020**

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

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

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

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

guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

### **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**

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

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The Progress Report should be a concise presentation of the grant-supported program's accomplishments according to the funded objectives since the previous Progress Report. The Progress Report should not be a copy of a previously submitted Progress Report. It should contain:

- **Objectives and accomplishments:** Provide the most important project objectives from the approved grant application and succinctly describe the accomplishments in each of them during the reporting period. Describe the progress of the evaluation plan,

including a summary of evaluation data to date according to objective. Provide the number of trainees enrolled in the project during the reporting period.

- **Barriers:** List barriers or problems that impeded the project's ability to implement the approved plan during the reporting period (e.g., staffing, funding) and describe the activities you have undertaken to minimize the effect and overcome these barriers/problems.
- **Linkages:** Describe any linkages that you may have established with other programs, including new partnerships and interdisciplinary and interprofessional relationships.

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

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

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

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

4) **BHPPr performance reports.** The *BHPPr Performance Report for Grants and Cooperative Agreements* is designed to provide the Bureau of Health Professions (BHPPr) with information about grantee activities. As such, it is an important management tool, contributing to data BHPPr uses to report success achieving programmatic and crosscutting goals and in setting new goals for the future. The report also gives program officers information that helps them provide technical assistance to individual projects.

The BHPPr Performance Report contains two components, as follows:

- Part I - Program-Specific Information: Collects data on activities specific to the individual projects.
- Part II – Core Measures Information: Collects data on overall project performance related to the BHPPr's strategic goals, objectives, outcomes and indicators. The purpose is to incorporate accountability and measurable outcomes into BHPPr's programs, and to develop a framework that encourages quality improvement in its programs and projects.

### **Long Term Follow-up**

HRSA encourages, but does not require, programs to follow trainees for five (5) years after program completion to evaluate how effectively their training programs help produce high quality, diverse clinicians and faculty in dental and dental hygiene education, distributed according to need.

#### **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 (available online at <http://www.hrsa.gov/grants/ffata.html>). 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:

Dennis Nikiema  
Attn: Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-02  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: 301-443-8007  
Fax: 301-443-6343  
Email: [dnikiema@hrsa.gov](mailto:dnikiema@hrsa.gov)

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

Fatima Ravat  
Public Health Analyst, Division of Medicine and Dentistry  
Attn: Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program  
Bureau of Health Professions, HRSA  
Parklawn Building, Room 9A-27  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: 301-443-9035  
Fax: 301-443-8890

Email: [fravat@hrsa.gov](mailto:fravat@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)

## **VIII. Other Information**

### **Technical Assistance Calls**

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

Date: January 10, 2012  
Time: 2pm EDT  
Telephone Number: 1-800-988-9679  
Pass code: 4961712  
Play-back telephone number: 1-866-373-1992

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

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

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

## APPENDIX A – PROGRAM DEFINITIONS

The following definitions shall apply to the *Faculty Development in General, Pediatric, and Public Health Dentistry Program* for Fiscal Year 2012.

**“Accredited”** means a school or program that is accredited by a recognized body or bodies, approved for such purposes by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this program, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such a school or program. *(Title VII section 799(B)(1)(E))* The Secretary of Education publishes a list of recognized accrediting bodies, and of State agencies, at <http://www2.ed.gov/admins/finaid/accred/index.html>.

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

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

**“Dental Health Professional Shortage Areas”** identifies an areas access to dental care. Dental provider FTEs (full time equivalents) are calculated by weighting the number of patient care hours provided by a dentist (general and pediatric) per week by the dentist’s age and the number of assistants the dentist employs. The HPSA is categorized into one of three categories: geographic, population group or facility. The priority in the General, Pediatric and Public Health Dentistry program focuses on the geographic (or underserved area) and populations group categories. Please see the HRSA website for more information: <http://bhpr.hrsa.gov/shortage>.

**“Disadvantaged Background”** refers to an individual who:

- 1) Comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions training program (**Educationally Disadvantaged**). The following are provided as examples of “Educationally Disadvantaged” for guidance only and are not intended to be all-inclusive. Applicants should seek guidance from their educational institution as to how “Educationally Disadvantaged” is defined by their institution.

Examples:

- Person from high school with low average SAT/ACT scores or below the average State test results.

- Person from a school district where 50 percent or less of graduates go to college.
- Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- Person for who English is not their primary language and for whom language is still a barrier to their academic performance.
- Person who is first generation to attend college.
- Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.

**Or**

- 2) Comes from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (**Economically Disadvantaged**).

The Secretary defines a “low income family” for programs included in Titles III, VII and VIII of the PHS Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives.

**2011 Low Income Levels  
for the 48 Contiguous States and the District of Columbia**

(Access <http://edocket.access.gpo.gov/2011/pdf/2011-6110.pdf>  
to determine levels for Alaska and Hawaii)

<b>Persons in family *</b>	<b>Income level **</b>
1.....	\$21,780
2.....	29,420
3.....	37,060
4.....	44,700
5.....	52,340
6.....	59,980
7.....	67,620
8.....	75,260

For families with more than 8 persons, add \$7,640 for each additional person.

\* Includes only dependents listed on federal income tax forms.

\*\* Adjusted gross income for calendar year 2010. These income levels may change if new data is published.

**“Formal Signed Agreement”** means a written agreement between the lead applicant and a partner that delineates specific roles, responsibilities, and resources of the partner. The document must include signatures of authorized individuals from the lead applicant and partner

entity, be dated within twelve months of the General, Pediatric and Public Health Dentistry application deadline, and included in the application as Attachment 3.

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

**“Funding Preference”** means the funding of a specific category or group of approved applications ahead of other categories or groups of applications.

**“Graduate”** means an individual who has successfully completed all institutional requirements for a specified academic program of study and awarded a degree.

**“Health Disparity Populations”** means (1) A population is a health disparity population if, as determined by the Director of the Institute after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

**“Health Literacy”** is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness.

**“Health Professional Shortage Areas”** is a federal shortage designation used for communities and health care facilities to establish a need for additional health care professionals and resources. The overall purpose is to identify areas of greatest need, so that limited resources can be prioritized and directed to the people in those areas. Dental HPSA designation requirements can be found here:

<http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html>.

**“Health Professional Shortage Area scoring”** refers to a federal calculation of a score (0-20) with 20 being the highest degree of shortage for each designated HPSA. The score is used to prioritize areas of greatest need for some federally funded programs. The Dental-HPSA is evaluated based on the (1) population to provider ratio (for geographic dental HPSA is 5,000:1), (2) percent of individuals below 100% of the federal poverty level, (3) water fluoridation status, and (4) the average travel time or distance to nearest source of non-designated accessible care.

**“Racial and Ethnic Minority Group”** means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. (2) The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

**“Program Completer”** means an individual who has met the didactic and/or clinical requirements of a structured educational program which does not confer a degree (e.g.; continuing education, fellowship residency) and is designed to improve their knowledge or skills.