

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

Bureau of Health Professions
Division of Public Health and Interdisciplinary Education

***Mental and Behavioral Health Education and Training Grants –
financed by 2012 Prevention and Public Health Funds (PPHF-2012)***

Announcement Type: New
Announcement Number: HRSA-12-181

Catalog of Federal Domestic Assistance (CFDA) No. 93.732

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: June 22, 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: May 2, 2012
Issuance Date: May 2, 2012**

Modification 5/15/12 to extend due date and eligibility to accredited internship programs in public and nonprofit private institutions

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Authority: Title VII, Section 750 and Section 756 of the Public Health Service Act (U.S.C. 294e-1), as amended by Sec. 5306(a) of the Patient Protection and Affordable Care Act, Public Law 111-148 and Section 4002 (42 U.S.C. 300 u-11) Prevention and Public Health Funds, and Sec. 5002(a)(3) of the Patient Protection and Affordable Care Act.

Executive Summary

The Mental and Behavioral Health Education and Training Grants (MBHETG) Program aims to increase the number of social workers and psychologists who pursue clinical work with high need and high demand populations. For this funding opportunity, high need and high demand refers to rural, vulnerable, and/or underserved populations, and veterans, military personnel and their families. The MBHETG Program is authorized through Title VII, Section 750 and Section 756 of the Public Health Service (PHS) Act (U.S.C. 294e-1), as amended by Sec. 5306(a) of the Affordable Care Act, Public Law 111-148 to support eligible institutions of higher education with accredited health professions training programs in social work and psychology to recruit students and provide education and clinical experience in mental and behavioral health. According to the Patient Protection and Affordable Care Act – Sec. 5002 (a)(3), institutions of higher education include accredited internship programs in public and nonprofit private institutions. Sec. 750 (a) of the PHS Act requires that academic institutions receiving assistance under Part – D of Title VII of the PHS Act, Interdisciplinary Community-Based Linkages must use the funds in collaboration with two or more disciplines. Funding for this announcement is provided through the Affordable Care Act’s Prevention and Public Health Fund (Section 4002 (42 U.S.C. 300 u-11)).

Program funding includes financial support for students (Section 797(a) of the PHS Act provides for trainee support). In addition, applicants who can demonstrate a track record for graduates going on to practice in underserved areas will receive a funding preference. To receive the preference, the eligible applicant must specifically request the preference, meet the medically underserved community (MUC) preference requirements, and rank above the 20th percentile of applications recommended for approval as described in Section V.2 under Review and Selection Process in the funding opportunity announcement (Section 791 of the PHS Act authorizes a MUC funding preference for this program).

This program focuses on providing specialized training for the high need and high demand populations. For example, recent literature suggests that the need for mental health care services for war veterans may be higher than that of the general population, and that veterans experience higher rates of mental or psychosocial disorders such as post-traumatic stress disorder, depression, and alcohol abuse. War and deployment not only have mental health impacts on military personnel and veterans, but it also influences the families of the deployed as well. Accordingly, the priorities for both accredited social work and psychology schools and programs will include training that address the needs of these high need and high demand populations. Priority will be given to both social work and psychology schools and programs that exhibit an ability to place social workers and psychologists in field placements and internships that focus on the needs of these populations.

Section 756 (d) of the PHS Act authorizes a priority to social work and psychology applicants for the following:

Social Work: To receive the funding priority for social work, applicants must be: (1) accredited by the Council on Social Work Education, (2) have a graduation rate of not less than 80 percent for social work students, and (3) exhibit an ability to recruit social workers from and place social workers in areas with high need and high demand populations, such as military personnel, veterans, and their families.

Psychology: For psychology, priority is given to institutions of higher education including accredited schools and programs of psychology as well as accredited internships in public and private nonprofit institutions in which training focuses on the needs of high need and high demand populations, such as older adults and children, individuals with mental health or substance-related disorders, victims of abuse or trauma and of combat stress disorders such as posttraumatic stress disorder and traumatic brain injuries, including veterans, military personnel and their families, homeless individuals, and chronically ill persons and their families. Priority will be given to psychology programs that demonstrate a strong working relationship with American Psychological Association (APA) accredited internship programs focused on serving high need and high demand populations with the goal of developing new training slots and ultimately accommodating more students into internships. For accredited psychology internships, priority will be given to internship organizations that have strong relationships with APA accredited psychology schools and programs.

To be eligible for funding, an institution needs to demonstrate the following: (1) participation in the institution's programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds and different genders and sexual orientations; (2) knowledge and understanding of the concerns of the individuals and groups described in Section 756 (a) of the PHS Act; (3) any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency; (4) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require; and (5) with respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.

Funding will be provided to a range of five to 15 psychology accredited psychology schools, programs or internship organizations and a range of five to 15 social work graduate schools and programs for the development and implementation of the field placements and internships associated with the degree programs. Clinical experiences in the form of field placements and internships are integral to social work and psychology programs, and are essential to expanding the number of behavioral health providers. The funding should be used to: (1) recruit new students interested in pursuing a clinical concentration with identified special populations, (2) develop and implement interdisciplinary training, (3) add to existing, expand, and/or foster the development of new pre-degree internship slots for psychology doctoral students (PhD/PsyD) or field placements for Masters of Social Work (MSW) students, and (4) provide stipend support to students for the required field placement or pre-degree internship requirements. Seventy-five percent of the requested funding must be distributed as stipends to the social work and psychology graduate students to support their field placements and pre-degree internships respectively. The remaining twenty-five percent can be used to support 1, 2, and 3 above. Two years of stipend support for field placements will be provided to students enrolled in accredited MSW programs. One year of stipend support for field placements will be provided to Bachelors of Social Work (BSW) graduates enrolled in an Advanced Standing MSW program. One year of funding will be provided to PhD/PsyD psychology students to support their pre-degree internships.

As a result of this funding, graduate social work and psychology schools and programs will increase their overall number of enrolled students, create more field placement and internship slots for students working with high need and high demand populations, place more students in these field placements and internships, and ultimately increase the number of clinical providers working with the special populations identified above.

Grant funding under this program will be provided during Federal Fiscal Years (FY) 2012-2014 for a three-year project period starting September 30, 2012-September 29, 2015. Approximately \$10,000,000 from the Prevention and Public Health Fund is expected to be available in FY 2012 to fund approximately 20 new grants (ranging from 5 to 15 MSW programs, and 5 to 15 PsyD/PhD psychology programs) at a ceiling of \$480,275 per grant for a single three-year budget period and project period. For social work programs, at least four (4) of the grant recipients shall be from historically black colleges or universities or other minority-serving institutions. Applications must be submitted via Grants.gov no later than June 22, 2012.

Technical Assistance

Technical assistance calls to help applicants understand, prepare and submit a grant application for the program are scheduled. Detailed information on the calls is below:

May 17, 2012 (Thursday); 3:00 PM – 5:00 PM ET

Call-in Number: 800-369-3153

Participant Code: 8543234

Adobe Connect Link: <https://hrsa.connectsolutions.com/mbhetg/>

For replay information (The recording will be available until June 22, 2012): 800-964-3814

May 21, 2012 (Monday), 11:30 AM—1:30 PM ET

Call-in Number: 800-369-3153

Participant Code: 8543234

Adobe Connect Link: <https://hrsa.connectsolutions.com/mbhetg/>

For replay information (The recording will be available until June 22, 2012): 866-378-7476

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I. Funding Opportunity Description

1. Purpose

The Mental and Behavioral Health Education and Training Grants Program (MBHETG) is authorized through Title VII, Section 756 of the Public Health Service (PHS) Act (U.S.C. 294e-1), as amended by Sec. 5306(a) of the Affordable Care Act, Public Law 111-148 to support eligible institutions of higher education with accredited health professions training programs in social work and psychology to recruit students and provide education and clinical experience in mental and behavioral health. According to the Patient Protection and Affordable Care Act – Sec. 5002 (a)(3), institutions of higher education include accredited internship programs in public and nonprofit private institutions. Accredited psychology internships in public and private nonprofit organizations are also eligible for funding. Sec. 750 (a) of the PHS Act requires that academic institutions receiving assistance under Part – D of Title VII of the PHS Act, Interdisciplinary Community-Based Linkages must use the funds in collaboration with two or more disciplines. The program aims to increase the number of social workers and psychologists who pursue clinical work with high need and high demand populations. For this funding opportunity, high need and high demand refers to rural, vulnerable, and/or underserved populations, and veterans, military personnel and their families. The Funding for this announcement is provided through the Affordable Care Act’s Prevention and Public Health Fund (Section 4002 (42 U.S.C. 300 u-11)).

The specific goal of the program is to strengthen the clinical field competencies of social workers and psychologists who pursue clinical service with high need and high demand populations. This program recognizes the high need and high demand experienced by military personnel and veterans, as well as the impact of war and deployment on their families.

The following objectives support accomplishment of the program goals:

- Provide funding to help accredited psychology programs, schools, and internship programs and accredited social work graduate schools and programs to increase their overall number of enrolled students and provide educational training and field experiences to increase the number of clinically prepared behavioral health providers working with high need and high demand populations. Clinical experiences are important components of any psychology or social work program.
- Fund institutions of higher education with professional and accredited training programs in social work and psychology. For psychology, institutions of higher education also refer to accredited pre-degree internships in public and private institutions. The funding should be used to: (1) recruit new students interested in pursuing a clinical concentration with identified special populations, (2) develop and implement interprofessional training, (3) add to existing, expand and/or foster the development of new pre-degree internship slots for PhD/PsyD psychology students or field placements for MSW students, and (4) provide stipend support for students for the required field placement or pre-degree internship requirements. Seventy-five percent of the requested funding must be distributed as stipends to the social work and psychology graduate students to support their field placements and pre-degree internships respectively. The remaining twenty-five percent can be used to support 1, 2, and 3 above.
- Provide stipend support for social work students (at least \$10,000/per year/per student for 2 years for MSW students and for 1 year/per student for Advance Standing MSW students) who are committed to working with high need and high demand populations

such as military personnel and their families during their field placement/s and after graduation. The first year field placement for MSW students will focus on developing a social work foundation and the second year will allow for concentration in a particular area. Applicants need to develop a plan for how they will gauge the student's commitment to working with high need and high demand populations following graduation.

- Provide stipend support for doctoral level (PhD/PsyD) psychology student trainees (at least \$20,000/per psychology student) who are committed to working with high need and high demand populations, such as military personnel and their families during their pre-degree internship and after graduation. Psychology schools and programs must demonstrate a strong working relationship with APA accredited internship programs focused on these populations. The goal of the institution collaborating with APA-accredited internships is to facilitate the development of new training slots (not supplant other funding) and ultimately accommodate more students into internships. For accredited psychology internships that apply, internship organizations must demonstrate strong relationships with APA accredited psychology schools and programs.

As a result of this funding, accredited graduate social work schools and programs and accredited psychology schools, programs, and internships will increase their overall number of enrolled students; create more field placement and internship slots for students working with high need and high demand populations; place more students in these field placements and internships, and ultimately increase the number of clinical providers working with these populations.

The sample strategic plans for each funded year are described below and in the following table:

Year 1: (September 30, 2012-September 29, 2013)

Psychology (PhD/PsyD) and Social Work (MSW) graduate training schools and programs will:

- Provide stipends of at least \$10,000 to the MSW graduate students accepted into the program for Year 1 to support their first year field placement working with high need and high demand populations. Only one year support for a field placement will be provided to Advanced Standing MSW students (students who already have a BSW). Provide stipends of at least \$20,000 to support the pre-degree internship for PhD/PsyD psychology students working with high need and high demand populations. The first cohort of MSW, and PsyD/PhD students provided with stipends for field placements and pre-degree internships respectively will begin in Year 1 (Cohort #1).
- Recruit qualified students for future years who commit to working with high need and high demand populations in their field experiences and after graduation. Applicants need to develop a plan for how they will gauge the student's commitment to working with these populations following graduation.
- MSW programs: Identify organizations that serve high need and high demand populations as field placements for MSW students.
- Psychology programs: Work with existing and newly contracted APA accredited internship organizations that serve high need and high demand populations to increase the number of training slots to accommodate trainees who have received funding. Recruit additional internship placements to be accredited in future years. For accredited psychology internships that apply, priority will be given to internship organizations that have strong relationships with APA accredited schools and programs.
- Collect data on the demographics of the students enrolled in the program and details about the students' internships and field placements.

- Provide career placement services for the students targeting areas of greatest need.

Year 2: (September 30, 2013-September 29, 2014)

In addition to the activities outlined in Year 1, Psychology (PsyD/PhD) and Social Work (MSW) graduate training schools and programs will:

- Fund non-Advanced Standing MSW members of Cohort #1 for an additional year.
- Enroll the second cohort of Advanced Standing MSW students, and the second cohort of PhD/PsyD psychology students (Cohort #2).

Year 3: (September 30, 2014-September 29, 2015)

In addition to Year 1 and Year 2 activities, Psychology (PsyD/PhD) and Social Work (MSW) graduate training schools and programs will:

- Fund non-Advanced Standing MSW members of Cohort #2 for an additional year.
- Enroll the third cohort of MSW students and the third cohort of PhD/PsyD psychology students (Cohort #3). Note: The institution will need to develop a sustainability plan to indicate how they plan to fund the second year Cohort #3 non-Advanced Standing MSW students.
- Evaluate the success of the program along a variety of measures, including the number of graduates who entered practice in area of high need and low behavioral health resources.

The number of programs will equal approximately 20 (ranging from 5 to 15 MSW programs and 5 to 15 Psychology PhD/PsyD programs). The estimated number of unduplicated participating students will be approximately 280 across all 20 programs.

Social Work (MSW) Students (range from 5-15 programs)				
Year 1	Year 2		Year 3	
MSW Cohort #1 Year 1	MSW Cohort #1 Year 2	MSW Cohort #2 Year 1	MSW Cohort #2 Year 2	MSW Cohort #3 Year 1*
Advanced Standing MSW Cohort #1	Advanced Standing MSW Cohort #2		Advanced Standing MSW Cohort #3	
Psychology (PhD/PsyD) Students (range from 5-15 programs)				
Year 1	Year 2		Year 3	
Psychology Cohort #1	Psychology Cohort #2		Psychology Cohort #3	

* Note: The institution will need to develop a sustainability plan to indicate how they plan to fund the second year Cohort #3 non-Advanced Standing MSW students.

2. Background

Mental health disorders rank in the top five chronic illnesses in the U.S.^[1] An estimated 25 percent of U.S. adults currently suffer from mental illness and nearly half of all U.S. adults will

develop at least one mental illness in their lifetime.^[2] In 2007, over 80 percent of individuals seen in the emergency room (ER) had mental disorders diagnosed as mood, anxiety and alcohol related disorders.^[3]

The National Institute of Mental Health (NIMH) reports the total direct and indirect costs associated with mental illness in 2002 to be over \$300 billion.^[4] Mental illness is a serious public health concern not just because of its association with ER admissions, addiction, and drug and alcohol abuse problems, but also due to its association with many other chronic diseases such as: diabetes, obesity, cardiovascular disease and cancer. Individuals suffering from a serious mental illness earned at least 40 percent less than people in good mental health, thus mental disorders contribute to significant losses of productivity.^[5]

Compounding the mental health problem is the increased demand and short supply of mental health providers. This shortage of mental health and behavioral healthcare providers has been called the “silent shortage.”^[6] This is despite the constantly increasing need for mental health providers. As of February 29, 2012, there were 3,684 designated mental Health Professional Shortage Areas (HPSAs).^[7] There is currently an underserved population of over 90.3 million people living in these mental HPSAs. The Department of Health and Human Services (DHHS) also reported in February 29, 2012 that the minimum number of HPSAs had increased to 5,903 practitioners needed to meet the demand for mental health providers and the target ratios in these mental HPSAs.^[8]

Federally authorized Health Resources and Services Administration (HRSA) training programs such as The Mental and Behavioral Health Education and Training (MBHET) and the Graduate Psychology Education (GPE) Programs are intended to help address the need for training mental health providers and to close the gap in access to mental and behavioral health care services by increasing the numbers of adequately prepared mental and behavioral health and substance abuse providers entering and continuing practice in underserved communities.

The MBHET program focuses on providing specialized training for the high need and high demand populations. For example, recent literature suggests the need of war veterans for mental health care services may be higher than that of the general population. According to a study conducted in 2007 of 103,788 Iraq and Afghanistan veterans, 31percent (32,010) were diagnosed with a mental health or psychosocial disorder.^[9] Co-occurring mental health and psychosocial problems were also detected; the highest rates indicated by recent reporting included Post Traumatic Stress Disorder (PTSD), depression and alcohol abuse of which veterans 18-24 years of age were at a higher risk compared to their veteran counterparts 40 years and older.^[9]

War and deployment not only has a major mental health impact on military personnel and veterans, but it also impacts the families of the deployed as well. A 2008 study published in the *Archives of Pediatrics and Adolescent Medicine* found that parents with a deployed spouse and children aged 3 years and older had higher depression scores than those without a deployed spouse.^[10] This study also found that children aged 3 or older with a deployed parent displayed increased behavioral problems compared to their counterparts without a deployed parent.^[10]

These findings indicate a critical need to prepare the behavioral health workforce to provide high quality behavioral health services to veterans, military personnel and their families. Key training areas in Deployment Psychology^[11] to address the behavioral health issues prevalent among service members and their families include:

- (1) Preparing for the culture, expectations and experience of military deployment including reintegration with family and community upon return;
- (2) Psychological trauma and resilience related to PTSD and other problematic responses to trauma;
- (3) Treatment of individuals suffering from serious medical injuries and Traumatic Brain Injury (TBI); and
- (4) Addressing the unique impact of military deployment on family members including children.

[¹] Agency for Healthcare Research and Quality. (2007). *2007 National Healthcare Quality & Disparities Reports*. Rockville, MD: Author. Retrieved from <http://archive.ahrq.gov/qual/nhqr07/nhqr07.pdf>

[²] Centers for Disease Control and Prevention. (2012). *CDC Report: Mental Illness Surveillance Among U.S. Adults*. Retrieved March 1, 2012 from <http://www.cdc.gov/mentalhealthsurveillance/>

[³] Owens, P.L., Mutter, R., Stocks C. (2010). *Statistical Brief #92: Mental Health and Substance Abuse- Related Emergency Department Visits among Adults, 2007*. Agency For Healthcare Research and Quality. Retrieved March 9, 2012 from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>

[⁴] National Institute of Mental Health . *Annual Total Direct and Indirect Costs of Serious Mental Illness (2002)*. Retrieved March 1, 2012 from http://www.nimh.nih.gov/statistics/4COST_TOTAN.shtml

[⁵] Kessler, R.C., Heeringa, S., Lakoma, M.D., Petukhova, M., Rupp, A.E., Schoenbaum, M., Wang, P.S., and Zaslavslu, A.M. (2008). The individual-level and societal-level effects of mental disorders on earnings in the United States: Results from the National Comorbidity Survey Replication. *American Journal of Psychiatry*; June; 165(6): 703-711.

[⁶] Caccavale, J., Reeves, J. L., Wiggins, J. (no date). *The Impact of Psychiatric Shortage on Patient Care and Mental Health Policy: The Silent Shortage that Can No Longer Be Ignored*. Retrieved March 9, 2012 from <http://abbhp.org/survey.pdf>

[⁷] U.S. Department of Health and Human Services. (2011). *Designated Health Professional Shortage Areas (HPSA) Statistics*. Rockville, MD: Author. Retrieved from http://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML3.2

[⁸] Health Resources and Services Administration. (2012). *Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations*. Rockville, MD: Author. Retrieved from <http://bhpr.hrsa.gov/shortage/>

[⁹] Seal Karen, H., Bertenthal Daniel, Miner Christian, R., Sen Saunak, Marmar Charles (2007). Bring the War Back Home. *Archives Internal Medicine* 2007; 167: 476-482

^[10] Chartrand Molinda, M., Frank Deborah, A., White Laura, F., Shope, Timothy R. (2008). Effects of Parents' Wartime Deployment on the Behavior of Young Children in Military Families. *Archives of Pediatrics & Adolescent Medicine* 2008; 162 (11): 1009-1014

^[11] Center for Deployment Psychology. (<http://deploymentpsychology.org>)

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal Fiscal Years (FY) 2012-2014 for a single three-year budget period and project period starting September 30, 2012 and ending on September 29, 2015. Approximately \$10,000,000 is expected to be available in FY 2012 to fund approximately 20 new grants (ranging from 5-15 MSW programs, and 5-15 to PsyD/PhD psychology programs). Applicants may apply for a ceiling amount of up to \$480,275 per grant. For social work programs, at least four (4) of the grant recipients shall be from historically black colleges or universities or other minority-serving institutions.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are accredited schools and programs of social work, and accredited doctoral psychology schools, programs and pre-degree internship organizations (public and private nonprofit). Applicants for the social work program must be accredited by the Council on Social Work Education (CSWE). Psychology schools, programs, and internship organizations must be accredited by the American Psychological Association (APA). Applicants must provide the appropriate documentation of accreditation with their application. Applicants who fail to show appropriate proof of accreditation will not be considered. Applicants must meet the field placement and pre-degree internship requirements associated with these accreditations. Applicants should submit documentation of accreditation in Attachment 8.

Eligible applicant institutions/organizations must be located in the United States, the District of Columbia, the Commonwealth of Puerto Rico, or the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of Marshall Islands or the Federated States of Micronesia.

To be eligible for funding, an institution needs to demonstrate:

- Participation from individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;
- Knowledge and understanding of the concerns of the individuals and groups described in subsection (a) of Section 756 of the PHS Act;
- Any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency;

- The institution will provide to the Secretary such data, assurances, and information as the Secretary may require; and
- With respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$480,275 per grant, including indirect costs, 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.

Applications that fail to provide proof of accreditation will be considered non-responsive, and the application will not be considered for funding under this announcement.

Maintenance of Effort: The grantee must agree to maintain expenditures of non-Federal amounts at a level that is not less than the level of expenditures incurred in the preceding fiscal year.

Two applications from an institution are allowable if one application is submitted from the graduate program in psychology and the other from the graduate program in social work.

To be eligible for funding, a student trainee must be in an accredited program; a citizen of the United States, a non-citizen national, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

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

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

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

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

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

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

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

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

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

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

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 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 and table of content pages 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 Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, 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.
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	Filename should be the name of the organization and unique. Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		announcement. Supports up to 10.	
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Not required.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities. Note funds cannot be used to support lobbying activities	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.
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 or Charts
Attachment 2	Staffing Plan and Job Descriptions for Key Personnel
Attachment 3	Letters of Agreement and/or Description of Proposed or Existing Project Specific Contracts

Attachment Number	Attachment Description (Program Guidelines)
Attachment 4	Project Organizational Chart
Attachment 5	Maintenance of Effort Documentation
Attachment 6	Request for Medically Underserved Community (MUC) Funding Preference
Attachment 7	Documentation for Funding Priority
Attachment 8	Documentation of Accreditation
Attachment 9-15	Certifications and Other Relevant Documents

Application Format

i. Application Face Page

Complete Application Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.732.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in form SF-424 R&R – 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 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

Please complete the Research & Related Budget form included with the application kit (Sections A – J and the Cumulative Budget) for each budget period (note there is only one budget period for this program). Upload the Budget Justification Narrative for the entire project period in Section K of the Research & Related Budget Form.

The Cumulative Budget is automatically generated and provides the total budget information for the grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1; 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 project has a single three-year budget period. **Although there is**

only one budget period, applicants must submit individual budgets for each 12 month increment of activity for funding requested at the time of application. This yearly breakdown must be included in the budget justification ONLY. The Research and Related budget form must reflect a single budget period. 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. The justification narrative should highlight the changes from year one (*i.e.*, the first 12 month increment of activity) 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.

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. No fringe benefits are allowed for trainees who receive stipend support.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in relevant meetings and other proposed trainings or workshops. Please specifically identify who is traveling, the number of people traveling, transportation costs, registration fees, lodging, per diem, etc.

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 educational purchases. Office supplies could include paper, pencils, and the like; medical supplies such as syringes, blood tubes, plastic gloves, are not ordinarily allowable under this grant program. Educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately. Identical items costing less than \$5,000 should be grouped together under this category. Applicants must include justification as to how major types of supplies to be purchased with grant funds relate to the project’s goals and objectives.

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 and awardees 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 CCR and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate. Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

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

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, stipends, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation. Training grant applications from State, local, or Indian tribal governmental agencies may request full indirect cost reimbursement. State universities and hospitals are subject to the 8% cap.

Participant/ Trainee Support:

Please note that there is no support within this program for tuition or fees. The Mental and Behavioral Health, Education and Training Grants program is funding stipends for trainees as follows.

Stipends: Stipend support is allowable for this program under Section 750(b)(4) of the Public Health Service Act. Seventy-five percent of the requested funding must be distributed as stipends to the social work and psychology graduate students to support their field placements and pre-degree internships respectively. As a result of this funding, graduate social work and psychology programs will increase their overall number of enrolled students, create more field placement and internship slots for students working with high need and high demand populations, place more students in these field placements and internships, and ultimately increase the number of clinical providers working with the special populations identified above. List the number and total stipend amount for each trainee category as appropriate. For all grant programs, direct financial assistance to trainees may not be received concurrently with any other Federal educational award (fellowship, traineeship, etc.) except for educational assistance under

the Veterans Readjustment Benefits Act (The GI Bill). Loans from federal funds are not considered federal awards.

Two years of stipend support for field placements will be provided to students enrolled in Masters of Social Work (MSW) schools and programs. One year of stipend support for field placements will be provided to Bachelor of Social Work (BSW) graduates enrolled in an Advanced Standing MSW program. One year of funding will be provided to psychology PhD/PsyD students to support their pre-degree internships. As a result of this funding, psychology programs will increase their overall number of enrolled students and ultimately augment the number of providers working with the special populations identified in this announcement.

In order for trainees to receive support, the following conditions must be met:

- 1) To be eligible for funding, a student trainee must be in an accredited program; a citizen of the United States, a non-citizen national, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants.
- 2) Graduate schools and programs will provide stipends of at least \$10,000 per year for two years to support training and field placements for MSW students who are committed to working with high need and high demand populations. Note only one year of stipend support will be provided to Advanced Standing MSW students (students who already have a BSW).
- 3) Graduate schools and programs will provide at least \$20,000 to support one-year pre-degree internship for doctoral level psychology (PsyD and PhD) students who are committed to working with high need and high demand populations. Psychology schools and programs must demonstrate a strong working relationship with APA accredited internship programs focused on serving these populations. The goal is to facilitate the development of new training slots and ultimately accommodate more students into internships working with the identified high need populations. For accredited psychology internships that apply, internship organizations must demonstrate strong relationships with APA accredited psychology schools and programs.
- 4) Non-Federal funds may be provided to an individual in addition to the stipend provided by the grant. Such additional amounts may be either: (1) in the form of augmented stipends, i.e., “supplementation,” provided without obligation to the fellow or trainee according to institutional policy; or (2) in the form of compensation (salary and/or tuition remission) for services such as teaching or serving as a laboratory assistant. In no case may HRSA funds be used for supplementation.
- 5) Requests for stipend support must fully document that (1) trainees are in need thereof, (2) alternative sources of financial support for such stipends are not available, and (3) grant funds would not be used to supplant other available funds. Allowable trainee costs are limited to stipends and travel. Applicants should indicate the source(s) of alternate funding and the reason(s) for non-availability.
- 6) Stipends must be paid in accordance with the institution’s usual payment schedule and procedures. If stipends are requested for a period of less than 12 months, the allowable annual level of support must be prorated accordingly.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested. Daily commuting costs and costs of routine local travel are not allowable.

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. 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. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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 9.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

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

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

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

INTRODUCTION

This section should briefly describe the purpose of the proposed project as well as the goals and objectives of the proposed project.

NEEDS ASSESSMENT

This section outlines the needs of the community served by the specific social work or psychology graduate training program. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet.

Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

As appropriate, this section should include but not be limited to a discussion of:

- The national, regional, state and local health status indicators related to mental and behavioral health including morbidity and mortality statistics;
- Demographics of the populations(s) to be served;
- A documented needs assessment, conducted within the past two years, of the status of mental and behavioral health training in the institutions to be assisted and/or the geographic area to be served;
- The project's purpose(s) and identified needs and problems;
- Current training activities focusing on the needs of high need and high demand populations, such as older adults and children, individuals with mental health or substance-related disorders, victims of abuse or trauma and of combat stress disorders such as posttraumatic stress disorder and traumatic brain injuries, homeless individuals, veterans, military personnel and their families, and chronically ill persons and their families;
- Provide information on the number of students trained over the last 5 years, and the number of students working in internships and/or field placements with high need and high demand populations over the last five years; and
- How the proposed activities will fill the gaps identified through the needs assessment.

METHODOLOGY

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally,

linguistically, socio-economically and geographically diverse backgrounds if applicable. The applicant should clearly explain how the proposed objectives and sub-objectives will be implemented. State objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed. The objectives and sub-objectives should address:

- A plan and strategy for recruitment of students who will be dedicated to serving high need and high demand populations, such as military personnel, veterans, and their families in their field placement/internships and following graduation;
- The projected increase in the number of students to be trained during each year of the project and a projected number of students in internships working with high need and high demand populations;
- The addition or expansion of pre-degree internships for PhD/PsyD psychology students or field placements for MSW students. Psychology institutions must demonstrate a strong working relationship with APA accredited internship programs focused on the population of interest and must facilitate the development of new training slots to accommodate more students. For accredited psychology internships that apply, internship organizations must demonstrate strong relationships with APA accredited psychology schools and programs;
- The provision of stipend support for students for the required field placement or pre-degree internship program who are committed to working with high need and high demand populations during their field experience and after graduation;
- A plan to develop interprofessional clinical learning experiences dedicated to serving high need and high demand populations; and
- HRSA's Cultural and Linguistic Competence, Healthy People 2020, National HIV/AIDS Strategy, and Health IT, as appropriate (see section VI.2 "Administrative and National Policy Requirements" for description).

Self-sufficiency plan: The applicant must include plans for self-sufficiency by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined period of time. The documentation should specify other sources of income, future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient. For social work programs, a sustainability plan will need to be developed by the institution to indicate how they plan to fund the second year Cohort #3 non-Advanced Standing MSW students. A sustainability plan will need to be developed to ensure that these students receive a second year of support.

Dissemination of Outcomes: Develop a plan for dissemination of all products in venues such as conferences, presentations, publications, electronic recordings, web-based publishing, etc. The applicant should plan to report on dissemination activities in the annual progress report. Copies of any materials disseminated should include the following acknowledgement and disclaimer:

"This project is/was supported by funds from the Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under grant number and title for grant amount (specify grant number, title, and total award amount). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the BHP, HRSA, DHHS or the U.S. Government."

WORK PLAN

Describe the activities or steps that will be used to achieve each of the objectives proposed during each year of the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. The work plan may be presented in a clearly detailed table format that includes objectives/sub-objectives listed in measurable terms, methodology/activities, resources and personnel responsible for program activity, time/milestones, and evaluation measures/process outcomes.

RESOLUTION OF CHALLENGES

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

EVALUATION AND TECHNICAL SUPPORT CAPACITY

The evaluation strategy must be explicitly related to the project objectives. It must propose specific qualitative and/or quantitative evaluation measures for each objective and activity. While process measures and outputs are important, impact and outcome measures must also be considered. Describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes with high need and high demand populations such as military personnel, veterans, and their families, and explain how the data will be used to inform program development and service delivery. When an infrastructure for data collection is not in place, applicants must include a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data.

Project evaluation is formative and must be explicitly related to the project objectives. Applicants must present an evaluation plan for project evaluation that at a minimum addresses the following elements:

- Propose specific qualitative and/or quantitative evaluation measures for each objective and activity, and describe the role(s) and responsibilities of the evaluation staff;
- Identify outcome measures that link to each objective;
- Explain how the data will be collected, analyzed, and reported and used for project improvements;
- Identify data elements that will be collected including, but not limited to, (1) the number and types of field placements and pre-degree internships serving high need and high demand populations, (2) the number and demographics of new students trained and the number who graduate, (3) the types of high need and high demand populations served (rural, underserved, disadvantaged, military personnel, veterans, and families, etc.), (4) the number of graduates who pursue careers with each of the specific populations identified and the employment locations of graduates, (5) the number of interdisciplinary teams that were trained and the members of these teams, and (6) the impact the training has had on the population and community served;
- Describe current experience, skills, and knowledge of evaluation staff, including previous work of a similar nature and related publications; and

- When an infrastructure for data collection is not in place, applicants must include a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data. The processes used to assure the quality and integrity of the evaluation should be described.

Program evaluation is summative and must demonstrate if the program is increasing the number of social workers and psychologists who pursue clinical work with high need and high demand populations as a result of the proposed objectives and activities. Applicants must present an evaluation plan for program evaluation that at a minimum addresses the following elements:

- **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, milestones, timeline; and
- **Evaluation Report:** explain the process to validate data collection and results and describe how the evaluation activities, results, challenges, and recommendations will be analyzed and reported.

ORGANIZATIONAL INFORMATION

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

- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- Evidence of support and commitment by field placement and internship organizations that serve high demand and high need populations, e.g., resources and letters of support (commitment to provide financial or in-kind resources, create new or additional slots for students). For accredited psychology internships that apply, the internship programs need to demonstrate strong relationships with APA accredited schools and programs; and
- Innovation in existing and/or proposed teaching methods or interprofessional training.

ADDITIONAL NARRATIVE GUIDANCE

This table provides a bridge between the sample narrative language and where each section falls within the review criteria.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response & (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

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.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Keep each job description 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 entities and programs cited in the proposal. For psychology programs, this includes letters of support or commitment from APA accredited internships. For accredited psychology internships that apply, internship organizations must demonstrate strong relationships with APA accredited schools and programs. For social work schools and programs, this includes letters of commitment from current and/or potential field placements. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors 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 Documentation

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

NON-FEDERAL EXPENDITURES

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

Attachment 6: Request for Medically Underserved Community (MUC) Funding Preference
Provide the required information to apply for a funding preference, as described in Section V.2. Review and Selection Process.

Attachment 7: Documentation for Funding Priority
Provide the required information to apply for a funding priority, as described in Section V.2. Review and Selection Process.

Attachment 8: Documentation of Accreditation
Provide school and program accreditation documentation.

Attachment 9-15: Certifications and Other Relevant Documents, if applicable
Include here the explanation of delinquency on Federal debt (if applicable) and any other documents that are relevant to the application, including letters of support. Letters of support must be dated.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *June 22, 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

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years. Approximately \$10,000,000 is expected to be available in Fiscal Year (FY) 2012 to fund approximately 20 new grants (ranging from 5-15 MSW programs, and 5-15 PsyD/PhD psychology programs) at a ceiling of \$480,275 per grant. Seventy-five percent of the requested funding must be distributed as stipends to the social work and psychology graduate students to support their field placements and pre-degree internships respectively. For social work programs, at least 4 of the grant recipients shall be from historically black colleges or universities or other minority-serving institutions.

Funds under this announcement may not be used for construction, direct health care service delivery not related to training, and tuition and fees.

6. Other Submission Requirements

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

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

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

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

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

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

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

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

V. Application Review Information

1. Review Criteria

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

Review criteria are used to review and score applications. The *Mental and Behavioral Health Education and Training Grants Program* has 6 review criteria.

Criterion 1: NEED (Score =10 points)

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

- The national, regional, state and local health status indicators related to mental and behavioral health including morbidity and mortality statistics;
- Demographics and needs of the identified populations(s) to be served;
- A documented needs assessment, conducted within the past two years, of the status of mental and behavioral health training in the institutions to be assisted and/or the geographic area to be served;

- The project’s purpose(s) and identified needs and problems;
- Current training activities focusing on the needs of high need and high demand, such as older adults and children, individuals with mental health or substance-related disorders, victims of abuse or trauma and of combat stress disorders such as posttraumatic stress disorder and traumatic brain injuries, veterans, military personnel and their families, homeless individuals, and chronically ill persons and their families;
- The number of students trained over the last 5 years, and the number of students working in internships and/or field placements with high need and high demand populations over the last five years; and
- How the proposed activities will fill the gaps identified through the needs assessment.

Criterion 2: RESPONSE (Score= 30 points)

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

- A plan and strategy for recruitment of students who will be dedicated to serving high need and high demand populations such as military personnel, veterans, and their families in their field placement/internships and following graduation;
- The projected increase in the number of students to be trained during each year of the project and a projected number of students in internships working with these high need and high demand populations;
- The addition to or expansion of existing pre-degree internships for PhD/PsyD psychology students or field placements for MSW students. Psychology institutions must demonstrate a strong working relationship with APA accredited internship programs focused on the population of interest and must facilitate the development of new training slots to accommodate more students. For accredited psychology internships that apply, internship organizations must demonstrate strong relationships with APA accredited schools and programs;
- The provision of stipend support for students for the required field placement or pre-degree internship program who are committed to working with high need and high demand, populations during their field experience and after graduation;
- A plan to develop interprofessional clinical learning experiences dedicated to serving high need and high demand, populations;
- HRSA’s Cultural and Linguistic Competence, Healthy People 2020, National HIV/AIDS Strategy, and Health IT, as appropriate (see section VI.2. “Administrative and National Policy Requirements” for description);

- Plans for self-sufficiency by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined period of time. The activities or steps that will be used to achieve each of the objectives proposed during each year of the entire project period in the Methodology section;
- A time line that includes each activity and identifies responsible staff; and
- Meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.

Criterion 3: EVALUATIVE MEASURES (Score= 15 points)

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess the extent the program increases the number of social workers and psychologists who pursue clinical work with high need and high demand populations as a result of the proposed objectives and activities. The extent to which the project addresses project and program evaluation including:

- Specific process and outcome evaluation measures for each objective and activity, and describe the role(s) and responsibilities of the evaluation staff.
- Data collection, analysis, and reporting and how the results will be incorporated into program changes;
- Performance measures to be collected including, but not limited to, 1) the number and types of field placements and pre-degree internships serving high need and high demand populations, (2) the number and demographics of new students trained and the number who graduate,(3) the types of high need and high demand populations served (rural, underserved, disadvantaged, military personnel, veterans, and families, etc.), (4) the number of graduates who pursue careers with each of the specific populations identified and the employment locations of graduates, (5) the number of interdisciplinary teams that were trained and the members of these teams, and (6) the impact the training has had on the population and community served;
- The current experience, skills, and knowledge of evaluation staff, including previous work of a similar nature and related publications;
- Processes used to assure the quality and integrity of the evaluation;
- A Logic Model demonstrating the relationship among resources, activities, outputs, target population, short-and long-term outcomes;
- Programmatic evaluation design;
- Process to validate data collection and results; and
- The analysis of programmatic evaluation results.

Criterion 4: IMPACT (Score= 10 points)

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding. The extent to which the project addresses the enhancement of behavioral health services to high need and high demand populations such as military personnel, veterans, and their families should be addressed. The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal funding. The institution

should outline a sustainability plan to specify other sources of income, future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

Criterion 5: RESOURCES/CAPABILITIES (Score=25 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Performance will be considered, along with:

- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- Evidence of support and commitment by field placement and internship organizations that serve high demand and high need populations, e.g., resources and letters of support (create new or additional slots for students). For accredited psychology internships that apply, internship organizations must demonstrate strong relationships with APA accredited schools and programs; and
- Innovation in existing and/or proposed teaching methods or interprofessional training.

Criterion 6: SUPPORT REQUESTED (Score= 10 points)

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

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

Funding Priorities

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. A statutory funding priority of ten (10) points is available to qualified social work and psychology applicants; partial points will not be awarded. Documentation for the funding priority (authorized at Section 756(d) of the PHS Act) should be submitted in Attachment 7.

- **Social Work Priority:** To receive the funding priority for social work, applicants must meet the following requirements: (1) be accredited by the Council on Social Work Education, (2) have a graduation rate of not less than 80 percent for social work students, and (3) exhibit an ability to recruit social workers from and place social workers in areas with a high need and high demand population, such as military personnel, veterans, and their families.
- **Psychology Priority:** To receive the priority for psychology, priority is given to programs, schools, and internship organizations in which training focuses on the needs of high need and high demand populations, such as older adults and children, individuals with mental health or substance-related disorders, victims of abuse or trauma and of combat stress disorders such as posttraumatic stress disorder and traumatic brain injuries, veterans, military personnel and their families, homeless individuals, and chronically ill persons and their families. Priority will be given to psychology programs that demonstrate a strong working relationship with American Psychological Association (APA) accredited internship programs focused on serving high need and high demand populations with the goal of developing new training slots and ultimately accommodating more students into internships. For accredited psychology internships that apply, priority will be given to internship organizations that have strong relationships with APA accredited schools and programs.

Funding Preference - Medically Underserved Community (MUC)

The authorizing legislation at Section 791(a)(1) of the PHS Act provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

To receive the preference, the eligible applicant must specifically request the preference, meet the MUC preference requirements, and rank above the 20th percentile of applications recommended for approval. As provided in Section 791 of the PHS Act, preference will be given to any qualified applicant that (1) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; (2) during the two-year period preceding the fiscal year for which an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or (3) utilizes a longitudinal evaluation (as described in section 761(d)(2)) and reports data from such system to the national workforce database (as established under section 761(b)(2)(E)). Please note: the Longitudinal Evaluation Preference has been removed and will not be offered. The longitudinal evaluation capabilities described in section 761(d)(2) and the database described in section 761(b)(2)(E) of the Public Health Service Act necessary to support this preference have not yet been fully developed. As a result, meaningful distinctions among proposals cannot be made.

“Medically Underserved Community” - According to Section 799B(6) of the PHS Act this term refers to an urban or rural area or population that:

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

Examples of work settings that serve medically underserved communities include the following: Community Health Centers, Migrant Health Centers, Health Care for the Homeless grantees, Public Housing Primary Care grantees, Federally Designated Rural Health Clinics, National Health Service Corps sites, Indian Health Service sites, Federally Qualified Health Centers, Primary Medical Care and Dental HPSAs, City or County Health Departments.

If graduates and/or program completers are currently practicing in sites designated by a State Governor as a shortage area or underserved community, then an **official letter** from the Governor’s Office or the State agency involved in the Governor’s designation of such sites for the State, should be included in the grant application. **An official listing or other appropriate documentation** may be substituted provided that it clearly indicates that the designation of the site is by the State Governor or State agency acting for the Governor in this capacity. Do not reference websites as convincing evidence, since reviewers are not permitted to access websites as part of the review process. **Without such documentation, the preference will not be awarded.**

Access to Lists of Medically Underserved Work Settings:

Subject/Topic	Internet Address
HPSAs, D-HPSAs, CHCs, MHCs, and/or homeless health centers	http://bphc.hrsa.gov
Rural Health Clinics	http://ric.nal.usda.gov/rural-health/clinics-and-centers
Indian Health Service	http://www.ihs.gov/

Qualification 1: Demonstrating “High Rate”

An applicant may request the funding preference based upon “High Rate” if it has a **high rate** for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities (MUCs).

For an applicant to qualify for “high rate,” at least 50% of graduates and/or program completers from the academic year 2009-2010 or 2010-2011, whichever is greater, must devote at least 50% of their time in service to Medically Underserved Populations (MUPs).

Computation:

All 2010 or 2011 graduates and/or program completers serving MUPs divided by all graduates and/or program completers in 2009-2010 or 2010-2011 greater than or equal to 50%.

Qualification 2: Demonstrating “Significant Increase”

An applicant may request the funding preference based upon “Significant Increase” if during the two-year period preceding the fiscal year for which such an award is sought, it has achieved a **significant increase in the rate** of placing graduates in such settings.

To qualify for “significant increase,” an applicant must demonstrate that the number of graduates from academic years ending in 2009-2010 and 2010-2011 (with a minimum of 2 graduates and/or program completers) who devote at least 50 % of their time to clinical practice in MUC settings has increased by at least 50% and at least 30% of the 2010-2011 graduates and/or program completers are practicing in MUC settings.

Please note that “a minimum of 2 program completers” is required in academic year 2010-2011. An increase from 0 to 1 would not qualify for the preference based on significant increase. However an increase from 0 to 2 or 1-2 would qualify based on significant increase. An increase from 10 to 12 would not qualify because of not meeting the 50% requirement.

To be considered for the MUC funding preference based on “high rate” or “significant increase,” an applicant must request it in Attachment 6 “Request for MUC Funding Preference”. The applicant must indicate the means by which the funding preference is being requested, i.e., high rate, significant increase. The applicant must provide a brief narrative explaining the methodology for collecting the numbers provided in the MUC request. The data may be presented in tabular form, chart, table or any convincing data form, or by narrative.

Each individual graduate or program completer should be reported only once, even though a graduate/program completer’s practice site may qualify under more than one category; for example, a rural health clinic may be located in a health professional shortage area (HPSA). The MUC status of the graduate/program completer’s practice site should be reported as of the example, i.e., a rural health clinic may be located in a HPSA. The MUC status of the graduate/program completer’s practice site should be reported as of the graduate/program completer’s start date in a practice site. Subsequent changes to the MUC designation do not alter this reporting.

Qualification 3: New Program

An applicant may request the funding preference as a “New Program” if it is a New Program (i.e., a program that has graduated less than three classes) and if **four or more** of the following criteria are met:

- 1) The mission statement of the program identifies a specific purpose of preparing health professionals to serve underserved populations.

- 2) The curriculum includes content that will help to prepare practitioners to serve underserved populations.
- 3) Substantial clinical training experience is required in medically underserved communities.
- 4) A minimum of 20 percent of the faculty spends at least 50 percent of their time providing/supervising care in medically underserved communities.
- 5) The entire program or a substantial portion of the program (i.e., the primary, ambulatory education training sites) is physically located in a medically underserved community.
- 6) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.
- 7) The program provides a placement mechanism for deploying graduates to medically underserved communities

Applicants may provide the requested information in Attachment 6. It must be clear that a preference is being requested. Each application must include a detailed description of how their program meets at least four of the seven criteria. Failure to clearly request the funding preference may result in the preference not being applied. Failure to provide the requested information, documentation, and sufficient detail may also result in the preference not being applied. For the purposes of the statutory MUC Funding Preference, applicants should count only trainees in the social work or psychology program in completing the required information.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 2012.

VI. Award Administration Information

1. Award Notices

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

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 30, 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](#), and all applicable appropriations act provisions, 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/hhsgrantspolicy.pdf>. 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.

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) must be submitted to HRSA on an annual basis. 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. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.
- 3) **The BHPPr Performance Report.** All BHPPr awardees are required to submit a performance report to HRSA on an annual basis. They are due in August each year and must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. 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 for Grants and Cooperative Agreements* contains two components, as follows:

- Part I - Program-Specific Information: Collects data on activities specific to your project.
- 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.

All applicants are required to submit their report online using the Electronic Handbooks (EHBs). More information about the Performance Report can be found at <http://bhpr.hrsa.gov/grants/reporting/>

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

d. Transparency Act Reporting Requirements

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

e. Prevention and Public Health Fund Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of Division F, Title II, Section 220(b)(5) of The Consolidated Appropriations Act of 2012 (Pub. L. 112-74). Semi-annual reports from each entity awarded a grant from these funds with a value of \$25,000 or more must summarize the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the recipient). Such reports will be posted on HHS's publically available website not later than 30 days after the end of each 6-month period. Additional information regarding the requirements will be provided 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:

Nandini Assar, Ph.D.
Program Analyst
Attn.: Mental and Behavioral Health Education and Training Grants Program
HRSA, Office of Federal Assistance Management, Division of Grants Management
Operations
Parklawn Building, Room 11A-19
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4920
Email: nassar@hrsa.gov

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

Sadie Silcott, MBA, MPH
Public Health Analyst
Division of Public Health and Interdisciplinary Education
Bureau of Health Professions
Health Resources and Services Administration
5600 Fishers Lane, Room 9-36
Rockville, Maryland 20857
Telephone: (301) 443-0133
E-mail: ssilcott@hrsa.gov

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

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

VIII. Other Information

Technical Assistance

Technical assistance calls to help applicants understand, prepare and submit a grant application for the program are scheduled. Detailed information on the calls is below:

May 17, 2012 (Thursday); 3:00 PM – 5:00 PM ET

Call-in Number: 800-369-3153

Participant Code: 8543234

Adobe Connect Link: <https://hrsa.connectsolutions.com/mbhetg/>

For replay information (The recording will be available until June 22, 2012): 800-964-3814

May 21, 2012 (Monday), 11:30 AM—1:30 PM ET

Call-in Number: 800-369-3153

Participant Code: 8543234

Adobe Connect Link: <https://hrsa.connectsolutions.com/mbhetg/>

For replay information (The recording will be available until June 22, 2012): 866-378-7476

PROGRAM DEFINITIONS

To assist applicants in the development of an application and future reports, the following definitions are provided. Please refer back to these definitions as needed when reviewing the application information.

Advanced Standing Masters of Social Work Degree Program means a program of study whereby a student who has completed a bachelors' degree in social work is on an Advanced Standing track to earning an MSW given the social work foundation already provided.

Accredited when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, or a graduate program in health administration, clinical psychology, clinical social work, professional counseling, or marriage and family therapy, means a school or program that is accredited by a recognized body or bodies approved for such purpose 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 title, 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 school or program.. For the purposes of this funding opportunity announcement, social work programs must be accredited by the Council on Social Work Education and psychology programs including internship programs must be accredited by the American Psychological Association.

Enrollee means an individual who is receiving training in a program, but has not finished the program during a given grant year. Enrollees do not include graduates or program completers for the purposes of this grant program.

Graduate means an individual who has successfully completed all educational requirements for a specified academic program of study or has met the eligibility requirements for full certification/degree in a designated health profession. In this program, these are individuals receiving a Masters of Social Work or a doctoral degree in clinical psychology or an equivalent degree in a given grant year.

Institution of Higher Education: According to the Patient Protection and Affordable Care Act – Sec. 5002 (a)(3), institution of higher education means an educational institution in any State that - (1) admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate; (2) is legally authorized within such State to provide a program of education beyond secondary education; (3) provides an educational program for which the institution awards a bachelor's degree or provides not less than a 2-year program that is acceptable for full credit toward such a degree; (4) is a public or other nonprofit institution; and (5) is accredited by a nationally recognized accrediting agency or association, or if not so accredited, is an institution that has been granted preaccreditation status by such an agency or association that has been recognized by the Secretary for the granting of preaccreditation status, and the Secretary has determined that there is satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time. (b) The term "institution of higher education"

also includes - (1) any school that provides not less than a 1-year program of training to prepare students for gainful employment in a recognized occupation and that meets the provision of paragraphs (1), (2), (4), and (5) of subsection (a) of this section; and (2) a public or nonprofit private educational institution in any State that, in lieu of the requirement in subsection (a)(1) of this section, admits as regular students persons who are beyond the age of compulsory school attendance in the State in which the institution is located.

Designated Historically Black Colleges and Universities - The four schools, which are schools as described in section 799B(1) of the PHS Act, that received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year. In addition to the generally required expenditures, a HBCU COE grant may be expended to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for URM individuals and to provide improved access to the library and informational resources of the school (PHS Act, Section 736 (c)(2)(B)).

New Program means a program that has graduated less than three classes.

Program Completer means an individual who has met the didactic and/or clinical requirements for a structured educational program that does not confer a degree (e.g., continuing education fellowship) designed to improve their knowledge or skills. Program completers are further grouped by the length of the program completed: programs < 39 hours; programs 40-160 hours; programs > 161 hours including internships and residencies of 1 year or more.

Trainee means a general term to include individuals who are enrollees and/or graduates/program completers. In a given training program, the total number of trainees will equal the total number of enrollees plus the total number of graduates or program completers. The trainees are all individuals receiving education in a given program during a given grant year.

Faculty means members of the instructional staff employed full-time, part-time or who volunteer and who provide the curriculum to develop the cognitive, psychomotor, and affective skills inherent in practice to a level of professional competency and the development of research capability.

Interprofessional/Interdisciplinary education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve quality of care and health outcomes.

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

Medically Underserved Community - Section 799B(6) of the PHS Act term refers to an urban or rural area or population that:

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

Examples of work settings that serve medically underserved communities include the following: Community Health Centers, Migrant Health Centers, Health Care for the Homeless grantees, Public Housing Primary Care grantees, Federally Designated Rural Health Clinics, National Health Service Corps sites, Indian Health Service sites, Federally Qualified Health Centers, Primary Medical Care and Dental HPSAs, City or County Health Departments. Additional information is available on the BHPPr or the Bureau of Primary Health Care Web sites: <http://bhpr.hrsa.gov> or <http://bphc.hrsa.gov> (select “Key Program Areas” and “Resources”).

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

Rural describes all counties that are not part of a Metropolitan Statistical Area (MSA). For more information on Metropolitan areas, see: <http://www.census.gov/population/www/estimates/metroarea.html>.

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

For more information on RUCAs, see:

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

Please see the HRSA website where a complete list of eligible areas can be downloaded.

<http://datawarehouse.hrsa.gov/RuralAdvisor/>.^{vi}

Underrepresented Minority/Minorities, with respect to a health profession, means racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved.^{vii}

Underserved Area/Population includes:

- The Elderly, Individuals with HIV-AIDS, Substance Abuse, Homeless, and Victims of Domestic Violence
- Homeless Populations
- Health Professional Shortage Areas/Populations
- Medically Underserved Areas/Populations
- Migrant and Seasonal Farm workers
- Nurse Shortage Areas
- Residents of Public Housing
- Rural Communities
- Rural Health Clinic

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

ⁱDefinition retrieved from the Health Resources and Services Administration.
<http://muafind.hrsa.gov/>.

ⁱⁱSection 799B(6) of the PHS Act

ⁱⁱⁱDefinition adapted from Donaldson, M.S. [et al.], editors (1996), *Primary care: America's health in a new era*, Committee on the Future of Primary Care Services, Division of Health Care Services, Institute of Medicine.

^{iv} OMB guidance on aggregation and allocation of data on race can be retrieved from:
http://www.whitehouse.gov/omb/bulletins_b00-02

^vSection 1707 of the PHS Act

^{vi}Retrieved from the HRSA, Office of Rural Health Policy:
http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html

^{vii}Section 799B(10) of the PHS Act

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:
<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.