

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

Bureau of Health Professions  
Division of Public Health and Interdisciplinary Education

***Preventive Medicine and Public Health Training Grant Program***

**Announcement Type:** New and Competing Continuation

**Announcement Number:** HRSA-13-174

**Catalog of Federal Domestic Assistance (CFDA) No. 93.117**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

***Modified on 09/26 to: extend deadline to 11/28, add a new technical assistance call, clarify funding amounts and restrictions, and clarify accreditation information requested.***

***Modified on 11/14 to include lobbying certification information in Section IV.2.vii.***

**Application Due Date: November 28, 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: September 6, 2012**

**Issuance Date: September 6, 2012**

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Authority: Public Health Service Act, Title VII, Section 768, 42 U.S.C. 295c, as amended by Section 10501(m)(1) of the Patient Protection and Affordable Care Act (Pub. L. 111-138).

## Executive Summary

The Preventive Medicine and Public Health Training Grant Program is authorized by Title VII, Section 768 of the Public Health Service (PHS) Act, 42 U.S.C. 295c, as amended by Section 10501(m)(1) of the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148). The section authorizes the Secretary of the Department of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the Centers for Disease Control and Prevention, to award grants or enter into contracts with eligible entities to provide training to graduate medical residents in preventive medicine specialties. This funding opportunity announcement solicits applications for the Preventive Medicine and Public Health Training Grant Program. The purpose of the program is to increase the number of preventive medicine physicians and promote greater access to population-based healthcare. Consistent with that goal, grant funds may be used to plan, develop (including the development of curricula), operate or participate in an accredited residency or internship program in preventive medicine and public health; defray the costs of practicum experiences, as required in such a program; and establish, maintain, or improve academic administrative units in preventive medicine and public health or programs that improve clinical teaching in preventive medicine and public health.

Preventive medicine is one of twenty-four medical specialties recognized by the American Board of Medical Specialties. Preventive medicine physicians are uniquely trained in both clinical medicine and public health. Within the specialty, physicians may be certified in three areas: aerospace medicine, occupational medicine, and public health and general preventive medicine. Entities eligible to apply for this grant program are (a) an accredited school of public health or school of medicine or osteopathic medicine; (b) an accredited public or private nonprofit hospital; (c) a State, local or tribal health department; or (d) a consortium of two or more eligible entities as described in items a, b, or c. Preventive medicine residency programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Public Health Programs must be accredited by the Council on Education for Public Health (CEPH).

The funding may be used to support resident costs, infrastructure and faculty development activities. At least 75 percent of the total funds requested, including indirect costs, must be used for trainee support, such as tuition for the master's degree in public health or other master's degree related to the preventive medicine specialty, fees, travel, and stipends (reasonable living expenses). Trainee support may be up to \$75,000 per trainee per year of training for a maximum of 24 months, which includes the academic year and the practicum year. For the five year project period, different cohorts of residents will be funded for a 24 month period. Examples of trainee costs that can be supported include tuition for the master's degree in public health or other master's degree related to the preventive medicine specialty, fees, travel to professional meeting, and stipends for reasonable living expenses. Examples of faculty development activities that may be supported include the participation of the project director and/or key faculty in professional development opportunities. New residency programs, without accreditation status, can request up to \$150,000 for the first year of the grant to plan and develop a residency program. New programs must provide proof of their accreditation status by the end of the first year of support in order to continue to receive grant funds and to receive support for trainee costs.

Applicants can propose innovations or enhancements to existing curriculum in areas such as collaborations with state and local health departments, community health centers and community hospitals. Applicants can also address learning activities that integrate population health with primary health care, as well as propose activities that leverage learning opportunities on policy development, public health information technology, and quality; and enhancement of prevention research.

Approximately \$3,800,000 is expected to be available annually to fund an estimated nine grantees for a five year project period beginning July 1, 2013 and ending June 30, 2018. Funding beyond the first year is dependent on the availability of appropriated funds for the Preventive Medicine and Public Health Training Grant Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

Two technical assistance calls will be offered for potential applicants.

**Technical Assistance Call Information**

Preventive Medicine and Public Health Training Grant Program

October 3, 2012

Time: 2:00 PM ET

Toll Free Number: 888-913-9967

Participant Code: 3538402

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/pmr2013/>

Preventive Medicine and Public Health Training Grant Program

October 16, 2012

Time: 2:00 PM ET

Toll Free Number: 888-946-7211

Participant Code: 1679415

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/pmr2013/>

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## I. FUNDING OPPORTUNITY DESCRIPTION

### 1. Purpose

The Preventive Medicine and Public Health Training Grant Program is authorized by Title VII, section 768 of the Public Health Service (PHS) Act, 42 U.S.C. 295c, as amended by Section 10501(m)(1) of ACA. This announcement solicits applications for the Preventive Medicine and Public Health Training Grant Program. The statute authorizes the *Preventive Medicine and Public Health Training Grant Program* to provide funding to:

1. Plan, develop (including the development of curricula), operate, or participate in an accredited residency or internship program in preventive medicine or public health;
2. Defray the costs of practicum experiences, as required in such a program; and
3. Establish, maintain, or improve academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine and public health or programs that improve clinical teaching in preventive medicine and public health.

The major emphasis of the Preventive Medicine and Public Health Training Grant Program is to increase the number of preventive medicine physicians and promote greater access to population-based healthcare. The funding may be used to support resident costs, infrastructure and faculty development activities. At least 75 percent of the total funds requested, including indirect costs, must be used for trainee support, such as tuition for the master's degree in public health or other master's degree related to the preventive medicine specialty, fees, travel, and stipends (reasonable living expenses). Trainee support may be up to \$75,000 per trainee per year of training for a maximum of 24 months, which includes the academic year and the practicum year. For the five year project period, different cohorts of residents will be funded for a 24 month period. Examples of faculty development activities that may be supported include the participation of the project director and/or key faculty in professional development opportunities. New residency programs, without accreditation status, can request up to \$150,000 for the first year of the grant to plan and develop a residency program. New programs must provide proof of their accreditation status by the end of the first year of support in order to continue to receive grant funds and to receive support for trainee costs.

Examples of activities that applicants may propose include innovations or enhancements to existing curriculum in areas such as collaborations with state and local health departments, community health centers and community hospitals. Applicants can also address learning activities that integrate population health with primary health care, as well as propose activities that leverage learning opportunities on the knowledge of policy development, public health information technology, and quality; and enhancement of prevention research.

This program allows the Secretary of the Department of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Services Administration (HRSA), and in consultation with the Director of the Centers for Disease Control and Prevention (CDC), to award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties.<sup>1</sup>

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<sup>1</sup> Section 768, Title VII of the Public Health Service (PHS) Act [42U.S.C. 295], as amended by Section 1051(m)(1) of the Affordable Care Act (ACA).

## 2. Background

Preventive medicine is one of twenty-four medical specialties recognized by the American Board of Medical Specialties. Preventive medicine physicians are uniquely trained in both clinical medicine and public health. Within the specialty, physicians may be certified in three areas: aerospace medicine, occupational medicine, and public health and preventive medicine. The American Board of Preventive Medicine (ABPM) provides definitions for each sub-specialty. It defines aerospace medicine as a specialty that focuses on the clinical care, research, and operational support of the health, safety, and performance of crewmembers and passengers of air and space vehicles, together with support personnel that assist operation of such vehicles. Occupational medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological and social environments of the workplace; and the health outcomes of environmental exposures. It defines the specialty of Public Health and General Preventive Medicine (PH/GPM) as the field that focuses on promoting health, preventing disease, and managing the health of communities and defined populations. The PH/GPM physicians combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice. Since 1949, the ABPM has issued 10,505 specialty certificates to preventive medicine specialists.<sup>2</sup>

Effective July 1, 2011, the Accreditation Council on Graduate Medical Education (ACGME) instituted new guidelines for the accreditation of preventive medicine residency programs that require accredited programs to provide an increase in the number of clinical training hours to residents. Aerospace Medicine programs and Occupational Medicine programs must provide a minimum of four months of direct patient care experiences during each year of the program. Public Health and General Preventive Medicine programs must have a minimum of two months of direct patient care experiences during each year of the program.

Nearly three decades ago, HRSA began administering grants to support training of preventive medicine physicians through the Public Health Traineeships for Students in Schools of Public Health and in Other Graduate Public Health Programs. The PMR Program was initially authorized under section 793 of the Public Health Service (PHS) Act, as amended by the Omnibus Reconciliation Act of 1981 (Pub. L. 97-35), enacted August 13, 1981. Section 793 of the PHS Act, Training in Preventive Medicine, provided authority to the HHS Secretary to make grants to and enter into contracts with schools of medicine, osteopathic medicine, and public health to meet the costs to plan and develop new residency training programs. The statute also provided the authority to maintain or improve existing training programs in preventive medicine and provide financial assistance to residents enrolled in such programs. In 2010, ACA amended the PHS Act and reauthorized the program as the *Preventive Medicine and Public Health Training Grant Program*.

HRSA is encouraging collaborative activities to improve the integration of primary care and public health and to retool the workforce so that there are innovative ways to improve population and community health as recommended in the Institute of Medicine (IOM), *Primary Care and Public Health: Exploring Integration to Improve Population Health* (2012). HRSA seeks innovative approaches from the preventive medicine residency programs to engage with primary care programs, and other national, state, local and Federal programs to contribute to the

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<sup>2</sup> American Board of Medical Specialties website: <https://www.theabpm.org/statistics.cfm>. Accessed May 10, 2012.

integration of primary care and public health and address the social determinants of health as a means of population health improvement. Multiple opportunities to accomplish these partnerships in training may be proposed, such as increased strategic field placements for preventive medicine residents in state and local health departments and in primary care services.

The National Prevention Strategy (<http://www.healthcare.gov/prevention/nphpphc/>) focuses on healthy communities, clinical and community preventive services, empowered people, and the elimination of health disparities, and aligns closely with the principles for integration, again serving as a catalyst to promote integration. Applicants are encouraged to integrate these principles into didactic and experiential learning. The 2012 IOM report recommends that all possible linkages should be developed between HRSA's funded preventive medicine residency programs and the primary care programs to promote population health.<sup>3</sup>

## **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 2013-2017, from July 1, 2013 through June 30, 2018. Approximately \$3,800,000 is expected to be available annually to fund nine grantees. Applicants may apply for a range of funding between \$100,000 and \$600,000. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Preventive Medicine and Public Health Training Grant Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Entities eligible to apply for this grant program are (a) an accredited school of public health or school of medicine or osteopathic medicine; (b) an accredited public or private nonprofit hospital; (c) a State, local or tribal health department; or (d) a consortium of two or more eligible entities as described in items a, b, or c. Preventive medicine residency programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Graduate programs in public health must be accredited by the Council on Education for Public Health (CEPH).

Programs that have not obtained accreditation status from the ACGME or the AOA at the time of application must provide documentation in their applications that the institutions have started the

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<sup>3</sup> Institute of Medicine, (2011) *Primary Care and Public Health: Exploring Integration to Improve Population Health*. The National Academies Press, Washington, DC.

process of applying for accreditation. This documentation should include a copy of the letter from the appropriate accrediting body that the application has been submitted by the grant applicant. An official letter from the appropriate accrediting body must be submitted to HRSA to document the approved accreditation status of the program with the beginning and ending dates. Receipt of appropriate documentation is required prior to the start date of the award for continued funding after the first year of support. A term on the notice of award will stipulate the need for ongoing monitoring until the accreditation is obtained. The applicant must provide the decision on accreditation within the first year of the project period.

Accreditation documentation must be submitted as Attachment 6.

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

Cost sharing or matching is not required for this program.

## **3. Other**

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

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

NOTE: Multiple applications from an organization are not allowable. Eligible organizations may request support, within the same application, for more than one of the eligible specialty areas of aerospace, occupational, and general preventive medicine if the need is from different administrative units within the one organization. One application should be submitted per organization.

## **Maintenance of Effort**

The awardee must agree to maintain non-Federal funding for activities described in the application at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the grant or cooperative agreement. Section 797(b) of the Public Health Service Act describes the Maintenance of Effort provision.

## **Eligible Trainees**

Each trainee receiving stipend support must: (a) be a citizen of the United States, a non-citizen U.S. national, or a foreign national having in his or her possession a visa permitting permanent residence in the United States; (b) be a physician who has graduated from an accredited school of medicine or osteopathic medicine in the United States; or if a graduate from a foreign school, must meet the criteria of the Educational Commission for Foreign Medical Graduates, for entry into the program supported by this grant; and (c) plan to complete the grant-supported program and engage in the practice and/or teaching of preventive medicine and public health, especially in positions which meet the needs of medically underserved populations. Individuals interested in participating in this program must apply directly to the residency training program.

## 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. The 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 an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is 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 the submission along with a copy of the "Rejected with Errors" notification as 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.

#### **IMPORTANT NOTICE: CCR moved to SAM** **Effective July 30, 2012**

The Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) on July 30, 2012.

For any registrations in process during the transition period, the data that has been submitted to CCR will be migrated to SAM.

If a record was scheduled to expire between July 16, 2012 and October 15, 2012, CCR is extending the expiration date by 90 days. The registrant received an e-mail notification from CCR when the expiration date was extended. The registrant then will receive standard e-mail reminders to update their record based on the new expiration date. Those future e-mail notifications will come from SAM.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

**Active SAM registration is a pre-requisite to the successful submission of grant applications!**

Items to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about SAM, please visit <https://www.sam.gov>.

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees

([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, ***check for active registration well before the application deadline.***

Applicants that fail to allow ample time to complete registration with SAM 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](mailto:HRSADSO@hrsa.gov)

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany 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 are NOT included in the page limit. **HRSA strongly urges applicants to print their 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 the application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make the 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.	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	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		document with all additional site location(s).	
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.
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. If necessary provide table of contents specific to this document only as the first page. Table of contents is not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Required. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. 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.
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.	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.	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 - K form, Box K. Only one consolidated budget justification for the	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.

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

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
  - 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
  - 🔔 Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that a table of contents cover page is included 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.) Attachments will be rejected by Grants.gov if they include special characters or attachment names greater than 50 characters.

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment 1	Tables, Charts, etc. Counted in the page limit.
Attachment 2	Staffing Plan and Job Descriptions for Key Personnel. Counted in the page limit.
Attachment 3	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts. Counted in the page limit.
Attachment 4	Project Organizational Chart. Counted in the page limit.
Attachment 5	Maintenance of Effort Documentation. Counted in the page limit.
Attachment 6	Accreditation Documentation. Counted in the page limit.
Attachment 7	Summary Progress Report, if applicable (for Competing Continuation applications only). Counted in the page limit.
Attachment 8	Institutional Diversity Statement (Required). Counted in the page limit.
Attachments 9-15	Attachments 9 –15: Other Relevant Documents not requested elsewhere. If needed, attach Explanation of Debt Delinquency here.

## **Application Format**

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

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.117.

### **DUNS Number**

All applicant organizations (and sub recipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM 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 the applicant organization’s SAM registration is active and the Marketing Partner ID (MPIN) is current. Information about registering with SAM can be found at <http://www.sam.gov>. Please see Section IV of this funding opportunity announcement for SAM registration requirements.

### **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. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. Repeat this instruction to complete Budget Periods 3, 4 and 5.

The Cumulative Budget is automatically generated and provides the total budget information for the five-year grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, 3, 4 or 5; corrections cannot be made to the Cumulative Budget itself.

Funding may be used to support resident costs, infrastructure and faculty development activities. At least 75 percent of the total funds requested, including indirect costs, must be used for trainee support, such as tuition for the master’s degree in public health or other master’s degree related to the preventive medicine specialty, fees, travel, and stipends (reasonable living expenses). Trainee support may be up to \$75,000 per trainee per year of training for a maximum of 24 months, which includes the academic year and the practicum year. For the five year project period, different cohorts of residents will be funded for a 24 month period. Examples of trainee costs that can be supported include tuition for the master’s degree in public health or other master’s degree related to the preventive medicine specialty, fees, travel to professional meeting, and stipends for reasonable living expenses. Examples of faculty development activities that may be supported include the participation of the project director and/or key faculty in professional development opportunities. New residency programs, without accreditation status, can request up to \$150,000 for the first year of the grant to plan and develop a residency program. New programs must provide proof of their accreditation status by the end of the first year of support in order to continue to receive grant funds and to receive support for trainee costs.

**Salary Limitation:**

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

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25 percent (\$87,500) and that individual is devoting 50 percent of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25 percent (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50 percent of time will be devoted to project	
Direct salary	\$175,000
Fringe (25 percent of salary)	\$43,750
Total	\$218,750

<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b>	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50 percent of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25 percent of salary)	\$22,462.50
Total amount	\$112,312.50

**iv. Budget Justification**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the Research and Related budget form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

**Budget for Multi-Year Award**

This announcement is inviting applications for project periods up to five years (5). Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to five years (5). Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

**Caps on expenses: all caps/statutory limitations regarding administrative expense must be followed if applicable to your program.**

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.

Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$ 8,250

\*Actual annual salary = \$350,000

*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. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

*Travel:* List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Enter the amount for staff travel that is essential to conduct the proposed project. Describe the purpose of the travel and provide number of trips involved, the destinations, and the number of individuals for whom funds are requested.

*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, and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately. Pharmaceutical supplies are not an allowable cost under this grant.

*Contractual:* Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR (or SAM starting July 30, 2012 - See Section IV of this document for more SAM details) and provide the recipient with their DUNS number. For consultant costs, provide the name and institutional affiliation of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

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

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

**Data Collection Activities:** Funds may be requested to support appropriate and justifiable costs directly related to meeting data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category.

*Trainee Costs:* At least 75 percent of the total funds requested, including indirect costs, must be used for trainee support. Total costs allowable per trainee, including stipends, tuition and fees, and travel should not exceed \$75,000 per year per trainee for a maximum of 24 months or two (2) full-time equivalent years of training (including academic training) other than the clinical year. The cost of tuition, fees, resident travel, insurance and stipends should not exceed \$75,000 per resident.

*Stipends:* Enter 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 ("GI Bill"). Loans from Federal funds are not considered Federal awards.

Trainee support charged to grant funds must be for training within the budget period indicated on the Notice of Award.

Requests for stipend support must fully document that: (a) alternative sources of financial support for such stipends are not available, and (b) grant funds would not be used to supplant other available funds. Each trainee receiving stipend support must: (a) be a citizen of the United States, a non-citizen U.S. national, or a foreign national having in his or her possession a visa permitting permanent residence in the United States; (b) be a physician who has graduated from an accredited school of medicine or osteopathic medicine in the United States; or if a graduate from a foreign school, meet the criteria of the Educational Commission for Foreign Medical Graduates, for entry into the program supported by this grant; and (c) plan to complete the grant-supported program and engage in the practice and/or teaching of preventive medicine/public health, especially in positions which meet the needs of medically underserved populations.

*Tuition and Fees* - Enter the tuition and fees requested as part of the resident allowance. Explain in detail the composition of this item. Tuition and fees required of all residents

in the program may be requested as part of the \$75,000 allowance per resident per year. Health and dental insurance should be requested under tuition and fees. Do not enter this cost twice.

*Trainee Travel* - Enter the amount requested for trainee travel necessary to the training experience. This cost is to be included in the \$75,000 per resident per year. Describe the purpose of the travel and provide the number of trips involved, the travel allowance used, the destinations, and the number of individuals for whom funds are requested. Do not enter this cost twice. (Include this cost in the resident stipend line item and not in the trainee travel line item)

The cost of a trainee's initial travel from his or her residence to the training program is not allowable except in cases of extreme need or hardship. Upon justification in such cases, a travel allowance may be authorized at the level consistent with the institution's formal travel policy or at the applicable Government mileage rate, whichever is less. Such authorization must be requested in advance and written authorization must be received from the Grants Management Officer, Division of Grants Management Operations.

Resident travel to a training site distant from the school may be charged to the grant if such travel is a necessary and integral part of the training provided through the project.

Daily commuting costs and costs of routine local travel are not allowable.

*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. The indirect cost rate agreement will not count toward the page limit.

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation. 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.

**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.

**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.

The signature of the AOR on the application serves as the required certification of compliance for the applicant organization for the following:

**Lobbying**

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the applicant must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

Recipients of HRSA awards shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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 document 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, the population group(s) to be served, the projected number of residents to be enrolled and number of residents projected to complete the graduate medical education program during the project period.

Specific items for inclusion are:

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

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
- Proposed Trainees, by year and specialty

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 project. 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 consistent with the legislative purpose. Include the accreditation documentation (accreditation letter, certificate, or letter of provisional accreditation) as Attachment 6.

- ***NEEDS ASSESSMENT***

This section outlines the needs of the community and/or organization. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project. In addition to the above, address the following:

- Document the national, regional or local need for preventive medicine physicians using demographic data, morbidity and mortality data, data on socio-cultural determinants of health and health disparities, and associated factors contributing to this need and provide supporting references;
- Describe unmet health needs of the population to be served and proposed interventions as they relate to the Healthy People 2020 Objectives, and the National Prevention Strategy;
- Include documentation of the need for integration between public health and primary care at the local, State, and national levels.
- Describe the workforce training needs of preventive medicine physicians, and identify methods/strategies to address these needs; and
- Describe successful ways to increase the number of preventive medicine physicians.

- ***METHODOLOGY AND WORK PLAN***

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.

Describe the activities or steps that will be used to achieve each of the activities. 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. Collaborative efforts may include interface with the local health departments, community health centers, and community hospitals.

- Provide project objectives that are specific, measureable, achievable, realistic and time bound;
- Describe specific activities to carry out each objective for each year of the five year project period. Trainee costs include tuition for the master's degree related to the

- specialty, fees, and stipends (living allowance). Trainee support is for 24 months of postgraduate training, specifically for the academic year and the practicum year;
- Describe faculty development activities associated with participation in national, regional and local professional meetings with the purpose of disseminating scholarly work in the areas needed to carry out the purposes of the project;
  - Provide a description of how the curriculum and other project activities address attention to education of diverse residents and application of principles of cultural and linguistic competence and the relevant health disparities for the populations served;
  - Describe the curriculum for the residency program, the number of positions for which the program is accredited and/or approved, the most recent number of unfilled residency positions, and the rationale for the vacant positions;
  - Provide projected enrollment for new and continuing preventive medicine residents for each year of the five year project period;
  - Describe any proposed or current initiatives that contribute to integrating public health and primary care and addressing the social determinants of health at the local, state, and/or national levels;
  - Describe any other innovations that are planned to strengthen the PMR program including collaboration with other prevention research efforts;
  - Describe any proposed innovations to address primary care and preventive medicine, such as collaboration with community hospitals in conducting community benefit assessments, with academic health department learning communities, and with public health technology and quality initiatives;
  - Describe rotations with governmental public health agencies and other public health practice partners;
  - Describe collaboration with other HRSA and/or other Federally-funded programs to emphasize the leveraging of Federal resources;
  - Describe plans for increasing diversity and for preparation of faculty and residents in culturally and linguistically competent services;
  - Describe plans for sustaining the program after Federal funding; and
  - Describe a plan for dissemination and provide adequate detail to enable replication.
- ***RESOLUTION OF CHALLENGES***  
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.
  - ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***  
Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.
    - Provide a description of how data required for the BHP<sub>r</sub> Performance Measures on enrollees, completers, diversity, quality, practice location of completers and capacity building will be collected; evaluation questions; the methods for collection; and the

- manner in which data will be analyzed and reported;
  - Provide a plan for how your organization will track and report on individual trainee-level data and the field experiences of trainees. The plan should also address the collection of longitudinal follow-up data (e.g. graduates' employment level, employment setting).
  - Provide a description of how the residents will be tracked including where they practice following completion of their residency program to enable systematic collection of data needed for the BHP<sub>r</sub> performance reports;
  - Provide a plan for formative and summative educational program evaluation;
  - Provide indicators, and evaluation measures for each objective; and
  - Provide a plan for assessing the degree to which the project outcomes (including number of preventive medicine residents progressing through the program and completing the program) contribute to meeting the legislative purposes of the preventive medicine program.
  
- ***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.

Explain the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Highlight 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. For competing continuation applications, past performance will also be considered in assessing the quality of the application.

- Discuss the qualifications of faculty available or planned to implement and carry out the project and fulfill the needs and requirements of the proposed project;
- Describe the institutional commitment to diversity and cultural and linguistic competence;
- Describe the program's academic and practice linkages with the governmental public health agencies and collaboration with the primary health care system;
- Describe experience with field placement sites in governmental organizations and other public health entities for leadership development in public health;
- Discuss the interprofessional learning activities and faculty in academic offerings and rotations; and
- For competing continuations, discuss past performance.

**x. *Attachments***

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project

narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Tables, Charts, etc.*

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

*Attachment 2: 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.

In the event that a biographical sketch is included for an identified individual who has accepted a position but has not yet started working, please include a letter of commitment from that person sketch here.

*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. 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 align="center"><b>FY 2012 (Actual)</b></p> <p>Actual FY 2012 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 align="center"><b>FY 2013 (Estimated)</b></p> <p>Estimated FY 2013 non-federal funds, including in-kind, designated for activities proposed in this application</p> <p>Amount: \$ _____</p>

*Attachment 6: Accreditation Documentation-* Preventive medicine residency programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Graduate programs in public health must be accredited by the Council on Education for Public Health (CEPH). Programs that have not obtained accreditation status from the ACGME or the AOA at the time of application must provide documentation in their applications that the institutions have started the process of applying for accreditation. This documentation should include a copy of the letter from the appropriate accrediting body that the application has been submitted by the grant applicant.

*Attachment 7: Summary Progress Report (Not to exceed 3 pages)*

**ACCOMPLISHMENT SUMMARY (for Competing Continuations Only)**

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 5: Resources/Capabilities.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to each of the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary

modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.

- (3) **Results**- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

*Attachment 8 – Institution Diversity Statement*

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

*Attachments 9 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including explanation of debt delinquency and letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page. If needed, attach Explanation of Debt Delinquency in this attachment.

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *November 28, 2012 at 11:59 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by the organization's Authorized Organization Representative (AOR) through Grants.gov and 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 to document the progress of an application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

**Late applications:**

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

**4. Intergovernmental Review**

The Preventive Medicine and Public Health Training Grant Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

**5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to five (5) years. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- International training and travel.
- Construction or direct health care delivery.
- Specialty board certification exam fees.
- Pharmaceutical supplies are not an allowable cost under this grant.

At least 75 percent of the total funds requested, including indirect costs, must be used for trainee support, such as tuition for the master's degree in public health or other master's degree related to the preventive medicine specialty, fees, travel, and stipends (reasonable living expenses). Trainee support may be up to \$75,000 per trainee per year of training for a maximum of 24 months, which includes the academic year and the practicum year.

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

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

support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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

## 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 applicants 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 organizations **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. Applicants that do not complete the registration process 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 to complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR) (or System for Award Management (SAM) starting July 30, 2012. See Section IV of this document for more SAM details.)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR (or SAM – starting July 30, 2012) "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

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

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, an organization is urged to submit an application in advance of the deadline. If an application is rejected by Grants.gov due to errors, it must be corrected and resubmitted 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 Grants.gov application due date as the final and only acceptable application.**

**Tracking an 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 an application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure the 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, outlined below with specific detail and scoring points.

Review criteria are used to review and rank applications.

The *Preventive Medicine and Public Health Training Grant Program* has six review criteria:

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

The extent to which the application documents the problem and associated contributing factors to the problem. Reviewers will assess the overall importance and quality of the proposal, and the extent to which the application:

- Provides a purpose that is consistent with the legislation;

- Outlines the needs of the community and/or organization.
- Describes the target population and its unmet health needs including socio-cultural determinants of health and health disparities impacting the population;
- Documents the national, regional or local need for preventive medicine physicians, using demographic data, morbidity and mortality data, data on socio-cultural determinants of health and health disparities, and associated factors contributing to this need and provide supporting references;
- Describes the workforce training needs of preventive medicine physicians, and identifies methods/strategies to address these needs;
- Describes data from recent needs assessments about unmet health needs and proposed intervention strategies (include connection to the Healthy People 2020 Objectives for the Nation, and the National Prevention Strategy if relevant);
- Describes successful ways to increase the number of preventive medicine physicians; and
- Includes documentation of the need for integration between public health and primary care at the local, State, and national levels.

***Criterion 2: RESPONSE (35 points)***

The extent to which the proposed project responds to the “Purpose” included in the program description and the strength of the proposed goals and objectives and their relationship to the identified project.

Reviewers will assess the extent to which the application:

- Describes objectives that are specific, measureable, achievable, realistic and time bound;
- Describes how the activities are capable of addressing the needs and the gaps, and attaining the project objectives to enhance and expand the preventive medicine workforce, practice and education;
- Indicates a time line that is reasonable and includes each activity and identifies responsible staff;
- Outlines planning and development of a new preventive medicine program including the required documentation and timelines regarding progress towards accreditation and expected date of program accreditation;
- Describes the residency program, including the number of positions for which the program is accredited and/or approved, most recent number of unfilled residency positions, and an explanation for vacant or unfilled positions;
- Identify the number of residents who will be awarded HRSA stipends;
- Provides projected enrollment for new and continuing preventive medicine residents for each year of the five year project period;
- Describes any proposed innovations to address primary care and preventive medicine, such as collaboration with community hospitals in conducting community benefit assessments, with academic health department learning communities; and with public health technology and quality initiatives;
- Describes collaboration with other Federally-funded programs (e.g. HRSA, CDC) to emphasize the leveraging of Federal Resources;

- Describes any other innovations that are planned to strengthen the PMR program including collaboration with other prevention research efforts;
- Describes faculty development activities associated with participation in national, regional and local professional meetings with the purpose of disseminating scholarly work in the areas needed to carry out the purposes of the project;
- Provides a description of how the curriculum and other project activities address attention to education of diverse residents;
- Describes plans for increasing diversity and for preparation of faculty and residents in culturally, and linguistically competent services;
- Identifies 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;
- Describes any proposed or current initiatives that contribute to integrating public health and primary care and addressing the social determinants of health at the local, state, and/or national levels;
- Describes rotations with governmental public health agencies and other public health practice partners; and
- Identifies challenges or barriers in implementation of the proposed activities in the Work Plan and describes the strategy to address and resolve the challenges.

***Criterion 3: EVALUATIVE MEASURES (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: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- The quality of the evaluation plan and description of how data required for the BHPr Performance Measures on enrollees, completers, diversity, quality, practice location of completers and capacity building will be collected; evaluation questions; the methods for collection; and the manner in which data will be analyzed and reported;
- The data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery;
- A plan for assessing the degree to which the project outcomes (including number of preventive medicine residents progressing through the program and completing the program) contribute to meeting the legislative purposes of the preventive medicine program;
- Indicators, qualitative and quantitative evaluation measures for each objective;
- A description of how residents will be tracked and where they practice after they complete their residency program to enable systematic collection of data needed for the BHPr Performance Reports; and
- Plan for formative and summative evaluation.
- Plan for tracking and reporting on individual trainee-level data and the field experiences of trainees.

**Criterion 4: IMPACT (15 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 plan for dissemination is feasible and effective;
- The proposed project is replicable; and
- The applicant has described a plan for sustainability.

**Criterion 5: RESOURCES/CAPABILITIES (15 points)**

The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. 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. The extent to which the applicant:

- Describes the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations;
- Provides information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services;
- Describes the institutional commitment to diversity and cultural and linguistic competence;
- Describes the program's academic and practice linkages with the governmental public health agencies and collaboration with the primary health care system;
- Describes experience with field placement sites in governmental organizations and other public health entities for leadership development in public health;
- Discusses the interprofessional learning activities and faculty in academic offerings and rotations; and
- For competing continuations, discuss past performance.

**Criterion 6: SUPPORT REQUESTED (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 and education activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The extent to which the budget justification provides line item documentation to support the need for the allocation and is tied to meeting the 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.

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

It is anticipated that awards will be announced prior to the start date of July 1, 2013.

## **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 (NoA) sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2013.

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

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

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes 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 NoA).

### **Non-Discrimination Requirements**

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>.

### **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 incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers

in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Diversity**

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

All health professions programs should aspire to --

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

### **Healthy People 2020**

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

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

The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of people who become infected with HIV; (2) increasing access to care and optimizing health outcomes for people living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and

reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

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

### **Health IT**

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

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

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

### **3. Reporting**

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

#### **a. Audit Requirements**

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

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

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

#### **c. Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule:

<http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.

2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. 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 NoA.

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>.

4) **Tangible Personal Property Report**. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of \$5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the NoA.

**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 sub award of \$25,000 or more in Federal funds and executive total compensation for the recipient's and sub recipient'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 NoA.

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Ms. Latisha Harris  
Attn.: Preventive Medicine and Public Health Training Grant Program  
HRSA Division of Grants Management Operations, OFAM  
Health Professions Branch  
DHHS/HRSA/OFAM/HPB  
5600 Fishers Lane, Room 11A-40  
Rockville, MD 20857  
Email: [Lharris@hrsa.gov](mailto:Lharris@hrsa.gov)  
Telephone: 301-443-1582  
Fax: 301-443-6343

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

CAPT Norma J. Hatot  
Acting Chief, Public Health Branch  
Bureau of Health Professions, HRSA  
Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857  
Email: [Nhatot@hrsa.gov](mailto:Nhatot@hrsa.gov)  
Telephone: (301) 443-2681 or 6950  
Fax: (301) 443-0157

Ms. Elsie Quinones  
Public Health Branch  
Bureau of Health Professions, HRSA  
Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857  
Email: [equinones@hrsa.gov](mailto:equinones@hrsa.gov)  
Telephone: (301) 443-5244

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)

iPortal: <http://grants.gov/iportal>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
E-mail: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

## **VIII. Other Information**

### **Technical Assistance Call Information**

Preventive Medicine and Public Health Training Grant Program

October 3, 2012

Time: 2:00 PM ET

Toll Free Number: 888-913-9967

Participant Code: 3538402

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/pmr2013/>

Preventive Medicine and Public Health Training Grant Program

October 16, 2012

Time: 2:00 PM ET

Toll Free Number: 888-946-7211

Participant Code: 1679415

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/pmr2013/>

### **Definitions**

Attrition is defined as the reduction in a school's student population as a result of transfers or dropouts. Attrition refers to the number of trainees who permanently left the program before completing the training year. Attrition can also refer to the number of faculty who permanently left the program.

Clinical training is the patient-care component of health professions education, including but not limited to clinical rotations, preceptorships, and clerkships. For purposes of BHP reporting, include hands-on field training with patient encounters (not didactic or observations).

Community-Based Setting/Health Facilities are entities that provide delivery of health services in a community and may include a community hospital, community or public health center, outpatient medical facility, rehabilitation facility, facility for long-term care, community mental health center, migrant health center, and a facility operated by a city or county health department

that serves and supports clinical training. These facilities usually serve a catchment area that is not reasonably accessible to an adequately served area or a population with special health needs.

Completer refers to a trainee who has successfully met the didactic and/or clinical requirements of a course of study or training program designed to improve their knowledge or skills. This term differs from graduates since an official degree or diploma is not conferred. For PMR, all trainees are considered completers.

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

Curriculum is a set of courses constituting an area of specialization.

Didactic training involves traditional classroom or virtual education forums wherein trainees receive instruction from designated faculty members and/or clinicians.

Disadvantaged means an individual who (1) educationally comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professions school or (2) economically comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all health professions programs.

Examples of criteria for educationally disadvantaged are below:

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

Discipline means a field of study.

Ethnicity. As defined under section 1707 of the PHS Act, ethnicity refers to two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.”

Experiential training (i.e., learning by doing) is learning through concrete experience followed by observation and reflection, the formation of abstract concepts about the experience followed by testing what was learned in new situations.

Health professional refers to an individual who has received a certificate, an associate’s degree, a bachelor’s degree, a master’s degree, a doctorate degree, or post-baccalaureate training in a field related to health care and who shares in the responsibility for the delivery of health care or related services.

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

Health professions student refers to an individual who is pursuing a certificate, an associate’s degree, a bachelor’s degree, a master’s degree, a doctoral degree, or post-baccalaureate training in a field relating to health care and who shares in the responsibility for the delivery of health care or related services.

Integrative Medicine (IM) may be described as orienting the health care process to create a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for the achievement of optimal health throughout the life span (IOM 2009).

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.

Interprofessional/Interdisciplinary practice occurs when two or more professions collaborate in the provision of health care services, and through it each profession’s contribution to care is enhanced and quality is improved.

Medically Underserved Community (MUC) is any geographic area or population served by any of the following practice sites:

- Ambulatory practice sites designated by State Governors as serving medically underserved communities.
- Community health centers (PHS Act section 330)
- Federally qualified health centers (section 1905(1)(2)(B) of the Social Security Act)
- Health Care for the Homeless grantees (PHS Act section 330)
- Indian Health Services sites (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for IHS operated sites)
- Migrant health centers (PHS Act section 330)

- Primary medical care, mental health, and dental health professional shortage areas (federally designated under PHS Act section 332)
- Public housing primary care grantees (PHS Act section 330)
- Rural health clinics, federally designated (section 1861(aa)(2) of the Social Security Act)
- State or local health departments (regardless of sponsor; for example, local health departments that are funded by the State would qualify)

Note: Information on CHCs, MHCs, Health Care for the Homeless grantees, Public Housing Primary Care grantees, National Health Service Corps' sites, and HPSAs is available on the BHPr Web sites: [www.hrsa.gov](http://www.hrsa.gov); <http://bphc.hrsa.gov/>; <http://bphc.hrsa.gov/about/specialpopulations/>; <http://nhsc.hrsa.gov/>; and/or <http://bhpr.hrsa.gov/shortage/>.

Medically underserved populations (MUP) may include groups of persons who face economic, cultural, or linguistic barriers to health care. More information about MUPs can be found on the BHPr Web site: <http://bhpr.hrsa.gov/shortage/>.

Population Health has been defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” It is an approach to health that aims to improve the health of an entire population. One major step in achieving this aim is to reduce health inequities among population groups. Population health seeks to step beyond the individual-level focus of mainstream medicine and public health by addressing a broad range of factors that impact health on a population-level, such as environment, social structure, resource distribution.

Practicum training refers practical experiences (not didactic or clinical) that are hands-on field training without clinical patient encounters, such as shadowing and observations.

Preventive Medicine Disciplines includes three specialty areas:

1. Aerospace Medicine focuses on the clinical care, research, and operational support of the health, safety, and performance of crewmembers and passengers of air and space vehicles, together with support personnel that assist operation of such vehicles.
2. Occupational Medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological and social environments of the workplace; and the health outcomes of environmental exposures.
3. Public Health and General Preventive Medicine (PH/GPM) focuses on promoting health, preventing disease, and managing the health of communities and defined populations. The PH/GPM physicians combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice

Primary Care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. 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.

Publications refer to articles, reports, or other documents based on HRSA-supported data and published information.

Public health is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.

Race according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White. The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African-American.”
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Racial and Ethnic Minority Group means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

Minority/Minorities refer to individual(s) from a racial and ethnic minority group.

Underrepresented Minority/Minorities, with respect to a health profession, means racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. This includes Blacks or African-Americans, American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Asian Indian, or Thai).

Research training involves the supervision of trainees in conducting research in clinical or academic environments. Such training may involve literature reviews, development of data collection protocols, data collection, data analysis, results interpretation, or the dissemination of research findings.

Residency is a program accredited to provide a structured educational experience designed to conform to the program requirements of a particular specialty.

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

For more information on Metro areas, see:

<http://www.census.gov/population/metro/>

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/>

Trainee is a person receiving training or education in a vocation, occupation or profession. Enrollees, Program Completers and Graduates are subsets of trainees.

Underserved area/population includes:

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

Rural health clinic (RHC) is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement. RHCs are required to be staffed by a team that includes one mid-level provider, such as a nurse practitioner (NP), physician assistant (PA), or certified nurse midwife (CNM), that must be on-site to see patients at least 50 percent of the time the clinic is open and a physician (MD or DO) to supervise the mid-level practitioner in a manner consistent with state and federal law. RHCs must be located within non-urban rural areas that have health care shortage designations.

Urban is classified by the U.S. Census Bureau as all territory, population, and housing units located within urbanized areas (UA) and urban clusters (UC), both defined using the same criteria. The U.S. Census Bureau delineates UA and UC boundaries that represent densely developed territory, encompassing residential, commercial, and other nonresidential urban land uses. In general, this territory consists of areas of high population density and urban land use resulting in a representation of the “urban footprint.”

According to the U.S. Census Bureau, an UA is:

“An area consisting of a central place(s) and adjacent territory with a general population density of at least 1,000 people per square mile of land area that together have a minimum residential population of at least 50,000 people. The U.S. Census Bureau uses published criteria to determine the qualification and boundaries of UAs” (U.S. Census Bureau Web site).

The agency goes on to further clarify this definition with the following additional information:

“...a densely settled area that has a census population of at least 50,000. A UA generally consists of a geographic core of block groups or blocks that have a population density of at least 1,000 people per square mile, and adjacent block groups and blocks with at least 500 people per square mile. A UA may consist of all or part of one or more incorporated places or census designated places, and may include area adjacent to the place(s).”

Vulnerable populations include children, older adults, adolescents, homeless individuals, victims of abuse or trauma, individuals with mental health or substance abuse disorders, individuals with HIV/AIDS, people with disabilities, college students, those recently unemployed, the chronically ill, and returning war veterans.

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

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which applicants will find relevant. The website can be accessed online at: <http://www.hrsa.gov/grants/apply/index.html>.

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>.