

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

Bureau of Health Professions  
National Center for Health Workforce Analysis

***Health Workforce Research Center (HWRC) Program***  
**Announcement Type: New**  
**Announcement Number: HRSA-13-185**

**Catalog of Federal Domestic Assistance (CFDA) No. 93.300**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2013

***Modified on 11/27 to update TA Call information.***

**Application Due Date: January 7, 2013**

***Ensure the 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: November 26, 2012**

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Authority: Section 761(c) of the Public Health Service Act, as amended by Section 5103 of the Patient Protection and Affordable Care Act.

## OVERVIEW

- **Brief Description:** Recipients of cooperative agreements will establish Health Workforce Research Centers (HWRC) which conduct and disseminate analysis of the health workforce on issues of national significance with a specific area of research concentration.
- **Type of Award:** Cooperative agreement
- **Number of Awards and Total Award Amount:** Up to four (4) HWRCs will be awarded for a total of up to \$1.2 Million per fiscal year
- **Individual Award Amount:** Individual award amount of between \$300,000 and \$500,000 per fiscal year
- **Project Period:** Four years
- **Eligibility:** to be eligible for a cooperative agreement under this program, an entity shall be a State, a State workforce investment board, a public health or health profession school, an academic health center, or a public or private nonprofit entity that has experience in analyzing health workforce data and policy issues on a regional or national scale.
- **Cost Sharing/Matching:** Not required

### Executive Summary

The Bureau of Health Professions (BHP), within the Health Resources and Services Administration (HRSA), is providing funding to appropriate applicant organizations to support the Health Workforce Research Centers (HWRCs) Cooperative Agreement Program. This program is authorized by Section 761(c) of the Public Health Service Act, as amended by Section 5103 of the Affordable Care Act (ACA).

The objective of the HWRC Program is to increase the amount of high quality, impartial, policy-relevant research on the health workforce and to assist decision-makers at the federal, state and local levels to better understand health workforce needs to ensure access to high quality, efficient health care. The HWRC Program will capitalize on the expertise of individual researchers in the field to provide a deeper understanding of critical health workforce issues and expand the scope and capacity of BHP. Research-focused HWRCs will conduct policy-oriented research on health workforce issues and synthesize the results into reports easily understood by a non-technical policy audience. For the purposes of this activity, research is defined as collecting analyzing, and reporting data. HWRCs will develop and disseminate such research products in consultation with the National Center for Health Workforce Analysis (National Center) within BHP and other decision-makers. In addition, HWRCs with a concentration in technical assistance will support states, local and regional entities, and others in the collection, analysis, and reporting of data.

The HWRC program will fund up to four (4) recipients; a maximum of one of these HWRCs may be focused on Technical Assistance (TA). The awards will be for a 4-year project period. Funding beyond the first year will be subject to the availability of appropriations, satisfactory performance of the grantee, and a determination that continued funding is in the Federal government's best interest.

Recipients will examine critical issues related to the supply, demand, distribution, and capacity of the health care workforce to ensure access to high quality, efficient health care across the nation. Research findings and technical assistance efforts will inform stakeholders and policy-makers interested in health workforce issues at national, state, and local levels, and BHPPr in its role as a trusted source of health workforce data and information for the nation.

Two types of HWRCs will be funded, Research HWRCs and a Technical Assistance (TA) HWRC.

Three (3) Research HWRCs will be funded to conduct and disseminate health services research on issues of national significance with a specific area of concentration (allied health, long-term care, behavioral health, oral health, flexible use of workers to improve care delivery and efficiency). A maximum of one (1) Research HWRC will be funded for a concentration area.

One (1) Technical Assistance HWRC will be funded to perform technical assistance projects as their primary mission, with technical assistance initiatives defined as assisting stakeholders (including states as well as local and regional workforce planning entities) in the collection, analysis, and reporting of data.

Each recipient will conduct four (4) projects each year. All recipients will also be expected to respond to up to four (4) quick turnaround requests per year (or up to 5-percent of staff time) from BHPPr.

Research HWRC recipients will propose six (6) research questions/initiatives at the beginning of each year, and BHPPr will select four (4) projects to be completed. All proposals must demonstrate a relevant policy focus on emerging and current health workforce issues or be of importance to state workforce planners. Four (4) of the six (6) studies proposed by HWRCs funded for research purposes must be within the HWRC's specific area of concentration or expert area, as agreed upon/designated upon receipt of funding. Areas of concentration must be a topic focus in which the principal investigator, deputy principal investigator, and core research staff have a substantial research background (at least five (5) previously published workforce-relevant publications among them) and applications must include evidence of this expertise.

Technical Assistance HWRC recipients will propose six (6) projects focused on technical assistance to states, local and regional planning entities at the beginning of each year. BHPPr will select four (4) projects to be completed. All proposals must show a relationship to a demonstrated state need related to health workforce planning or data development that is of importance to state workforce planners.

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# **I. Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Health Workforce Research Centers (HWRCs) Cooperative Agreement Program. This activity is funded by the Bureau of Health Professions (BHP) at the Health Resources and Services Administration (HRSA). The purpose of the HWRC Cooperative Agreement Program is to increase the amount of high quality, impartial, policy-relevant research on the health workforce available to assist decision-makers at the federal, state and local levels to better understand health workforce needs and to help ensure access to high quality, efficient health care. The HWRC Program will capitalize on the expertise of individual researchers in the field to provide a deeper understanding of critical health workforce issues while expanding the scope and capacity of BHP. Research HWRCs will conduct policy-oriented research, as defined by the collection, analysis, and reporting of data, on health workforce issues and synthesize the results into reports easily understood by a non-technical policy audience. In addition, up to one Technical Assistance HWRC will provide technical assistance (TA) to local, regional, and state-based entities including state workforce planning departments, state legislatures, labor departments, or education departments with respect to health workforce data collection, analysis, and reporting. Research HWRCs will develop and disseminate research products in consultation with BHP and other decision-makers; Technical Assistance (TA) HWRCs will implement and manage TA initiatives and produce summary reports of these efforts in consultation with BHP.

## **2. Background**

This program is authorized by Section 761(c) of the Public Health Service Act, as amended by ACA. Section 761 of the PHS Act generally provides for the development of information describing the health professions workforce and the analysis of workforce related issues. Through section 761(c) the HWRCs will assist the Bureau of Health Professions in fulfilling a critical component of statutory responsibilities by helping to develop the necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs. This section of the law also provides for technical assistance to local and regional entities for the collection, analysis and reporting of data.

The Health Resources and Services Administration's (HRSA) Bureau of Health Professions' (BHP) mission is to improve access to health care by providing national leadership in the development and distribution of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs while offering the highest quality care. The National Center, in BHP, provides critical support for this mission through quality analytic work to inform health workforce policy decisions which are based on current and projected supply and demand figures for the health care workforce.

The National Center for Health Workforce Analysis (NCHWA), a division within BHP, will also be a critical partner in the HWRC program. The NCHWA accomplishes this mission through a broad range of data collection and analysis activities. The HWRC program focuses on informing NCHWA's, BHP's, and HRSA's workforce activities and priorities. Policy-relevant research, as defined by the collection, analysis, and reporting of data, is useful because it informs decision-makers concerned with health workforce issues, and it enhances knowledge about health workforce capacity and priorities.

Research findings are useful to inform a wide audience of national, state, and local decision-makers about health workforce issues. Research findings have been instrumental in bridging gaps between policy and program needs. Technical assistance efforts, as defined by assisting local and regional entities in the collection, analysis, and reporting of data, further increase the reach of research findings by ensuring that individuals within state and local workforce planning entities can implement their own data collection and analytic efforts.

The awards provided through the HWRC Program are designed to provide support for establishment of a HWRC as an identifiable entity with a specific area of concentration. The program will support health services research projects as defined by the collection, analysis, and reporting of data and excluding clinical/biomedical research and the expenditure of funds for delivery of services.

Two types of HWRCs will be funded: research-oriented centers and a technical assistance (TA)-oriented center:

- **Research HWRC**  
Research-oriented HWRCs will conduct policy-oriented health services research on health workforce issues and synthesize the results into reports easily understood by a non-technical policy audience. Each Research HWRC will focus on one of the following areas of concentration: allied health, long-term care, behavioral health, oral health, or flexible use of workers. These HWRCs will maintain and keep up-to-date an extensive library of data and information on their area of concentration. They will develop a policy-relevant research portfolio each year with input from BHP. Due to their extensive expertise and outside perspective, HWRCs will have the ability to frame policy questions on health workforce issues into researchable questions. They will demonstrate capabilities in manipulating complex data sets and in linking across data sets.
- **Technical Assistance (TA) HWRC**  
A technical assistance-oriented HWRC will serve a critical support role for stakeholders in the health services research community as well as state and local governments. This HWRC will perform a minimum of four (4) technical assistance initiatives per year, to be designed in collaboration with BHP. The initiatives will provide expert assistance to local, regional, and state-based entities including state workforce planning departments, state legislatures, labor departments, or education departments seeking to collect, analyze, or report on the health workforce needs in a state.

## **II. Award Information**

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

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial interaction is anticipated between HRSA and the recipient during performance of the contemplated project. In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA/BHP responsibilities shall include: (1) BHP staff participation in the development of the HWRC's annual agenda of research projects/technical assistance initiatives and the selection of specific projects for completion, (2) BHP collaboration with HWRCs to design the research and its methods, (3) BHP collaboration with and technical assistance to HWRCs to analyze results, identify policy implications, and potentially author reports/articles, (4) BHP input into a plan for each HWRC to produce a variety of

research products to inform diverse audiences, (5) BHPPr collaboration with HWRCs to design strategies for dissemination of HWRC products to multiple audiences interested in health workforce issues in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences, and (6) BHPPr participation in an outreach strategy designed to engage/interest community members in TA opportunities.

The cooperative agreement recipient's responsibilities shall include: (1) The annual submission of six research/technical assistance proposals to BHPPr, (2) Ongoing communication and coordination with BHPPr to select and modify proposals that meet the needs of HRSA, (3) Responses to requests from the Project Officer on a timely basis, and (4) Regular updates on progress shared with the Project Officer through monthly status update calls.

Additional responsibilities for Research HWRCs include: (5) Submission of research products to BHPPr for review according to the HWRC's original timeline and (6) Submission of all research products funded under this award to the BHPPr for publication on BHPPr and/or the National Center for Health Workforce Analysis's website (publication at the discretion of the BHPPr).

Additional responsibilities for the Technical Assistance HWRC include: (5) Submission of detailed summary reports of TA initiatives to HRSA Project Officer and (6) Submission of all TA reports of initiatives funded under this award to BHPPr for publication on BHPPr's and/or the National Center for Health Workforce Analysis website (publication at the discretion of BHPPr).

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2013-2016. Approximately \$1,200,000 is expected to be available annually to fund approximately four (4) grantees with different areas of concentration. The expected award amount is \$400,000, though awards may range from \$300,000 to \$500,000. Applicants may apply for a maximum amount of up to \$500,000 per year. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Health Workforce Research Center Cooperative Agreement Program in subsequent fiscal years, grantee satisfactory performance, and a decision that funding is in the best interest of the Federal government.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants for this funding opportunity include a state, a state workforce investment board, a public health or health profession school, an academic health center, or an appropriate public or private nonprofit entity. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply for these funds.

The HWRC is either a single entity or a consortium of organizations as long as the consortium has a primary entity responsible for research, supervision, administrative activities, and overall management of Federal grant funds. It has its own identity including name, organizational structure, and dedicated website but may be located in a larger organizational entity. HWRC organizations are not entities which operate essentially to pass the cooperative agreement funds through to individual researchers working

independently, either in the same or different organizational locations. HWRCs must represent collaborative groups of staff that work together on research projects or technical assistance initiatives rather than a collection of loosely affiliated individual researchers. In addition, each HWRC must maintain collegial working relationships with other HWRCs and with interested stakeholders and should be aware of key stakeholders. Each member of a consortium must independently meet eligibility requirements specified in this FOA.

Applications that do not focus on one of the five research areas of concentration (allied health, long-term care, behavioral health, oral health, flexible use of workers to improve care delivery and efficiency) or on technical assistance will not be considered. An applicant may not receive multiple awards to serve as a research-oriented HWRC for more than one area of concentration. An applicant may receive two awards only if one award is for the provision of technical assistance in health workforce data development, analysis and planning. A maximum of one HWRC will be funded within each concentration area.

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

Cost Sharing/Matching is not required for this program.

## **3. Other**

Applications that exceed the maximum yearly budget amount (ceiling) of \$500,000 will be considered non-responsive and will not be considered for funding under this announcement.

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

Applications that exceed the 80 page limit will be considered non-responsive and will not be considered.

Applications that do not focus on one of the five research areas of concentration (allied health, long-term care, behavioral health, oral health, flexible use of workers) or on technical assistance will not be considered.

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

NOTE: An applicant may not receive multiple awards to serve as a research-oriented HWRC for more than one area of concentration. An applicant may receive two awards only if one award is for the provision of technical assistance to states and regional entities in health workforce data development, analysis and planning.

# **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 your submission along with a copy of the "Rejected with Errors" notification as received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **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.

**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 for that opportunity. 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 your application can be printed efficiently and consistently for review.**
-  **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

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

<b>Application Section</b>	<b>Form Type</b>	<b>Instruction</b>	<b>HRSA/Program Guidelines</b>
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Counted in the page limit.
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
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.	Optional. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Not required. Counted in the page limit if included.
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.

<b>Application Section</b>	<b>Form Type</b>	<b>Instruction</b>	<b>HRSA/Program Guidelines</b>
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 - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/ contractual/subaward budget as required by the program funding opportunity 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.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
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 you place a table of contents cover page specific to the attachment. Table of Contents page will not be counted in the page limit.
  - 🔔 Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (\_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, charts, etc. Counted in the page limit.
Attachment 2	Position descriptions of key personnel. Counted in the page limit.
Attachment 3	Project organizational chart. Counted in the page limit.
Attachment 4	List of published health workforce journal articles authored/co-authored by Principal Investigator and key personnel. Counted in the page limit.
Attachment 5	Letters of agreement to serve on Expert Work Group, if one is proposed. Counted in the page limit.
Attachment 6	Institutional Diversity Statement (Required). Counted in the page limit.
Attachment 7	Explanation of federal debt delinquency, if applicable. Counted in the page limit.
Attachment 8	Maintenance of Effort documentation. Counted in the page limit.
Attachment 9	Other information not requested elsewhere. Optional; counted in the page limit

## **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 93.300.

### **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 form SF-424 R&R – item 5 on the application face page. Applications *will not* be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with 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 SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <https://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**

The expected yearly budget for a HWRC is \$400,000, with amounts ranging from \$300,000 to \$500,000 possible. Applicants should create budgets to the best of their ability to allow for the possible variability that a selection of four projects out of six proposals may cause. BHPPr will consult with awardees to follow-up on any possible budget issues as a result of the selected four proposals.

Please complete the SFS-424 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 and 4.

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

**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% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$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% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% 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% of time will be devoted to the project	
Direct salary	<b>\$89,850</b>
Fringe (25% of salary)	<b>\$22,462.50</b>
Total amount	<b>\$112,312.50</b>

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

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

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

BHPr understands that individual analytic projects will vary in terms of their budgets and that this may impact applicants' overall budgets. HWRCs should attempt to create budgets that are reasonable, that allow for the necessary variation across proposed research projects, and that will be close to the expected award amount of \$400,000.

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/study participants 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.

*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; educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

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

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

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

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

#### **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.

If research involving human subjects is anticipated, applicants must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

**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.
- (3) 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 7**.

**viii. Project Abstract (single-spaced and limited to one page)**

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

Please place the following at the top of the abstract:

- HWRC Name
- Area of Concentration
- Address
- Principal Investigator information: name, preferred degrees (e.g. MD., Ph.D.), email address, and contact phone numbers (Voice, Fax)
- Project leader/contact person's name and email address (if different from PI)
- Web Site Address, if applicable
- A stand-alone 2-sentence summary of the project.

*Detailed Description*

Prepare a brief description of each proposed research or technical assistance project. Include a statement of the problem, project goals, methods, and anticipated publications or products.

The project abstract must be single-spaced and limited to two (2) pages in length.

**ix. Project Narrative**

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

▪ *INTRODUCTION*

Applicants should propose *EITHER*:

*1) Research HWRC*

Propose a Research HWRC with an area of concentration that will serve as the focus for the HWRC's activities throughout the 4-year award cycle and indicate the specific populations that will be helped by the research. Applicants must propose a research agenda that focuses on one of the following areas of concentration:

- Allied health;
- Long-term care;
- Behavioral health;
- Oral health; or
- Flexible or novel use of workers to improve health care delivery and efficiency;

Research HWRC applicants should explain how the chosen research area aligns with health policy goals related to the health workforce. Justify the choice in relation to policy-relevance, importance to state health workforce planners or to the field, implications for decision-makers, and particular expertise of the Research HWRC and its staff.

Recipients will serve as a critical extension of BHPr, expanding its capacity to inform the nation about the adequacy of the health workforce. Applicants should describe their unique ability to serve in this role.

*OR*

#### *2) Technical Assistance (TA) HWRC*

Propose a TA HWRC with a focus on providing technical assistance to states, local, regional, and related health workforce planning entities in health workforce data collection, analysis, and planning throughout the 4-year award cycle. Applicants proposing to offer technical assistance should demonstrate experience in working with state-based health workforce entities and expertise in addressing data and analytic needs in health workforce planning and analysis. Specific experience with formal technical assistance preferred. Applications that demonstrate a specific need for their proposed TA (for instance, via request letters from states or related entities) are preferred.

For the Technical Assistance HWRC, all of the proposed and completed projects must be technical assistance initiatives.

Recipients will serve as a critical extension of BHPr, expanding its capacity to inform the nation about the adequacy of the health workforce and to advance state-level efforts to improve health workforce capacity by identifying information gaps or needs. Applicants should describe their unique ability to serve in this role.

#### ▪ *NEEDS ASSESSMENT*

##### *Research HWRC*

Applicants must demonstrate a comprehensive understanding of the health workforce and the role it plays in the access to, quality of, and cost of health care and health care services. They should demonstrate why the selected area of concentration is of policy interest to decision makers at the national, regional, state and local levels and how their Research HWRC will fill gaps in our current understanding of health workforce policy and planning.

##### *TA HWRC*

Applicants must demonstrate a comprehensive understanding of the health workforce and the role it plays in the access to, quality of, and cost of health care and health care services. They should demonstrate why technical assistance is a critical form of support for decision makers at the national, regional, state and local levels and identify one or more critical state, local, or regional health workforce planning needs where assistance from their proposed TA HWRC would improve health workforce planning.

- *METHODOLOGY*

*Research HWRC*

Applicants must describe the methods and activities they propose to use in carrying out their research, as defined by the collection, analysis, and reporting of data. As appropriate, include the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination.

The Research HWRC should be capable of addressing the proposed areas by framing health workforce issues or problems into researchable questions and manipulating and linking complex data sets as needed. Applicants should discuss the potential data sources they propose to use throughout the award period, including publically-available databases and any propriety datasets they have or intend to develop for use in research studies funded through the HWRC. Describe the types of research questions that will be addressed using available data sources.

Research methodology should be appropriate for the project's hypothesis and may be qualitative, quantitative, or a combination of both. At least four (4) of the proposed studies must use quantitative methodology.

*TA HWRC*

Applicants must describe the methods and activities they propose to use in carrying out their technical assistance. Applicants must address methods for collaborating with stakeholders, including states, and the types of assistance (e.g. data development, data collection, analysis) they propose to offer. As appropriate, include the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination.

- *WORK PLAN*

Describe the activities proposed during the entire project period. Use a time line that includes each activity and identifies responsible staff.

Include a staff-loading chart that identifies the principal investigator and other key personnel, presents the number of hours or FTE devoted to the project for each staff member and the total number of hours or FTE for all staff members. Include as **Attachment 1**.

Additional details for the work plan requirements by HWRC type are outlined below.

*Research HWRC*

Discuss how the HWRC will give priority to releasing policy briefs and/or final reports prior to submitting manuscripts to peer-reviewed journals. For the first year of the project period, provide a schedule of release of each product, including release of research briefs and final research reports in relation to the date for submitting manuscripts to peer-reviewed journals.

Final products for publication on the BHPPr and/or the National Center’s website must be in the form of policy briefs. Applications must also provide a schedule for release of products on the HWRC’s website.

Applicants must present six (6) proposals for the research activities of the HWRC for budget year one (1). At least four (4) of the proposed studies each year must use a quantitative methodology; additionally, at least four (4) of the proposed studies each year must be in the HWRC’s proposed area of concentration. For successful applicants, BHPPr will choose four (4) of the submitted proposals to comprise the final research activities for budget year one (1).

Each research proposal can be a maximum of two (2) pages. Each project should require a similar amount of staff time and resources for completion of the overall project. The overall research portfolio should be reasonable and feasible to be completed within one year.

**Present the research proposals using the following template, labeling each section with the areas italicized below. Limit to two (2) pages per proposal.**

***Title:*** Provide a prospective title and the HWRC’s area of concentration (e.g., allied health, long-term care, behavioral health, oral health, flexible use of workers).

***Description and Policy Relevance:*** Describe the purpose of the research. Identify the gaps in existing knowledge that the research is intended to fill. Provide the relevance of the project and its implications for health workforce policy from the perspectives of national, state, and local decision-makers and how it supports BHPPr, HRSA, and HHS. If appropriate, explain how it supports state efforts to improve health workforce planning.

***Hypotheses, Design, and Analysis:*** Describe the hypotheses, project design, and the procedures to accomplish the specific aims of the project. Describe the approach for data analysis (e.g., logistic regression, descriptive statistics, qualitative methods) and justify why that approach was selected.

***Data Sources:*** Identify the data sources. If based on secondary data, describe the experience in using these data. Include the data source’s availability, cost for acquisition of data not currently held in-house, and time schedule to obtain the data. If relevant, describe the need and level of efforts to edit/clean the data files prior to the beginning of analysis. If based on original data, include the approach and plan to collect data, type of respondents, estimated sample size, expected response rate, special activities to achieve response rate, collection schedule and data content. If proprietary data are to be used, describe the type of dataset, the population it represents, and provide evidence of the dataset’s appropriateness for studying the research area. Any supporting literature citations should come from peer reviewed journals.

***Human Subjects Research:*** If human subjects research is anticipated, please provide answers to the following questions:

1. Are Human Subjects involved? If activities involving human subjects are planned at any time during the proposed research project, indicate “Yes” even if the proposed

project is exempt from Regulations for the protection of Human Subjects. Indicate “No” if no activities involving human subjects are planned and skip to the Staff Qualifications and Staff-Loading Chart section.

2. If the answer was “Yes”, indicate if the Institutional Review Board (IRB) review is pending. If IRB has been approved enter the approval date.
3. If exempt from IRB approval, enter the exemption numbers corresponding to one or more of the exemption categories. See:  
<http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm> for a list of the six categories of research that qualify for exemption from coverage by the regulations as defined in the Common Rule for the Protection of Human Subjects.
4. For the Human Subject Assurance Number provide the IRB approval number or the approved Federal Wide Assurance ( FWA), multiple project assurance (MPA), Single Project Assurance(SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research Protections, if available.
5. If the study has not yet been reviewed by an IRB and you believe the research is exempt, provide a justification for the exemption(s) with sufficient information about involvement of human subjects to allow a tentative conclusion by HRSA staff that the claimed exemption(s) seems appropriate.
6. Note that non-exempt research involving human subjects cannot be conducted under a HHS-sponsored award unless your organization provides verification of the justification of the exemption per HHS regulations. Documentation of IRB review when it is completed and its exemption or approval must be sent to the Project Officer. This IRB certification must include the grant number, the title of the project, name of the appropriate IRB which has reviewed and exempted or approved the proposed activity, name of the principal investigator/program director, date of IRB exemption or approval, and appropriate signatures.

#### *TA HWRC:*

Applicants proposing technical assistance should present six (6) proposed technical assistance initiatives for budget year one (1). Example initiatives include analyzing a state’s educational capacity within a given health profession at the request of a state, assisting a state or region with the implementation of a minimum data set for a health profession or across a number of health professions, or helping state workforce planning bodies or labor departments perform supply and demand projections, among other activities. These initiatives should all focus on assisting local, regional, or state entities with the collection, analysis, and reporting of data. Describe the outcomes and goals of each proposed project, and how the outcomes will be shared.

All technical assistance projects require a written final report that describes the goals, process, and outcomes of the initiative, and discusses the impact of the initiative on health workforce policy generally; these final written reports should clearly describe any key insights gained from the TA initiative that may assist other states and local or regional entities with implementing similar strategies (i.e., the report should clearly indicate the national significance of the strategies used). The application narrative work plan should clearly indicate a structure for completing and submitting these reports. BHPr will choose four (4) of the submitted proposals to comprise the final technical assistance portfolio for budget year one (1).

*For both Research HWRCs and the Technical Assistance HWRC:*

HWRCs should be prepared to respond to emerging policy questions posed by BHPPr. The HWRC will be expected to respond to requests with quick turnaround (two – three days) that may involve short-term qualitative or quantitative analysis up to four (4) times a year, on issues related to their area of concentration (including technical assistance). As an example of a quick turnaround request, an HWRC focusing on the oral health workforce may be asked to provide BHPPr a catalogue of existing data sources, inclusive of their strengths and weaknesses. Each HWRC should anticipate that these requests will take up 5-percent of all staffing hours during the year and should build into their staffing structure and project plan sufficient time to respond to such requests.

- *RESOLUTION OF CHALLENGES*

Discuss challenges (data authorization, accessibility, and cost, etc.) that are likely to be encountered in designing and implementing the activities described, and approaches that will be used to resolve such challenges. Include a description of the likely challenges to be encountered in meeting the timeline for release dates for products associated with the project. How will those challenges be identified and addressed?

- *DISSEMINATION STRATEGY*

Describe the variety of products from the HWRC to fit the information needs of, and appeal to, different audiences. Describe the plan for dissemination, addressing the types of products, the audiences for the products, and which products will be placed on the HWRC's website. Products may be in the form of policy briefs, journal manuscripts, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state, and regional conferences. Describe the following:

- a. Approaches for alerting users to new information (including formal project summaries) through multiple channels of communication,
- b. Strategy to develop and maintain a website (design, content, search capabilities and linkages to related sites in the description) dedicated to the HWRC that includes HWRC product postings with a specific reference to HRSA funding,
- c. Training needed to increase the capacity of the HWRC staff to design and disseminate research or other products,
- d. Approach and general content of the dissemination plan to be prepared for each individual deliverable, including approaches for special dissemination of ground-breaking results to target audiences (conferences, meetings, etc.), and
- e. Approach and schedule for updating the original dissemination plan once research results are available.

- *EVALUATION*

The evaluation plan will fully describe strategies to assess the progress and outcomes of the proposed activities according to their corresponding objective(s).

Applicants must present an evaluation plan that at a minimum addresses the following elements:

1. Evaluation technical capacity: current evaluation experience, skills, and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
2. Evaluation Methods: evaluation questions; instruments/tools used; primary/secondary data sources, milestones, timeline, etc.; and
3. Quality assurance plan: process to validate data collection and results.

In preparing your evaluation plan:

1. Specify the indicators you will use to evaluate your success in meeting the project objectives;
2. Explain how the project may be replicated at a local, regional or national level and address the needs described in the Needs Assessment section; and
3. Describe how the evaluation plan will be used to inform program development and service delivery.

For research-oriented HWRCs, publication of research projects in peer-reviewed journals will be considered as one component of work evaluation.

#### ■ *ORGANIZATIONAL INFORMATION*

Describe the organizational arrangements that will support the proposed HWRC. 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 project requirements and meet project expectations. Include descriptions of the computer and other relevant research facilities, and any other information that will establish the organization's competence to conduct the proposed research.

Describe any relationships this project has with research funded by sources other than BHP/HRSA, such as the Agency for Healthcare Research and Quality, the Centers for Medicare and Medicaid, other HHS agencies, State-based agencies or entities, and foundations, philanthropies, or other non-profit organizations. Relationships can include expanding the project to include the BHP component, using other research or analytic results as a baseline, sharing literature review efforts, sharing consultant panels, etc.

Describe the identity of the HWRC as an entity and its relationship to its parent organization, including sharing of resources. For an HWRC that has multiple sites or is a consortium, provide the information for each component. It may share common resources with other components of the organizational entity, including personnel (technical, clerical and administrative), library, computer resources, and data bases.

If multiple sites or a consortium are proposed, describe the sites, the rationale for multiple sites or consortium arrangement, and which entity will be primarily responsible for the cooperative agreement award. **Note:** each member of any proposed consortium must independently meet the eligibility requirements of Section 761(c) of the Public Health Service Act (see eligibility information within the Overview for more detail).

Describe any data sets currently maintained by the applicant that will support health workforce research. Indicate any plans for purchasing data sets to keep abreast of release of new data files and emerging issues, especially in the area of concentration. Describe how any data sets

purchased with funds under this cooperative agreement will be shared with HRSA for its use and indicate how data use agreements will be negotiated, if necessary.

The HWRC may choose to appoint and convene an Expert Work Group comprised of up to five (5) national and regional experts in its area of concentration. The Expert Work Group is not a requirement. BHPPr leaves it up to the discretion of each HWRC to decide whether an Expert Work Group will strengthen its final research products. HWRCs may instead choose to budget for a different activity pertinent to this guidance rather than the Expert Work Group.

If an Expert Work Group is included in project proposal, the following requirements must be met: Expert Work Group members are not staff of the HWRC's parent organization AND the Expert Work Group provides input to the HWRC in developing its research activities and in evaluating the success of the Center. Meetings with the Expert Work Group may be in-person or over the phone. The HWRC must include information in its budget to plan and implement these meetings, if applicable.

If applicable, provide the following information regarding Expert Work Group consultations:

1. Describe proposed consultations with the HWRC's Expert Work Group and those outside the group.
2. Provide the name, organization, and reason for any consultations.
3. Describe the purpose, meeting content, proposed schedule of yearly face-to-face or conference call meetings, and list of members of the Expert Work Group. The Expert Work Group can have up to five (5) members; none may be members of the staff of the parent organization. For each member, include a summary of his or her relevant qualifications to provide input to the HWRC in developing its activities and evaluating its success.
4. Include letters of commitment for three members that will join the Expert Work Group in **Attachment 5**.

Additional requirements by type of HWRC follow below.

### *Research HWRCs*

Describe the staffing of the HWRC. HWRC staff must include: A principal investigator (i.e., the Director), a deputy principal investigator (i.e., Deputy Director), an administrative assistant, and core research staff. Describe the following as it relates to the Principal Investigator:

- How he/she has the qualifications and experience to serve as HWRC Principal Investigator, as evidenced by having 5-10 years of work experience specific to health workforce research and a doctoral degree.
- How he/she will assign at least 25% of his/her time to the HWRC.
- How he/she is an experienced health services researcher who provides research leadership, manages a research team, conducts and disseminates policy relevant research. Relate this information to the HWRC's concentration area.
- How he/she will be responsible for the administrative aspects of the Center and the review of all draft reports to ensure their policy-relevance, quality, and readability before submission to the National Center.

- The principal investigator should also have a substantial number of prior research products dedicated to the area of concentration as evidence for a solid knowledge base of the subject matter.
- **Note:** No co-principal investigator is permitted.

Describe the following as it relates to the Deputy Principal Investigator:

- How he/she will assign at least 20% of his/her time to the HWRC.
- His/her experience, role and responsibilities in organizational lines of authority, conducting and disseminating policy relevant research, and relation to the HWRC's concentration area.
- The process to assume the duties of the Principal Investigator when the Principal Investigator is on short-term (e.g., vacation) and extended (e.g., sabbatical) leave.

HWRC core research staff should be multi-disciplinary, representing social science disciplines such as sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science, and geography. HWRC staff may also include researchers from other relevant disciplines, for example, medicine, nursing, and law. Identify the researchers who are leaders for each of the proposed projects and indicate if they are from the parent organization or the other member(s) of the multiple sites or the consortium. Affiliate research staff with lesser time commitments may also be included. An editor or technical writer must also be included on staff whose main/partial responsibility should be to review drafts of studies prior to submission to BHP for review to ensure high quality. This individual should be identified in the line item budget.

Describe the following regarding the core research team and organization as a whole:

- The disciplines represented and how they relate to the HWRC's area of concentration and proposed research projects.
- Team capabilities in designing and maintaining websites and disseminating research results.
- If mentoring will be conducted within the HWRC. The HWRC may mentor graduate level researchers but is not a requirement. Mentoring should serve the purpose of interesting new researchers into entering the field of health workforce research by provide graduate students direct experience in this discipline.
- The approaches for maintaining working relationships with other HWRCs.
- The lines of communication and working relationships between staff and contractors, if any.
- Principal investigator, deputy principal investigator, and core research staff for the project must have authored or co-authored at least five different articles (in total across all relevant staff) on health workforce topics published in peer-reviewed scientific journals. Provide the following information about these published articles in **Attachment 4**: author(s), title of article, full name of journal (no abbreviations), volume number of journal, date of publication, and page numbers of article. See section IV.2.x (titled "Attachments") for details about preparing the attachment.
- Applications that fail to show such experience will not be considered.

## TA HWRC

Describe the staffing of the HWRC. HWRC staff must include: A principal investigator (i.e., the Director), a deputy principal investigator (i.e., Deputy Director), an administrative assistant, and core implementation staff. Describe the following as it relates to the Principal Investigator:

- How he/she has the qualifications and experience to serve as HWRC Principal Investigator, as evidenced by having 5-10 years of work experience specific to health workforce research and a doctoral degree
- How he/she will assign at least 25% of his/her time to the HWRC.
- How he/she is an experienced health services researcher who provides analytic leadership, manages a multi-disciplinary team, conducts and disseminates policy relevant analysis. Relate this information to the health workforce.
- How he/she will be responsible for the administrative aspects of the Center and the review of all draft TA reports to ensure their policy-relevance, quality, and readability before submission to the National Center.
- The principal investigator should also have a substantial number of prior research products dedicated to the area of concentration as evidence for a solid knowledge base of the subject matter.
- **Note:** No co-principal investigator is permitted.

Describe the following as it relates to the Deputy Principal Investigator:

- How he/she will assign at least 20% of his/her time to the HWRC.
- His/her experience, role and responsibilities in organizational lines of authority, conducting and disseminating policy relevant research, and relation to the HWRC's concentration area.
- The process to assume the duties of the Principal Investigator when the Principal Investigator is on short-term (e.g., vacation) and extended (e.g., sabbatical) leave.

HWRC core staff should be multi-disciplinary, representing social science disciplines such as sociology, epidemiology, demography, economics, organizational behavior, statistics, public health, political science, and geography. HWRC staff may also include contributors from other relevant disciplines, for example, medicine, nursing, and law. Identify the individuals who are leaders for each of the proposed projects and indicate if they are from the parent organization or the other member(s) of the multiple sites or the consortium. Affiliate research staff with lesser time commitments may also be included. An editor or technical writer must also be included on staff whose main/partial responsibility should be to review drafts of studies prior to submission to BHP for review to ensure high quality. This individual should be identified in the line item budget.

Applicants proposing a TA HWRC must also have experience in analyzing state-level health workforce issues, as demonstrated by the following:

- Principal investigator, deputy principal investigator, and core staff must have conducted at least five different research/analytic projects that address state-level health workforce questions (in total across all relevant staff), as evidenced by written documentation that shows the purpose, methods, and outcomes of such projects. Provide the following information about these projects in **Attachment 4**: author(s),

- title of report of project, state entity or organization for which the project was conducted, analytic question or issue addressed, analytic methods used, key findings or outcomes, and start and end dates for work.
- Applicants should also be familiar with and/or have used/manipulated data sets pertinent to their proposals.

Applications that fail to show such experience will not be considered.

***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. (if applicable)***

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

***Attachment 3: Project organizational chart***

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

***Attachment 4: List of published health workforce journal articles authored/co-authored by Principal Investigator and key personnel***

***Attachment 5: Letters of agreement to serve on Expert Work Group (if applicable)***

***Attachment 6: Institutional Diversity Statement***

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

***Attachment 7: Explanation of federal debt delinquency, if applicable (see page 15 under certifications)***

***Attachment 8: 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><b>FY 2012 (Actual)</b> 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><b>FY 2013 (Estimated)</b> Estimated FY 2013 non-Federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

*Attachment 9: Other Relevant Documents not requested elsewhere.*

### 3. Submission Dates and Times

#### Application Due Date

The due date for applications under this funding opportunity announcement is **January 7, 2013 at 11:59 P.M. Eastern Time**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number by the organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

#### Receipt acknowledgement:

Upon receipt of an application, Grants.gov will send a series of email messages 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 HWRC 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 four years, at no more than \$500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes: to pay for foreign travel, patient care, alterations, renovations, and/or preparation of this application.

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

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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

## 6. Other Submission Requirements

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

It is essential that 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 Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM).
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's SAM) "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 the 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 the 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 are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The *Health Workforce Research Center (HWRC) Program Cooperative Agreement* has six (6) review criteria:

#### *Criterion 1: NEED (5 points)*

- The extent to which the application demonstrates a comprehensive understanding of health workforce issues relevant to the proposed area of concentration.
- For Research HWRC, the extent to which the application demonstrates an understanding of the relevance of the area of workforce research concentration for decision-makers at the national, state and local levels, and identifies existing gaps in this knowledge.
- For Technical Assistance HWRC applications, the extent to which the application identifies one or more critical state health workforce planning needs (including through letters of request if applicable) and the extent to which the application explains how assistance would improve health workforce planning.

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

General response criteria:

- The extent to which projects proposed are reasonable and feasible to be completed within each budget year.
- The extent to which the application describes data sources for each proposal as relevant to the analysis.
- For projects where data must be purchased, the extent to which the cost for acquisition and schedule for buying and editing/cleaning the data is reasonable.
- For projects based on original data, the extent to which the plan for data collection is viable in relation to achieving an adequate response rate relevant to the proposed respondents and content.
- Extent to which application describes a reasonable process for data sharing with HRSA, including indicating a willingness to develop data use agreements as necessary.
- If applicable, the extent to which Federal requirements for human subjects research are met completely.
- The extent to which the literature citations are the most relevant to the proposed research.

#### *Additional Research HWRC Criteria:*

- The extent to which research proposals are methodologically sound, including the extent to which proposed methodology is appropriate to each project's hypothesis.

- The extent to which proposals are appropriately detailed, including information regarding the hypotheses, project design, and approach to data analysis.
- The extent to which a minimum of four of the proposed studies use quantitative methodology.

*Additional TA HWRC Criteria:*

- The extent to which proposed technical assistance initiatives are feasible and methodologically sound.
- The extent to which proposals are appropriately detailed, including the proposed stakeholders and the type of technical assistance to be offered.

*Criterion 3: EVALUATIVE MEASURES (15 points)*

- The extent to which the application presents a plan for evaluating the outcomes of their efforts.
- The extent to which the application identifies appropriate evaluative measures to track program results.
- The extent to which the application describes the data collection strategy to collect, analyze and track data to measure process and impact/outcomes.
- The quality of the description of how data will be used to inform program development and service delivery.
- The extent to which the application clearly explains role of the Expert Working Group, if needed.
- For Research HWRCs, the quality of the plan for publication of projects in peer-reviewed journals.

*Criterion 4: IMPACT (15 points)*

- The extent to which project results may be national in scope. (For TA HWRC, this means the extent to which TA initiatives may be replicated with other stakeholders across the nation, including other states, regions, professions, etc.).
- The extent to which the application describes the projects' implications for health workforce policy.
- The extent to which plans for dissemination address the variety of products, specific audiences for each product, and the timeline for product release, including on the website.
- The extent to which the dissemination plan includes multiple venues/products such as policy briefs, presentations to policy makers, responses to health policy programs and experts, and presentations at national, state and regional conferences.
- The quality of the strategy to develop and maintain a website dedicated to HWRC research or technical assistance.
- The extent to which the HWRC plans to provide completed projects to BHP for publication on appropriate websites (BHP and/or NCHWA).
- The extent to which the HWRC will alert users to new research outputs through multiple communication channels.
- The extent to which the dissemination strategy includes resources and staff time for product design, information dissemination, and relevant staff training necessary to achieve these tasks.

- The extent to which the application describes a schedule for updating the original dissemination plan when research results become available and is included in the master timeline for the project.
- For ground-breaking results, the extent to which the HWRCs describe special dissemination efforts that will target a wide and appropriate audience.

*Criterion 5: RESOURCES/CAPABILITIES (20 points)*

- The extent to which the application describes staff that have substantive experience in conducting and disseminating policy-relevant health workforce research, as evidenced by the production of at least five different policy briefs, presentations to policy-makers and at national conferences, and publication of peer-reviewed papers.
- The extent to which the application describes previous experience in analyzing data and informing national, state, and community decision-makers about health workforce issues that is substantive.
- The extent to which the application describes a workable process for framing emerging issues into researchable questions and experience in manipulating large-scale complex data sets (national, state, and/or local), especially in linking across large data sets.
- The extent to which the application meets the requirements outlined for the Principal Investigator and Deputy Principal Investigator, as follows:
  - The extent to which the application describes the Principal Investigator and the Deputy Principal Investigator as qualified to conduct research in the HWRC's area of concentration and to inform users of research results, including the years of work experience and doctoral education of the Principal Investigator.
  - The extent to which the application describes the roles, responsibilities, and organizational lines of duty for the Principal Investigator and Deputy Principal Investigator to ensure that the research products will be high quality products that are disseminated on schedule.
  - The extent to which the application describes the Principal Investigator and the Deputy Principal Investigator as each having at least 25- and 20-percent, respectively, of an FTE allotted each year to the HWRC program.
  - The extent to which the application describes the Principal Investigator as having extensive experience in managing teams of researchers and the authority to supervise HWRC researchers located in other parts of the parent organization, other sites, and other components of a consortium.
  - The extent to which the application describes the Principal Investigator as having the responsibility and authority to review draft reports before submission to BHP.
  - The extent to which the application describes a viable approach for the Deputy Principal Investigator to manage the HWRC when the Principal Investigator is on short-term or extended leave.
- The extent to which the application describes the multi-disciplinary mix of the core staff as appropriate and their experience as strongly related to the HWRC's mission (including, for research HWRCs, the proposed area of concentration).
- The extent to which the application describes the core staff capabilities to design and maintain websites and disseminate information (research or technical assistance policy briefs, as appropriate) as being strong.

- The extent to which application describes current organizational mission and structure and how current organizational capabilities and activities will contribute to applicant's ability to meet program requirements.
- The extent to which pre-existing relationships and grant funding from Federal, State, or local nonprofit agencies are described.
- The extent to which the application describes a clear process and structure for completing and submitting final reports to BHPPr.
- The extent to which the application describes a technical writer or editor to review study drafts prior to submitting them to BHPPr to ensure optimal language as applicable to the target audience.
- The extent to which the application describes staff loading charts that indicate sufficient staff of appropriate expertise is assigned to the projects.
- The extent to which any proposed mentoring is appropriate to the aims of the program.
- The extent to which the application describes that the HWRC has its own identity within its parent organization as indicated by name, organizational structure, and organization chart.
- The extent to which the application describes lines of communication to foster working relationships between staff and contractors, if applicable, as being strong.
- If multiple sites or a consortium are proposed, the extent to which the application describes a strong rationale for multiple sites or the consortium arrangement that goes beyond the lack of qualified personnel at the parent organization.
- If multiple sites exist, the extent to which the application describes formal opportunities for staff to collaborate across sites on research and dissemination plans.
- The extent to which the application describes the HWRC's ability to respond to emerging policy questions posed by BHPPr.
- The extent to which the application describes how the HWRC will respond to related requests with quick turnaround (two – three days) that may involve short-term qualitative or quantitative analysis.
- The quality and availability of the computer facilities and other relevant research facilities.

*Criterion 6: SUPPORT REQUESTED (10 points)*

- The reasonableness of the proposed budget in relation to the objectives, the complexity of the research activities, and the anticipated results:
- Extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work (specified travel, dissemination of research results, and purchase of data types are necessary and appropriate)
- Extent to which key personnel have adequate time devoted to the project to achieve project objectives

## **2. Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of

the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

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

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

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

### **Human Subjects Protection**

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, grantees must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at [www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

### **Financial Conflict of Interest**

HHS requires awardees and investigators to comply with the requirements of 42 CFR part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought." A Final Rule amending this PHS regulation (and the companion regulation at 45 CFR part 94, "Responsible Prospective Contractors," imposing similar requirements for research contracts) was published on August 25, 2011 in the Federal Register (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). An Institution applying for or receiving PHS funding from a grant or cooperative agreement that is covered by the rule must be in full compliance with all of the revised regulatory requirements no later than August 24, 2012, and immediately upon making its institutional Financial Conflict of Interest (FCOI) policy publicly accessible as described in the regulation.

### **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 Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. For multi-year awards: Submission and HRSA approval of the 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 and challenges encountered. The second part details future projects of the grantee. Further information will be provided in the NoA.

If a deliverable is not likely to meet the expected timeline, the HWRC must explain the reasons to the Project Officer by email as well as provide a strategy for how the project will get back on track to the original timeline. Final publication on the HRSA website will be at the discretion of BHPPr.

All products submitted to BHPPr for review should be submitted in a Word Document compatible with Track Changes to allow for efficient and effective review. PDF versions for review are not acceptable except for final publication to the website. HWRCs are required to work collaboratively with BHPPr and HRSA to come to a resolution on all editorial comments. HWRCs must submit at the end of each fiscal year an electronic compendium of all briefs, reports, and manuscripts (1 copy per project) to the Project Officer.

Studies may be submitted to journals for publication adhering to the following criteria:

1. BHPPr will allow delay of publication on the BHPPr and/or NCHWA website of only one policy brief per year if an HWRC submits the study for journal publication (delay caused by journal peer review and acceptance). BHPPr will allow the HWRC six months to complete the journal publication process for this specific one study. If the study does not get accepted for publication within the six-month time frame, the HWRC must submit it promptly (i.e., within one month) for HRSA publication.
2. The HWRC may submit the remaining three studies for journal publication, but these three must be posted immediately upon completion of the study, BHPPr review, and final HWRC revisions. No delay caused by the journal publication process,

impeding HRSA website publication, will be allowed for the remaining policy briefs or reports.

Additional requirements by HWRC type follow.

#### *Research HWRC*

For Research HWRCs, a policy brief summarizing the research question, methods, key findings, and policy implications must be submitted for each of the four (4) approved projects.

If a study warrants a long-form format such as a full report because a policy brief is insufficient to disseminate critical information, an alternative product is acceptable (full report, chart book, monograph, etc.), but a policy brief must still be submitted.

#### *TA HWRC*

For the Technical Assistance HWRC, the policy brief should describe the issue addressed, the type of technical assistance provided, key outcomes of the initiative, and the impact of the initiative on state health workforce planning efforts moving forward.

If the initiative warrants a long-form format such as a full report because a policy brief is insufficient to disseminate critical information, an alternative product is acceptable (full report, chart book, monograph, etc.), but a policy brief must still be submitted.

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; 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.

5) **Other required reports and/or products.**

(A)The grantee will be required to submit six (6) preliminary one-page proposals to BHPPr for deliberation for each noncompetitive year (years two, three, and four). BHPPr will then discuss which proposals meet its expectations.

**(B) Performance Measures/GPRA.** BHP is in the process of identifying specific performance measures that grantees will be required to utilize in future non-competing continuation applications. Performance measures can be process or outcome measures that allow grantees to track their progress toward meeting stated objectives. The Government Performance Results Act Modernization Act (GPRAMA) measure for this Cooperative Agreement will be collected by the National Center but may require efforts on the part of the HWRCs for data collection and submission to the EHB system. GPRAMA is meant to focus results of the grantee activities, such as dissemination, responsiveness, and program quality. The probable GPRAMA measures for this project include:

- The number of policy briefs and presentations given, the topic and audience the brief or presentation was given to, the number of participants;
- Number of journals submitted to, where published and the audience who the journal reaches; and
- The impact factor of the journal and number of subscribers.

BHP expects to revise this performance measure over the next four years to assess the overall impact of the HWRC program.

**d. Transparency Act Reporting Requirements**

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

## **VII. Agency Contacts**

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

Bruce a. Holmes, Senior Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane  
Room 11A-55  
Rockville, MD 20857  
Telephone: 301-443-0752  
Email: Bholmes@hrsa.gov

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

Margaret Glos, Management Analyst, National Center for Health Workforce Analysis, Bureau of Health Professions  
Attn: National Center for Health Workforce Analysis  
Parklawn Building, Room 9-57  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: 301-443-3579  
MGlos@hrsa.gov

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

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

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**

One Technical Assistance call is scheduled to help applicants understand, prepare and submit a grant application. Detailed information on the calls is below:

Date and time: Monday, December 17, 2012 at 3:00 p.m. ET  
Call-in Number: 888-769-9402  
Participant Code: 4752658  
Adobe Connect Link: <https://hrsa.connectsolutions.com/hwrcta/>

For replay information (The recording will be available until February 17, 2013): 800-819-5738"

For additional information or to receive a copy of the presentation materials following the teleconference, call: 301-443-3579

### **Helpful Web Sites:**

For HRSA: [www.hrsa.gov](http://www.hrsa.gov)

For the National Center: [www.bhpr.hrsa.gov/healthworkforce/index.html](http://www.bhpr.hrsa.gov/healthworkforce/index.html)

## **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>.

In addition, BHPr has developed a number of recorded webcasts with information that may assist you in preparing a competitive application. These webcasts can be accessed at: <http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.

Finally, a concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: <http://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.