

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

Bureau of Health Professions

Division of Nursing

Nurse Anesthetist Traineeship Program (NAT)

**Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT

FISCAL YEAR 2013

Modified on 11/19 to include lobbying certification information in Section IV.2.vii.

Phase 1: Application Due Date in Grants.gov: December 17, 2012 (11:59 PM ET)

Phase 2: Supplemental Information Due Date in EHBs: January 14, 2013 (5:00 PM ET)

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

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Authority: Title VIII, Section 811(a)(2) of the Public Health Service (PHS) Act, (42 U.S.C. 296j(a)(2)), as amended by Section 5308 of the Patient Protection and Affordable Care Act, Public Law 111-148.

EXECUTIVE SUMMARY

The purpose of the Nurse Anesthetist Traineeship (NAT) Program is to provide traineeship support for licensed registered nurses enrolled as full-time students in a master's or doctoral nurse anesthesia program. Traineeships will pay the costs of the tuition, books, and fees, and the reasonable living expenses (stipends) of trainees during the period for which the traineeship is provided. The funds appropriated for the NAT Program are distributed among eligible institutions based on a formula. Based on the President's budget, approximately \$2,250,000 million is estimated to be available in fiscal year (FY) 2013 to support eligible nurse anesthetist programs.

CHANGES IN THE FY 2013 FUNDING OPPORTUNITY ANNOUNCEMENT FOR THE NAT PROGRAM

- New Institution Diversity Statement
- Statutory Funding Preference (NAT Table 2A) – modification to prior formula
- Special Consideration (NAT Table 2A) – modification to prior award “Special consideration will be given to those applicants who demonstrate a “high rate” of graduates practicing in Health Professional Shortage Areas (HPSAs) after graduation, contingent to receiving some type of student assistance.”

Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments and other public or private nonprofit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with Section 802. All Nurse Anesthetist Programs must be accredited as outlined in this Funding Opportunity Announcement.

**** TECHNICAL ASSISTANCE Webinar ****

A NAT Technical Assistance Webinar is scheduled for the FY 2013 application cycle for Thursday, December 6, 2012 – 12:00 noon-2:00pm ET. Technical Assistance will help prepare NAT applicants for the FY 2013 application period, communicate significant program changes, visually highlight key steps and procedures on the NAT Tables and offer applicants an opportunity to ask questions pertaining to the information presented in the Webinar.

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. Purpose.....	1
2. Background	3
II. AWARD INFORMATION	4
1. Type of Award	4
2. Summary of Funding	4
III. ELIGIBILITY INFORMATION	4
1. Eligible Applicants	4
2. Cost Sharing/Matching	5
3. Other.....	5
IV. APPLICATION AND SUBMISSION INFORMATION	6
1. Address to Request Application Package.....	6
2. Content and Form of Application Submission	8
<i>i. Application Face Page</i>	12
<i>ii. Table of Contents</i>	12
<i>iii. Budget</i>	12
<i>iv. Budget Justification</i>	12
<i>v. Staffing Plan and Personnel Requirements</i>	12
<i>vi. Assurances</i>	13
<i>vii. Certifications</i>	13
<i>viii. Project Abstract</i>	13
<i>ix. Project Narrative</i>	15
<i>x. NAT Program Specific Forms – HRSA EHBs</i>	16
<i>xi. Attachments</i>	16
3. Submission Dates and Times	19
4. Intergovernmental Review	20
5. Funding Restrictions.....	20
6. Other Submission Requirements.....	21
V. APPLICATION REVIEW INFORMATION	22
1. Review Criteria.....	22
2. Review and Selection Process.....	22
3. Anticipated Announcement and Award Dates.....	24
VI. AWARD ADMINISTRATION INFORMATION	24
1. Award Notices.....	24
2. Administrative and National Policy Requirements.....	24
3. Reporting.....	27
VII. AGENCY CONTACTS	28
VIII. OTHER INFORMATION:	29
IX. TIPS FOR WRITING A STRONG APPLICATION	35
APPENDIX A	36

I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The purpose of the Nurse Anesthetist Traineeship (NAT) Program is to provide traineeship support for licensed registered nurses enrolled as full-time students in a masters or doctoral nurse anesthesia program. Traineeships will pay all or part of the costs of the tuition, books, fees, and the reasonable living expenses of the individual during the period for which the traineeship is provided. This program is authorized by Title VIII of the Public Health Service (PHS) Act, Section 811(a)(2), (42 U.S.C. 296j(a)(2)), as amended by Section 5308 of the Patient Protection and Affordable Care Act, Public Law 111-148.

Requirements for the Nurse Anesthetist Traineeship Program

The institution must adhere to all statutory requirements, the NAT Program Terms which are also stated in the Notice of Award (if funded) and the use of grant funds, student eligibility, appointment of student trainees, length of support and termination of student trainees. The grantee is responsible for the disbursement of grant funds to eligible NAT students.

NAT Program Terms

- 1) Nurse Anesthetist Traineeships may be awarded to full-time nurse-anesthetist students who are enrolled in an accredited Nurse Anesthesia Program.
- 2) Grant funds may not be used for travel, daily commuting costs of trainees, non-trainee expenses, or indirect costs of the educational institution.
- 3) Grant funds are not to exceed \$22,000 per trainee per annum and limited to the payment for the costs of tuition and fees, books (including up to \$1,500 per trainee for required textbooks), and reasonable living expenses (stipends). Training periods that are less than a year are to be pro-rated for reasonable living expenses (stipends) of the individual during the period for which the traineeship is provided.
- 4) Statement of Appointment form must be signed by the project director and trainee and maintained at the institution for a period of three years, primarily for auditing and data collection purposes. The trainee should receive a copy.
- 5) All nursing programs and consortium partners, if applicable, associated with the project must be accredited for the purpose of nursing education. The grantee must provide evidence of continued/ongoing accreditation by the appropriate national nurse education accrediting agency (Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists is the main accrediting body for nurse anesthesia programs) or State approval agency recognized by the Secretary of the United States Department of Education within 30 days of its decisions. Failure to do so could result in a disallowance of expenditures.

Use of Grant Funds – The grantee is responsible for the disbursement of grant funds to eligible students. The following statements indicate how traineeship grant funds may be used:

- 1) NAT grant funds may be used only to support traineeships awarded under the terms of the Notice of Award.
- 2) Traineeship awards are limited to \$22,000 per year per trainee which includes costs of tuition and fees, books (up to \$1,500 per trainee for required textbooks), and reasonable

living expenses (stipends). Stipends are to be pro-rated for training periods involving less than 12 months.

- 3) Books for library or personal use may not be charged to the grant.
- 4) Trainee travel is not an allowable expense.
- 5) Indirect costs (Facilities & Administrative Costs) are not applicable.

Appointment of Trainees – The grantee is responsible for the appointment of eligible students as trainees, following the receipt of the Notice of Award:

- 1) For FY 2013, students in the first and second years (and beyond) of an accredited nurse anesthesia education program are eligible to receive support under the NAT Program.
- 2) A trainee may be appointed at the beginning of any academic period, including a summer session, which falls within the budget period specified by the current Notice of Award.
- 3) The training period supported by a traineeship may extend beyond the budget period only if the training is continuous.
- 4) Each new appointment or reappointment must be made for a period of not less than 9 months, except to complete the required program of study.
- 5) No appointment may exceed 12 months. A re-appointment may not exceed 9 months.
- 6) The traineeship is not transferable from the grantee institution which provided the support. An appointment may be provided by more than one institution if the student who has a traineeship at one institution receives an appointment in another institution, but only if the cumulative traineeship support received does not exceed 30 months.
- 7) A Statement of Appointment form must be signed by the Project Director and trainee and must be maintained at the institution for a period of three years, primarily for auditing and data collection purposes. Trainees must agree to provide the institution with the necessary information to complete the required Statement of Appointment form. The trainee should receive a copy. The most recent Statement of Appointment form may be accessed via the following link: <http://grants.nih.gov/training/phs2271.pdf>. NOTE: disregard the direction “Return this form to the PHS awarding component.” The form should be maintained at the institution and not submitted to HRSA.
- 8) Trainees must agree to submit data regarding professional activity following graduation to the School of Nursing.

Length of Support – Under the NAT Program, the maximum length of support per student is limited to a cumulative total of 30 months. The initial traineeship appointment must be made for a full academic year, not to exceed 12 months. However, a shorter appointment or re-appointment may be made when necessary to enable the trainee to complete the training program.

Termination of Trainees – The grantee is responsible for monitoring the academic success or failure of each trainee and for the termination of an NAT trainee, if the trainee:

- 1) is unable to complete the program of study for which the traineeship was awarded;
- 2) withdraws from the institution prior to the scheduled completion of the program;
- 3) fails to meet the predetermined academic standards of the institution; or
- 4) requests to terminate NAT Program support.

2. Background

Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP) programs provide policy leadership and grant support for health professions workforce development—making sure the U.S. has the right clinicians, with the right skills, working where they are needed. Many Americans lack access to an ongoing source of health care. This is primarily attributable to two factors: lack of health insurance and a shortage of health professionals.

HRSA's health professions programs are designed to address these growing shortages throughout the country. These programs, which include a wide-range of training programs, scholarships, loans, and loan repayments for health professions students and practitioners, are essential to producing health professionals who provide high quality, culturally competent health care.

Nursing education and practice are a central focus of BHP's healthcare workforce strategy. The BHP's Division of Nursing provides national leadership in the development, supply, and utilization of a diverse, culturally competent nursing workforce that can adapt to the nation's changing health care needs and provide the highest quality care for all. Health professions grants improve access to health care by helping health professions training programs address some of the most pressing needs across the U.S. health workforce.

- **Distribution**--encouraging clinicians to practice in underserved areas and care for underserved people.
- **Diversity**--increasing the number of racial and ethnic minority clinicians to mirror the U.S. population.
- **Development**--preparing clinicians to meet the growing need for primary health care in general, and more specifically, primary health care for underserved populations, including the young, the old, people with disabilities, and other high-risk groups.

NAT History

The Nurse Training Amendments of 1979 (P.L. 96-76) authorized Nurse Anesthetist Traineeships.

According to the American Association of Nurse Anesthetists (AANA), CRNAs have provided anesthesia care to patients in the United States of America for almost 150 years. CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100 percent of the rural hospitals.

CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, public health services, and Department of Veterans Affairs healthcare facilities.

Nurse Anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines since WWI, including current conflicts in the Middle East. Furthermore, they have been the main providers of anesthesia care to U.S. military personnel receiving treatment at healthcare facilities. The credential CRNA (Certified Registered Nurse Anesthetist) came into existence in 1956.

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine. Reference: American Association of Nurse Anesthetists, <http://www.aana.com/ceandeducation/becomeacrna/Pages/Nurse-Anesthetists-at-a-Glance.aspx>

II. AWARD INFORMATION

1. Type of Award

Funding is provided in the form of grants distributed to eligible institutions based on a formula that is calculated using 1) the funding preference and special consideration and 2) the total FTE nurse anesthesia students at the institution.

2. Summary of Funding

The NAT Program will provide funding during federal fiscal year 2013. Approximately \$2,250,000 million is expected to be available to fund eligible nurse anesthesia programs. NAT applicants must apply annually for funding.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments and other public or private nonprofit entities determined appropriate by the Secretary that submit an application and are accredited for the provision of nurse anesthesia educational program by designated accrediting organizations.

The school must be located in the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, and the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau.

Eligible Applicants must be accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists.

All nursing programs and consortium partners associated with the project and conferring degrees

must be accredited for the purpose of nursing education. Applicants must submit documentation providing proof of accreditation (e.g., the accreditation letter from the accrediting agency specifically stating that accreditation has been granted and the period of time covered by the accreditation) with the application. Links to the accrediting body website will not suffice as evidence of accreditation.

Accreditation for Newly Established Graduate Program of Nursing:

A new program of nursing that is not eligible for accreditation at the time of the submission of an application by such recognized accrediting bodies or state agency shall be deemed accredited if the Secretary of Education finds that there is reasonable assurance that the program will meet the accreditation standards of such bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program. The Letter of Reasonable Assurance from the United States Department of Education must be submitted with the application.

Applicants requesting support for doctoral programs should include documentation of accreditation of their graduate programs.

Nurse Anesthetist program applicants must include accreditation from COA for both master's and doctoral level programs.

Eligible Students – To be eligible for NAT Program support, the student must be:

1. A registered nurse enrolled full-time in a master's or doctoral nurse anesthesia program;
2. A citizen of the United States, a non-citizen national, or foreign national who possesses a visa permitting permanent residence in the United States (individuals on temporary or student visas are NOT eligible to receive NAT Program support);
3. Eligible to sit for the certification examination from the American Association of Nurse Anesthetists (AANA) Council on Certification of Nurse Anesthetists to become a Certified Registered Nurse Anesthetist (CRNA) upon program completion

2. Cost Sharing/Matching

Cost sharing/matching is not required for the NAT program.

3. Other

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

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

Number of Applications: Applicants can submit only one application per campus. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty.

Approvals (if applicable): Applicants must provide documentation of all approvals (as defined in Section VIII of this Funding Opportunity Announcement) needed to enroll students into a new master's or doctoral program. The documentation **must be included in the application** when it is submitted in order to be considered for funding. This includes approval from the school, the college/university and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

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 and the HRSA EHBs. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov / HRSA EHBs portals. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov / HRSA EHBs Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov / HRSA EHBs. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

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

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

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

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

notifications will come from SAM.

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

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

Items to consider are:

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

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

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), 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 424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

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

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

2. Content and Form of Application Submission

Application Format Requirements

IMPORTANT NOTE: HRSA uses a two-tier submission process for the NAT applications via Grants.gov and the HRSA EHBs:

- **Phase 1 – Grants.gov** - Standard Form (SF-424 R&R Form), SF-424B, Project/Performance Site Location(s) Form, and if applicable, the SF-LLL Disclosure of Lobbying Activities form must be submitted via Grants.gov with a due date of December 17, 2012 at 11:59 P.M. Eastern Time.
- **Phase 2 - HRSA EHBs** – Biographical Sketch, Project Abstract, Program Narrative, NAT Attachments, and NAT Program Specific Tables must be submitted via the HRSA’s EHBs with a due date of January 14, 2013 at 5:00 P.M. Eastern Time.

Only applicants who successfully submit an application in Grants.Gov (Phase 1) by the due date may submit the additional information and NAT Program Specific Tables in HRSA’s EHBs (Phase 2).

The total size of all uploaded files may not exceed the equivalent of 45 pages when printed by HRSA. The total file size may not exceed 10 MB. The 45-page limit includes the project abstract, program narrative, attachments and NAT Tables. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 45-page limit. Do not reduce the size of the fonts or margins to save space. When converted to a single PDF, fonts will be changed to the required 12-point size and one-inch margins will be restored (per formatting instructions in Section 5 of the Electronic Submission User Guide referenced above). The 45-page limit will then be imposed.**

Applications must be complete, within the 45-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 Short Application Kit/ NAT Program – Table of Contents for Grants.gov

-  **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 and 2.	Not counted in the page limit.
Project/Performance Site Locations(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site locations.	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. Complete if applicable.

-  **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.**
-  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.

Table of Contents for HRSA EHBs

NAT Tables 1 through 5 must be entered electronically into the HRSA EHBs as Phase 2 of the application process.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
NAT Program Tables	Form	<p>Table 1 - NAT: Enrollment, Traineeship Support, Graduate and Projected Data</p> <p>Table 2A - NAT: Graduate Data – Rural, Underserved, or Public Health</p> <p>Table 2B - NAT: Graduates Supported by Traineeship Data – Rural, Underserved, or Public Health</p> <p>Table 3 - NAT: Ethnicity Data</p> <p>Table 4 – NAT: Race /Disadvantaged Data</p> <p>Table 5 – NAT: Age and Gender Data</p>	<p>All Tables are counted in the page limit.</p> <p>NAT Table 2A and NAT Table 2B are counted as separate pages in the page limit.</p> <p>NAT Tables 4A, 4B, and 4C are counted as separate pages in the page limit.</p>
Project Abstract	Attachment	Complete in HRSA EHBs.	Required attachment. Counted in the page limit. Refer to Funding Opportunity Announcement for detailed instructions.
Project Narrative	Attachment	Complete in HRSA EHBs.	Required attachment. Counted in the page limit. Refer to Funding Opportunity Announcement for detailed instructions.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Full-Time Status/Tuition, Fees and Stipends. Counted in the page limit.
Attachment 2	Accreditation Documentation. Counted in the page limit.
Attachment 3 (if applicable)	Approval Documentation. Counted in the page limit.
Attachment 4	Biographical Sketch for the Project Director. Counted in the page limit.
Attachment 5	Maintenance of Effort Documentation. Counted in the page limit.
Attachment 6	Institution Diversity Statement. Counted in the page limit.
Attachments 7-15	Other NAT Attachments not required elsewhere. Counted in the page limit.

Application Format

i. Application Face Page

Complete Application SF-424 R&R Short Form provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic (CFDA) Assistance, the CFDA Number is 93.124.

DUNS Number

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

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with 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 NAT Program is a formula-based grant program that does not require submission of a formal budget. **However, enter the dollar amount of the Total Estimated Project Funding on the SF 424 R&R – Estimated Project Funding Section (for data analysis purposes only as this data will not be used in the formula calculation for the award).** Indirect Costs (Facilities and Administrative - F&A Costs) are not applicable to the NAT Program.

iv. Budget Justification

The NAT Program is a formula-based grant program that does not require submission of a formal budget. A budget justification is not required.

v. Staffing Plan and Personnel Requirements – HRSA EHBs

Applicants must provide a Biographical Sketch for the Project Director that will be assigned to the project. Include as Attachment 4 in the HRSA EHBs.

vi. Assurances – Grants.gov

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

vii. Certifications – Grants.gov

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

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

Lobbying

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

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

Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 5 in the HRSA EHBs.

viii. Project Abstract – HRSA EHBs

Provide a summary of the application. Because the abstract is often distributed to provide information

to the public and Congress, please prepare this abstract so that it is clear, accurate, concise, and without reference to other parts of the application.

The abstract should provide the following:

- 1) A brief overview of the project as a whole, and its special focus, including the NAT Program's purpose, disciplines, and number of students involved;
- 2) Specific, measurable objectives which the project will accomplish;
- 3) How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

Attach the Project Abstract in the Other Information – Other Project Information section in the HRSA EHBs.

Please place the following at the top of the project abstract:

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

The Project Abstract must be single-spaced and limited to one page in length.

ix. Project Narrative – HRSA EHBs

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

Attach the Project Narrative in the Other Information – Other Project Information section in the HRSA EHBs.

Use the following section headers for the Project Narrative:

- **INTRODUCTION**
Briefly describe the purpose of the proposed project and the nurse anesthesia program offered at the institution. A statement regarding eligibility for graduates of the program to sit for the national certification examination from the American Association of Nurse Anesthetists (AANA) Council on Certification of Nurse Anesthetists must be included
- **NEEDS ASSESSMENT**
Briefly describe the institution’s need for traineeship support and the impact that the traineeship program has on the institution. Also describe the impact of the NAT Program on the trainees and the impact on rural/underserved areas that trainees may eventually serve.
- **ACCOMPLISHMENT SUMMARY: To be completed by applicants who have received funding for the NAT program within the last four (4) years:**

Include a brief (three (3) pages maximum) description of the benefits and effects that the NAT Program has on your students and programs. It should present the quantitative and qualitative measures used to evaluate the project in the context of each funded objective and the results obtained for each, including the number of trainees. It should address how performance and evaluation information was used to develop the project for which funding is being requested. It should include a list of articles published in peer-reviewed journals presenting the outcomes of activities supported by grant funds if applicable.
- **EVALUATION PLAN**
Provide an evaluation plan that 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.;
 - 3) Quality assurance plan: process to validate data collection and results; and
 - 4) Evaluation report: written description of evaluation activities, results, challenges, and recommendations.
- **ORGANIZATIONAL INFORMATION**
Provide information on the School of Nursing or sponsoring institution’s current mission and structure, scope of current activities, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.
 - 1) Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent and health literate services.

- 2) Describe how the target populations of communities served are routinely evaluated and how specific needs are addressed.
- 3) Describe efforts to address diversity and how graduates serve in rural/underserved communities/populations.

x. NAT Program Specific Forms – HRSA EHBs

Complete the following NAT program-specific tables that are located in Appendix A.

Table 1: NAT: Enrollment, Traineeship Support, Graduate and Projected Data

Table 2A: NAT: Graduate Data – Rural, Underserved, or Public Health

Table 2B: NAT: Graduates Supported by Traineeship Data – Rural, Underserved, or Public Health

Table 3: NAT: Ethnicity Data

Table 4: NAT: Race / Disadvantaged Data

Table 5: NAT: Age and Gender Data

xi. 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.

All of the following attachments should be submitted in HRSA EHB's:

Attachment 1: NAT Full-Time Status Tuition, Fees and Stipends

Full-Time Status

Provide information on how the applicant institution defines the following:

- 1) Full-time graduate study: Indicate the number of credit hours or units required per term.

Tuition, Fees and Stipends

- 1) Provide the in-state and out-of-state tuition costs for full-time students.
- 2) Based on the “Projected Full-time Student Enrollees” reported on Table 1, indicate the **total cost of tuition and fees** that would be required to support all the graduate students eligible for support from July 1, 2013 - June 30, 2014 for a 12-month period, if funds were available.
- 3) Based on the “Projected Full-time Student Enrollees” reported on Table 1, indicate the **total cost of stipend support** that would be required to support all the graduate students eligible for support from July 1, 2013 - June 30, 2014, if funds were available.

Attachment 2: Accreditation Documentation

Accreditation Instructions: Provide the name of the education program that is accredited (i.e., Master of Science in Nurse Anesthesia, Doctor of Nurse Anesthesia Practice) and the national nursing accrediting agency (i.e., Council on Accreditation of Nurse Anesthesia Educational Programs) along

with the expiration date. If a site visit is scheduled within the next 12 months, provide the date for the visit. Use the following format:

Masters of Nurse Anesthesia

Accredited by: Council on Accreditation of Nurse Anesthesia Educational Programs

Expiration Date: June 30, 2015

Next site visit: Fall 2014

Attach the Accreditation Documentation – the letter of accreditation from the accrediting agency or letter from the United States Department of Education providing reasonable assurance of accreditation of the Program.

ACCREDITATION OF NEW PROGRAMS

The following process must be followed for new graduate program applicants just beginning the accreditation process who wish to establish eligibility:

- The applicant must contact a national nursing accrediting agency recognized by the Secretary of the Department of Education to obtain a reasonable assurance letter. These agencies are listed above. The letter from the recognized agency should state whether there is reasonable assurance that the new program will be able to meet the accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program. The letter from the recognized accrediting body must answer the following questions related to the new program:
 - 1) Is this program actively pursuing accreditation with your agency?
 - 2) Provide the dates on which the on-site evaluation is scheduled for the program and the dates on which the agency is expected to make an accreditation decision about the program.
 - 3) Are any other nursing education programs at this institution currently accredited by your agency, and are those programs in good standing with your agency?
 - 4) At this point in the application process, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program's application and reviewed by your agency, as well as any on-site evaluations that have occurred.
 - 5) Based on your records, does the program have the ability to meet the accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program.
 - 6) Based on your agency's review of the program to date, do you have any reason to believe that the program will be unable to demonstrate compliance with your standards and requirements and gain accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program? If so, why?

- The applicant will submit the request for a letter of assurance along with attached copies of the letter from the recognized body and any supporting documentation regarding the accreditation or approval of the nursing program to:

United States Department of Education

Office of Postsecondary Education

Department of Education Organizational Structure and Offices

[Accreditation and State Liaison \(ASL\)](#)

1990 K Street NW, Room 7008

Washington, District of Columbia 20006-8509

Telephone: (202) 219-7011 or 202-219-7018

Fax: (202) 219-7005

Attn: Dr. Nancy C. Regan

Email to: Nancy.Regan@ed.gov

- To allow for processing time, **at least 30 days prior to the HRSA application due date of December 17, 2012**, applicants should submit to the Department of Education the above information, with their request for a letter documenting the Secretary’s determination that there is “reasonable assurance” the new graduate program will meet the appropriate accreditation standards and achieve accreditation prior to the beginning of the academic year following the graduation date of students of the first entering class in the program. **The program will need to include a contact name(s), address(es), phone number(s), and email addresses with all correspondence sent to the Department of Education.**
- The Department of Education staff will review the documents submitted by the applicant, make a “reasonable assurance” determination, and send the applicant a letter documenting the Secretary’s determination.
- **The applicant must include this letter from the Department of Education with the HRSA program application.**

Attachment 3: Approval Documentation (if applicable)

NEW PROGRAM APPROVAL DOCUMENTATION

Each University/College has a unique process for gaining approval to start new programs. Applicants must provide documentation of all approvals (as defined in Section VIII of this funding opportunity announcement) needed to enroll students into a new master’s or doctoral program. The documentation **must be included in the application** when it is submitted in order to be considered for funding. This includes approval from the school, the college/university, and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

Attachment 4: Biographical Sketch of the Project Director

Include a Biographical Sketch, not to exceed two pages in length. 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. Each proposed project may have **only one** Project Director.

Attachment 5: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURE

FY 2012 (Actual)	FY 2013 (Estimated)
Actual FY 2012 non-Federal funds, including in-kind, expended for activities proposed in the application. If proposed activities are not currently funded by the institution, enter \$0.	Estimated FY 2013 non-Federal funds, including in-kind, designated for activities proposed in the application.
Amount: \$ _____	Amount: \$ _____

Attachment 6: Institution Diversity Statement

- 1) Describe the school’s approach to increasing the number of diverse (Nurse Anesthetists) through an established strategic plan, policies, and program initiatives.
- 2) Describe the school’s recent performance in recruiting and graduating students from underrepresented minority groups and/or students from educationally and economically disadvantaged backgrounds (into the organization’s Nurse Anesthesia Program).
- 3) Describe the school’s future plans to recruit, retain, and graduate students from underrepresented minority groups and students from educationally and economically disadvantaged backgrounds (into the Nurse Anesthesia Program).

Attachments 7 – 15: Other NAT Attachments not required elsewhere.

Counted in the page limit.

3. Submission Dates and Times

Application Due Dates

The due date for applications under this Funding Opportunity Announcement in Grants.gov (Phase 1) is December 17, 2012 at 11:59 P.M. Eastern Time. The due date to complete all other required information in HRSA’s EHBs (Phase 2) is January 14, 2013 at 5:00 P.M. Eastern Time. Applications completed online are considered formally submitted and meeting the deadline if: (1) the application has been successfully transmitted electronically to the correct funding opportunity number, by your organization’s Authorized Organization Representative (AOR) through Grants.gov and it has been validated by Grants.gov on or before the deadline date and time, and (2) the Project Director has entered the HRSA EHBs to review the application, and the AOR submits additional information for the application on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system.

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 due dates 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).

After successful submission in Grants.gov (Phase 1) and subsequent processing by HRSA, you will be notified by HRSA confirming the successful receipt of your application and the requirements for the Project Director and Authorizing Official to review and submit additional information in the HRSA's EHBs (Phase 2). Your application will not be considered compliant and complete unless you review and submit the additional information in HRSA's EHBs by the due date.

Notifications from HRSA EHBs are expected to go out within 7 business days from the date of submission. If you do not receive notification that your application has been successfully received, please contact the HRSA Call Center at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 p.m. ET or email callcenter@hrsa.gov. Please have your Grants.gov tracking number available.

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 NAT Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

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

- 1) Books for library or personal use may not be charged to the grant.
- 2) Trainee travel is not an allowable expense.
- 3) Indirect (F&A) Costs are not applicable to the NAT Program.

Because of the formula, awards to new schools/programs (reference Section VIII. Other Information – Program Definitions) with few enrollees or graduates may be limited and a minimum award of \$1,000 may be awarded.

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 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 and the HRSA EHBs. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. 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 register successfully register in Grants.gov; it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with 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 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 dates. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadlines. Therefore, you are urged to submit your application in advance of the deadlines. If your application is rejected by Grants.gov / HRSA EHBs due to errors, you must correct the application and resubmit it to Grants.gov / HRSA EHBs before the deadline date dates and times. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

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

V. APPLICATION REVIEW INFORMATION

1. Review Criteria

The NAT Program is a formula-based grant program. HRSA is responsible for the review of each application for eligibility including accreditation status, Project Director qualifications, completeness and accuracy (including the data reported on NAT Tables 1 – 5) and compliance with the requirements outlined in this Funding Opportunity Announcement.

2. Review and Selection Process

The funds appropriated for the NAT Program are distributed among eligible institutions based on a formula. Applicants are required to provide program data on student enrollment, traineeship support and

graduates. **Program data reported on NAT Tables 1 and 2A are used to determine funding.** Program data reported on NAT Tables 2B – 5 are essential for data analysis and performance measurements. All NAT Tables must be submitted electronically in the HRSA EHBs with the Phase 2 submission.

Applications received without the appropriate tables will be deemed non-responsive to the Funding Opportunity Announcement and will not be considered for funding under this announcement.

FUNDING FACTORS

Two funding factors-the statutory funding preference and special consideration described below are available and can provide a favorable financial adjustment of the NAT formula that is used in determining the amount of the grant award.

Statutory Funding Preference

As provided in Section 805 of the PHS Act, a statutory funding preference will be applied to projects “that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.” Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference.

Meeting the Statutory Funding Preference:

Projects that “substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments” are ones that will result in a “high rate” of graduates accepting positions in practice settings that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. Data provided on practice setting locations of graduates reported in Table 2A- NAT: Graduate Data – Rural, Underserved, or Public Health (7/01/11 – 6/30/12) will be used to determine if the applicant meets the criteria for the statutory funding preference.

“High rate” is defined as a minimum of 40 percent of graduates in academic year 7/1/2011-6/30/2012 employed in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments.

Special Consideration

For the NAT Program, Section 811(g)(2) of the PHS Act provides for a “Special Consideration” to any eligible entity that “agrees to expend the award to train advanced education nurses who will practice in health professional shortage areas (HPSAs) designated under Section 332” of the PHS Act.

Meeting the Special Consideration:

Special consideration will be given to those applicants who demonstrate a “high rate” of graduates practicing in Health Professional Shortage Areas (HPSAs) after graduation, contingent to receiving some type of student assistance. For the purpose of this special consideration, data collected on number of graduates reported under the HPSA category in Table 2A- NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/11 - 6/30/12) will be used to determine if the applicant has met the requirement.

“High rate” is defined as a minimum of 40 percent of graduates in academic year 7/1/2011-6/30/2012 employed in Health Professional Shortage Areas (HPSAs). More information about HPSAs is available on the BHPr websites: <http://bhpr.hrsa.gov/shortage/> and <http://hpsafind.hrsa.gov/>

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the review process, including whether the application was eligible for funding. Applicants who are eligible for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

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

2. Administrative and National Policy Requirements

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

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

Non-Discrimination Requirements

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

more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons

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

Smoke-Free Workplace

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

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA-funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

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>.

Diversity

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPr) 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, BHPr 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.

To the extent possible, program grant activities should strive to support the guiding principles identified by BHPr to increase diversity in the health professions workforce.

Health IT

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

Related Health IT Resources:

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

3. Reporting

The successful applicant under this Funding Opportunity Announcement must comply with the following reporting and review activities:

a. **Audit Requirements**

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

b. **Payment Management Requirements**

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

c. **Status Reports**

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule:
<http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>
The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the NoA.
- 2) **Performance and Final Reports.** Grantees are required to submit BHPPr Performance Reports. All Bureau of Health Professions (BHPPr) grantees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Reporting Modernization Act of 2010 (GPRA). In addition, Section 5103 of the Patient Protection and Affordable Care Act requires that BHPPr grantees provide longitudinal data for individuals who receive training and financial assistance from BHPPr programs. The required performance measures for this program can be found at <http://bhpr.hrsa.gov/grants/reporting/index.html>. For grantees who submit applications for funding in the following year, the application itself serves as the progress/final report for the preceding grant. For grantees who do not submit applications in the following year, HRSA requires that they submit a brief final report that includes the information that would have been included in the accomplishments summary of the application within 90 days of the end of the grant.

d. **Transparency Act Reporting Requirements**

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

Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative or fiscal issues related to this Funding Opportunity Announcement by contacting:

Ardena Githara, MNM
Grants Management Specialist
ATTN: NAT (A22)
Division of Grants Management Operation, OFAM
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Telephone: 301-443-4903
Fax: 301-443-6343
Email Address: AGithara@HRSA.gov

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

Karen Delia Breeden, MPA
Public Health (Program) Analyst
ATTN: NAT (A22)
Bureau of Health Professions, HRSA
Division of Nursing
5600 Fishers Lane Room 9-61
Rockville, MD 20857
Telephone: 301-443-5787
Fax: 301-443-0791
Email Address: KBreeden@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
Phone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

VIII. OTHER INFORMATION:

**** TECHNICAL ASSISTANCE Webinar ****

A NAT Technical Assistance Webinar is scheduled for the FY 2013 application cycle for Thursday, December 6, 2012 – 12:00 noon-2:00pm Eastern Time. Technical Assistance will help prepare NAT applicants for the FY 2013 application period, communicate significant program changes, visually highlight key steps and procedures on the NAT Tables and offer applicants an opportunity to ask questions pertaining to the information presented in the Webinar.

PROGRAM DEFINITIONS

“Academic Health Center” means an institution that includes a school of medicine, a teaching hospital, and at least one additional health education school (e.g. nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy. While the organization and structure may vary, it must include an accredited school of nursing.

“Accredited” means a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education.

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of students of the first entering class in such a program. (See section 801(6)(B) of the PHS Act).

“Approval” means that a specific body, committee, Board, or Commission at the faculty, department, school, university, or state levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, or letter from State Board of Nursing. Each university/college has a unique process for gaining approval to start new programs, especially new masters and doctoral programs. Examples of steps in the approval process are the following: nursing faculty curriculum committee, Faculty Senate, Board of Regents of the University, State Finance Board for Higher Education, State Board of Nursing. Applicants must list the entities whose agreement is necessary to initiate the program and enroll students in the program of study.

“Authorized Official / Authorized Organizational Representative” means the individual authorized by the applicant organization to act for the applicant and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. Responsibilities include: submitting the grant on behalf of the company, organization, institution, or Government and signing grant applications and the required certifications and/or assurances necessary to fulfill the requirements of the application process.

“Certification” means a process by which an agency or organization validates, based upon predetermined standards, an individual nurse’s qualifications and knowledge for practice in a defined functional or clinical area of nursing.

“Cultural competence” means a set of academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities within, as well as among and between, groups. This requires willingness and ability to draw on values, traditions, and customs of the populations served and the ability to develop culturally sensitive interventions. Curriculum is a set of courses constituting an area of specialization. Didactic training involves traditional classroom or virtual education forums wherein trainees receive instruction from designated faculty members and/or clinicians.

“Direct Costs” means costs that can be specifically identified with a particular project or activity. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the project or activity.

“Diversity” as defined by BHP_r means the proportion and number of individuals from groups underrepresented among students, faculty, administrators, and staff (i.e., structural diversity). Diversity, however, can also be conceptualized as the diversity of interactions that take place on campus (e.g., the quality and quantity of interactions across diverse groups and the exchange of diverse ideas), as well as campus diversity-related initiatives and pedagogy (e.g., the range and quality of curricula and programming pertaining to diversity, such as cultural activities and cultural awareness workshops).”

“Doctoral Program in Nursing” means a program of instruction beyond the baccalaureate and master’s degrees in nursing (e.g. PhD, DNS, DSN, DNSc, DNP and DNAP). Doctoral programs in nursing fall into two principal types: research focus and practice focus.

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

Examples of criteria for educationally disadvantaged are below:

(1) The individual graduated from (or last attended) a high school with low SAT score based on most recent data available:

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

“Enrollee” is a trainee who is receiving training in a program, but has not finished the program during a given grant year. Enrollees do not include graduates or program completers.

“Ethnicity” means two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.” “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

“Graduate” means a trainee who has successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.

“Graduate Education Program or Training” means a program administered by an institution of higher learning, leading to a master's or higher degree.

“Health Literacy” means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

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

“Indirect Costs (Facilities and Administrative - F&A Costs)” means costs incurred by an organization for common or joint objectives and cannot be identified specifically with a particular project, program or activity, but are nonetheless necessary to the operations of the organization. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as Indirect Costs (also known as Facilities and Administrative - F&A Costs). Note that Indirect Costs are unallowable for the NAT Program.

“Medically Underserved Areas/Populations (MUA/P)” means areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of

primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

“Medically Underserved Community” means an urban or rural area or population that:

- (1) is eligible for designations under section 332 of the PHS Act as a health professional shortage area;
- (2) is eligible to be served by a migrant health center (MHC), now 330(g) of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under section 330(i) of the PHS Act (relating to residents of public housing);
- (3) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa) (2) of the Social Security Act (relating to rural health clinics); or
- (4) is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

In keeping with the Congressional intent that eligible entities should not be limited to formally designated Health Professional Shortage Areas (HPSAs) and populations served by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision has been expanded to include, but is not limited to the following:

- Community Health Centers (CHC)
- Migrant Health Centers (MHC)
- Health Care for the Homeless Grantees
- Public Housing Primary Care Grantees
- Rural Health Clinics, Federally designated
- National Health Service Corps (NHSC) Sites
- Indian Health Services (IHS) Sites
- Federally Qualified Health Centers
- Primary Medical Care Health Professional Shortage Areas (HPSAs)
- State or local Health Departments (regardless of sponsor - for example, local Health Departments that are funded by the State would qualify)
- Ambulatory practice sites designated by State Governors as serving medically underserved communities

“National of the United States” means an individual who owes his sole allegiance to the United States, including all U.S. citizens, and including some individuals who are not U.S. citizens. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

“**New**” means any program that has graduated less than three classes. After a program has graduated three classes, that program will be able to provide the information necessary for the general funding preference as defined in the law and will no longer be considered a new program.

“**Nonprofit**” as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

“**Nurse Anesthetist**” means a registered nurse that has successfully completed a nurse anesthetist education program.

“**Nurse Anesthetist Trainee**” means a student enrolled in a graduate program and who is receiving traineeship support from a BHPPr nurse anesthetist traineeship grant.

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

“**Primary care setting**” means a setting that provides integrated comprehensive and continuous, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services.

“**Program**” means a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competence(s) to practice.

“**Project**” means all proposed activities, including educational programs, specified or described in a grant application as approved for funding.

“**Project Director**” means an individual designated by the grantee to direct the project or activity being supported by the grant. He or she is responsible and accountable to the grantee and HRSA for the proper conduct of the project or activity

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

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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

Note: See “Ethnicity” for definitions of Hispanic or Latino ethnicity.

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

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

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

“Reasonable living expense (stipend)” means a payment made to an individual under a fellowship or training grant in accordance with preestablished levels to provide for the individual’s living expenses during the period of training.

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA). The White House’s Office of Management and Budget (OMB) designates counties as Metropolitan, Micropolitan, or Neither. Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metro or Micro.

For more information on Metro areas, see: <http://www.census.gov/population/metro/>

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

For more information on RUCAs, see: <http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/>

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

“School of Nursing” means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are – (A) authorized to sit for the National Council Licensure Examination-Registered Nurse (NCLEX-RN); or (B) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b), as defined in Section 801(2) of the PHS Act, as amended.

“Trainee” means a person receiving training or education in a vocation, occupation or profession.

“Underserved area/population” means but is not limited to:

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

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, 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>.

APPENDIX A

LIST OF NAT PROGRAM ATTACHMENTS, TABLES AND ELECTRONIC FORM INCLUDED IN THIS FUNDING OPPORTUNITY ANNOUNCEMENT

Reference Section IV of this Funding Opportunity Announcement for instructions on the document submission for Grants.gov (Phase 1) and the HRSA's EHBs (Phase 2).

Also, see the NAT Attachments and NAT Program Tables and Instructions information below:

NAT Attachments

- Attachment 1 Full-Time Status, Tuition, Fees and Stipends (only full-time trainees are eligible for NAT support)
- Attachment 2 Accreditation Documentation of the Program
- Attachment 3 Approval Documentation (if applicable)
- Attachment 4 Biographical Sketch of the Project Director
- Attachment 5 Maintenance of Effort Documentation
- Attachment 6 Institution Diversity Statement

NAT Program Tables and Instructions

- Table 1 - NAT: Enrollment, Traineeship Support, Graduate and Projected Data
- Table 2A - NAT: Graduate Data – Rural, Underserved, or Public Health
- Table 2B - NAT: Graduates Supported by Traineeship Data – Rural, Underserved or Public Health
- Table 3 - NAT: Ethnicity Data
- Table 4 – NAT: Race / Disadvantaged Data
- Table 5 – NAT: Age and Gender Data

NAT PROGRAM TABLES AND INSTRUCTIONS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0305. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Applicants must adhere to the table instructions to ensure that the data provided are accurate and complete.

Schools are encouraged to consult with Program Staff for technical assistance prior to submitting the grant application.

Table 1 - NAT: Enrollment, Traineeship Support, Graduate and Projected Data

Complete Table 1 summarizing student enrollment, student support, graduates, graduates supported and projected student enrollment. Instructions for completing Table 1 are below.

Students	Total # of NAT Full-time Students Enrolled (As of 10/15/12)	Total # of NAT Students Supported (07/01/11 - 06/30/12)	Total # of Graduates (07/01/11 - 06/30/12)	Total # of NAT Graduates Supported (07/01/11 - 06/30/12)	Projected Students by 10/15/2013
# Master's Students in First 12 Months of Study					
# Doctoral Students in First 12 Months of Study					
# Master's Students Beyond First 12 Months of Study					
# Doctoral Students Beyond First 12 Months of Study					

OMB NO.: 0915-0305

EXP. DATE: 03/31/2013

Instructions for Completing Table 1 - NAT:

IMPORTANT NOTES:

- **The Nurse Anesthesia Traineeship Program supports students in both the first 12 months of anesthesia study and beyond the first 12 months of anesthesia study.**
- **Students should not be counted as both an Enrollee and a Graduate.**
 - **Enrollees** – Students that are enrolled in a Nurse Anesthetist Program and have not graduated or completed the program by 10/15/12.
 - **Graduates** – Students who have successfully completed all educational requirements for the Nurse Anesthetist Program between 07/01/11-06/30/12.
 - **Report Students** who received traineeship support from 07/01/11-06/30/12 and graduated, under "TOTAL # OF GRADUATES SUPPORTED".
 - **Report Students** who received traineeship support from 07/01/11-06/30/12 and **did not** graduate, under "STUDENTS SUPPORTED BY TRAINEESHIPS."
 - Enter the "Total # of NAT Full-time Students Enrolled (As of 10/15/12)"; out of those enrollees as of 10/15/12, enter the "Total # of NAT Students Supported (07/01/11 - 06/30/12)".
- **All applicants should complete this table.**
 - Do not make any changes to this table.
 - For "**Total # of NAT Full-time Students Enrolled**", enter the total number of NAT full-time students enrolled as of 10/15/2012 by Master's and/or Doctoral level for both students in the first 12 months of study and students beyond the first 12 months of study.
 - For "**Total # of NAT Students Supported**", enter the total number of Master's and Doctoral (separately) students who were enrolled as of 10/15/2012 and of those enrollees who received Nurse Anesthetist Traineeship support from 07/01/11-06/30/12 (include students supported during the first 12 months of study and beyond 12 months of study).
 - The "**Total # of NAT Students Supported**" must be equal to or less than the "**Total Number of NAT Full-time Students Enrolled**".
 - For "**Total # of Graduates**", enter the total number of graduates beyond 12 months of study who completed degree requirements between 07/01/11-06/30/12. If this is a new program, enter "0" in the "Total # of Graduates" column.
 - For "**Total # of NAT Graduates Supported**", enter the total number of graduates beyond 12 months of study who received NAT support and completed degree requirements between 07/01/11-06/20/12. If this is a new program, enter "0" in the "Total # of NAT Graduates" column.
 - For "**Total # of NAT Projected Students**", enter the total number of NAT Master's and/or Doctoral students projected to enroll by October 15, 2013.
 - For "Grand Total", enter the Grand Totals for each column.

Table 2A - NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/11-6/30/12)

Meeting the **Statutory Funding Preference** is contingent on meeting the **Statutory Funding Preference High Rate** – reference Section V.

Meeting the **Special Consideration** is contingent on meeting the **Special Consideration High Rate** – reference Section V.

Complete Table 2A, as appropriate, providing data on the number of Nurse Anesthesia graduates who completed degree requirements between 7/1/11-6/30/12 and are employed at clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments.

Instructions for completing Table 2A are below.

Practice Settings	No. of Graduates
Community Health Centers	
Migrant Health Centers	
Health Care for the Homeless Grantees	
Public Housing Primary Care Grantees	
Rural Health Clinics	
National Health Service Corps Sites	
Indian Health Service Sites/Tribal Health Sites	
Federally Qualified Health Centers	
State or Local Health Departments	
Ambulatory Practice Sites Designated by State Governors	
Health Professional Shortage Areas (HPSAs)	
Total Number of Graduates employed in these Settings (from 07/01/11 – 06/30/12)	
Total Number of Graduates (from 07/01/11 – 06/30/12)	
Percentage of Graduates employed in these Settings	
Percentage of Graduates Employed in HPSAs (Total Number of HPSAs from row above divided by Total Number of Graduates from 07/01/11-06/30/12)	

OMB NO.: 0915-0305 EXP. DATE: 03/31/2013

Instructions for completing Table 2A - NAT:

- **All applicant institutions requesting the Statutory Funding Preference must complete this table which will be used to determine if the applicant has requested and met the Statutory Funding Preference. NAT Table 2A will also be used to determine if the applicant has met the Special Consideration (there is not a requirement to request the Special Consideration).**
- Do not make any changes to this table.
- Data on this table should reflect only the **number of nurse anesthetist graduates** who completed degree requirements between 07/01/2011 and 06/30/2012.
- Although a graduate's practice site may qualify under more than one category, each individual graduate should be reported only once.
- Enter the total number of "**Nurse Anesthetist**" graduates employed in each of the "**Practice Settings**" listed.
- Enter the "**Total Number of Graduates Employed in these Settings**" employed in the identified settings from 07/01/2011 – 06/30/2012.
- Enter the "**Total Number of Graduates**" completing degree requirements between 07/01/2011 and 06/30/2012.
- Statutory Funding Preference. The system will automatically compute the "**Percentage of Graduates Employed in these Settings**" ("Total Number of Graduates employed in these Settings" divided by the "Total Number of Graduates from 07/01/11-06/30/12").
- Special Consideration. The system will automatically compute the "**Percentage of Graduates Employed in HPSAs**" Number of Graduates from the Health Professional Shortage Areas (HPSAs) row divided by "Total Number of Graduates from 07/01/11-06/30/12").

Table 2B - NAT: Graduates Supported by Traineeships Data - Rural, Underserved, or Public Health (7/01/11-6/30/12)

Complete Table 2B, as appropriate, providing data on the number of Nurse Anesthesia graduates supported by traineeships who completed degree requirements between 7/1/11-6/30/12 and are employed at clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2B are below.

Practice Settings	No. of Graduates Supported
Community Health Centers	
Migrant Health Centers	
Health Care for the Homeless Grantees	
Public Housing Primary Care Grantees	
Rural Health Clinics	
National Health Service Corps Sites	
Indian Health Service Sites/Tribal Health Sites	
Federally Qualified Health Centers	
State or Local Health Departments	
Ambulatory Practice Sites Designated by State Governors	
Health Professional Shortage Areas (HPSAs)	
Total Number of Graduates Supported By Traineeships Employed in these Settings (from 07/01/11 – 06/30/12)	
Total Number of Graduates (from 07/01/11 – 06/30/12)	
Percentage of Graduates Supported by Traineeships Employed in these Settings	

OMB NO.: 0915-0305 EXP. DATE: 03/31/2013

Instructions for completing Table 2B - NAT:

- **All applicant institutions requesting the Statutory Funding Preference must complete this table for data analysis purposes only.**
- Do not make any changes to this table.
- Data on this table should reflect only the **number of nurse anesthetist graduates who received traineeship support** who completed degree requirements between 07/01/2011 and 06/30/2012.
- Although a graduate's practice site may qualify under more than one category, each individual graduate should be reported only once.
- Enter the total number of "**Nurse Anesthetist**" graduates who received traineeship support employed in each of the "**Practice Settings**" listed.
- Enter the "**Total Number of Graduates Supported by Traineeships Employed in these Settings**" employed in the identified settings from 07/01/2011 – 06/30/2012).
- Enter the "**Total Number of Graduates**" completing degree requirements between 07/01/2011 and 06/30/2012.
- Enter the "**Percentage of Graduates Supported by Traineeships Employed in these Settings**" employed in the identified settings ("Total Number of Graduates in these Settings" divided by the "Total Number of Graduates).

Table 3 - NAT: Ethnicity Data

Did your program have **enrollees, students supported, graduates, or graduates supported** of “Hispanic/Latino” **and/or** “Non Hispanic/ Non Latino” ethnicity between July 1, 2011 and June 30, 2012?

- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Hispanic/Latino.
- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Non Hispanic/Non Latino.
- Yes, I **do not** have data **for all**, but only have data for a **few**.
- Yes, I do not have data at **all**; the entire data is **unreported/unavailable**.

	Hispanic/Latino	Non Hispanic/ Non Latino	Unreported/ Unavailable	TOTAL
ENROLLEES (As of 10/15/12)				
STUDENTS SUPPORTED (7/1/11-6/30/12)				
GRADUATES (7/1/11-6/30/12)				

OMB NO.: 0915-0305 EXP. DATE: 03/31/2013

IMPORTANT NOTES:

Do not double count a student as both an Enrollee and a Graduate.

- **Enrollees** – Students that are enrolled in a Nurse Anesthetist Program and have not graduated or completed the program by 10/15/12.
- **Graduates** – Students who have successfully completed all educational requirements for the Nurse Anesthetist Program between 07/01/11-06/30/12.
- **Report Students** who received traineeship support from 07/01/11-06/30/12 and graduated, under "TOTAL # OF GRADUATES SUPPORTED".
- **Report Students** who received traineeship support from 07/01/11-06/30/12 and **did not** graduate, under "STUDENTS SUPPORTED BY TRAINEESHIPS." This will include students in both the first 12 months of anesthesia study and beyond the first 12 months of anesthesia study who received traineeship support from AENT during 07/01/11-06/30/12.

Instructions for completing Table 3: Ethnicity Data

- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Hispanic/Latino.
- Yes, I do have data for **all** enrollees, students supported, graduates, or graduates supported who are Non Hispanic/Non Latino.

If the above options are checked, enter data for the first two columns and fill in the corresponding Race data in tables 4A and 4B.

- Yes, I **do not** have data for **all**, but only have data for **few**. ***If this option is checked, enter data for all the three columns and fill in the corresponding Race data in tables 4A, 4B and 4C.***
- Yes, I do not have data at **all**, the entire data is **unreported/unavailable**. ***If this option is checked, enter data under the third column only and fill in the corresponding Race data in Table 4C.***

Provide the **total number of enrollees (students in the first 12 months of study and students beyond the first twelve months of study), students supported, graduates and graduates supported**, that were reported on NAT Table 1, by ethnicity category. Instructions for completing Table 3 are below.

Using the data reported on Table 1 enter the total number of **“Enrollees”, Students Supported, Graduates and Graduates Supported**” by ethnicity on Table 3. All data should be captured in one of three ethnicity categories: “Hispanic / Latino”, “Non Hispanic / Non Latino” or “Unreported / Unavailable”. The Total column on this Table 3 must reconcile with the Total numbers reported on Table 1.

- Hispanic/Latino is considered an ethnicity. On the following rows **“Enrollees, Students Supported, Graduates and Graduates Supported”** please enter the number of Hispanics / Latinos in the first column and the number of Non Hispanics / Non Latinos in the second Column.
- If your institution does not capture data on ethnicity, or the data requested is voluntary and therefore incomplete, please report the unavailable and/or unreported data in the third column of Table 3.
- “Hispanic/Latino” racial categories (White, Black, Asian, Native American or More Than One Race) will be requested on Table 4A.
- “Non Hispanic/ Non Latino” racial categories (White, Black, Asian, Native American or More Than One Race) will be requested on Table 4B.
- Enter the total number of **“Enrollees”** (students in the first 12 months of study and students beyond the first 12 months of study) by ethnicity **as of 10/15/12**.
- Enter the total number of **“Students Supported”** (students in the first 12 months of study and students beyond the first 12 months of study) by ethnicity as of **7/1/11-6/30/12**.
- Enter the total number of **“Graduates”** beyond the first 12 months of study who completed degree requirements between **7/01/11 and 6/30/12**. Enter the total number of **“Graduates Supported”** beyond the first 12 months of study by ethnicity as of **7/1/11-6/30/12**. The **TOTAL** for each row is Hispanic/Latino + Non Hispanic/ Non Latino + Unreported/Unavailable columns.

IMPORTANT NOTES: Enrollees, Students Supported, Graduates and Graduates Supported are the total numbers from Table 1 separated and reported as Hispanic/Latino and Non Hispanic/ Non Latino. If your institution does not track this data or you do not know the ethnicity of the student, include those numbers in the Unreported/ Unavailable column.

TABLE 4 - NAT: Racial/Disadvantaged Data

On the following Table 4, provide the **number of enrollees, students supported, graduates and graduates supported reported on Table 1** by race/disadvantaged category. Instructions for completing Table 4 are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable Student Ethnicity	TOTAL
ENROLLEES (As of 10/15/11)										
STUDENTS SUPPORTED (7/1/11-6/30/12)										
GRADUATES (7/1/11-6/30/12)										
GRADUATES SUPPORTED (7/1/11-6/30/12)										

OMB NO.: 0915-0305

EXP. DATE: 03/31/2013

*Any Asian *other than* Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4:

- Enter the total number of “**Enrollees**” by category and the “total” for students enrolled **as of 10/15/2012**.
- Enter the total number of “**Students Supported**” by category and the “total” for students supported **7/01/2011 and 6/30/2012**.
- Enter the total number of “**Graduates**” by category and the “total” for graduates who completed degree requirements between **7/01/2011 and 6/30/2012**.
- Enter the total number of “**Graduates Supported**” by category and the “total” for graduates supported that completed degree requirements between **7/01/2011 and 6/30/2012**.

IMPORTANT NOTES: Enrollees, Students Supported, Graduates and Graduates Supported that do not report ethnicity or racial / disadvantaged status must be reported in the “Unreported / Unavailable” column.

Also, indicate and include the Racial category of the Hispanic / Latino’s that are reported on Table 3 in each row count on Table 4 as appropriate. A Hispanic / Latino can be White, Black, Asian, Native American or More Than One Race.

When data is not captured for Hispanics / Latinos, include the numbers in the Unreported / Unavailable column.

Use the following definitions on ethnicity and race for the identified **ethnicity/racial categories**:

“**Ethnicity**” means two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.” “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

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

- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The Secretary annually adjusts the low-income levels based on the Department's poverty guidelines and makes them available to persons responsible for administering the applicable programs. The 2012 Poverty Guidelines to determine Disadvantaged status can be located at the following website: <http://aspe.hhs.gov/poverty/12fedreg.shtml>.

Table 4 – NAT: RACE / DISADVANTAGED DATA

A. HISPANIC / LATINO ETHNICITY DATA BY RACE

Provide the number of **Hispanic / Latino** enrollees, students supported, graduates and graduates supported reported on Table 1 and the first column of Table 3 by racial category. Instructions for completing Table 4A are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable	TOTAL
ENROLLEES (As of 10/15/12)										
STUDENTS SUPPORTED (7/1/11-6/30/12)										
GRADUATES (7/1/11-6/30/12)										
GRADUATES SUPPORTED (7/1/11-6/30/12)										

OMB NO.: 0915-0305 EXP. DATE: 03/31/2013

*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4A: NAT: RACE / DISADVANTAGED DATA

- Enter the number of Hispanic / Latino “**Enrollees**” by race and “total” for students enrolled as of 10/15/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of Hispanic / Latino “**Students Supported**” by race and “total” for students supported as of 7/1/11-6/30/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of Hispanic / Latino “**Graduates**” by race and “total” for graduates who completed degree requirements between 7/01/11 and 6/30/12.
- Enter the number of Hispanic / Latino “**Graduates Supported**” by race and “total” for graduates supported as of 7/1/11-6/30/12.
- **TOTAL** columns for “**Enrollees, Students Supported, Graduates and Graduates Supported**” should each reconcile with the total applicable specific data reported on NAT Table 1. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.

IMPORTANT NOTES:

Indicate and include the Race of all Hispanics / Latinos reported on Table 4 (first column) in each row on Table 4A as appropriate. A Hispanic / Latino can be White, Black, Asian, Native American or More Than One Race.

Table 4 – NAT: RACE / DISADVANTAGED DATA

B. NON HISPANIC/ Non LATINO ETHNICITY DATA BY RACE

Provide the number of **Non Hispanic / Non Latino** enrollees in the first 12 months of study and beyond the first twelve months of study of the program, students supported, graduates and graduates supported reported on Table 1 and the second column of Table 3 by racial category. Instructions for completing Table 4B are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable	TOTAL
ENROLLEES (As of 10/15/12)										
STUDENTS SUPPORTED (7/11-6/30/12)										
GRADUATES (7/1/11-6/30/12)										
GRADUATES SUPPORTED (7/1/11-6/30/12)										

OMB NO.: 0915-0305 EXP. DATE: 03/31/2013

*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4B: NAT: RACE / DISADVANTAGED DATA

- Enter the number of “**Non Hispanic / Non Latino Enrollees**” by race and “total” for students enrolled as of 10/15/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of “**Non Hispanic / Non Latino Students Supported**” by race and “total” for students supported as of 7/1/11-6/30/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of “**Non Hispanic/ Non Latino Graduates**” by race and “total” for graduates who completed degree requirements between 7/01/11 and 6/30/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of “**Non Hispanic/ Non Latino Graduates Supported**” by race and “total” for graduates supported as of 7/1/11-6/30/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- **TOTAL** columns for “**Non Hispanic / Non Latino Enrollees, Students Supported, Graduates and Graduates Supported**” should reconcile with the corresponding data reported on NAT Table 1. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.

IMPORTANT NOTES:

Indicate and include the Race of all Non Hispanics/ Non Latinos reported on Table 4 (second column) in each row on Table 4B as appropriate. A Non Hispanic/ Non Latino can be White, Black, Asian, Native American or More Than One Race.

Table 4 – NAT: RACE / DISADVANTAGED DATA

C. UNREPORTED / UNAVAILABLE ETHNICITY DATA BY RACE

Provide the number of **Unreported / Unavailable Ethnicity** enrollees, students supported, graduates and graduates supported reported on Table 1 and the third column of Table 4 by racial category. Instructions for completing Table 4C are below.

	American Indian or Alaska Native	Underrepresented Asian Subgroup*	Asian (Not Under-Represented)	Black or African American	Native Hawaiian or Other Pacific Islander	White: Disadvantaged	White: Not-Disadvantaged	More than one race	Unreported/Unavailable	TOTAL
ENROLLEES (As of 10/15/12)										
STUDENTS SUPPORTED (7/1/11-6/30/12)										
GRADUATES (7/1/11-6/30/12)										
GRADUATES SUPPORTED (7/1/11-6/30/12)										

OMB NO.: 0915-0305

EXP. DATE: 03/31/2013

*Any Asian **other than** Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Instructions for completing Table 4C: NAT: RACE / DISADVANTAGED DATA

- Enter the number of “**Unreported / Unavailable Ethnicity**” by race and “total” for students enrolled as of 10/15/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of “**Unreported / Unavailable Ethnicity**” by race and “total” for students supported as of 7/1/11-6/30/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of “**Unreported / Unavailable Ethnicity**” by race and “total” for graduates who completed degree requirements between 7/01/11 and 6/30/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- Enter the number of “**Unreported / Unavailable Ethnicity**” by race for graduates supported beyond the first 12 months of study as of 7/1/11-6/30/12. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.
- TOTAL columns for “**Unreported / Unavailable Ethnicity Enrollees, Students Supported, Graduates and Graduates Supported**” should reconcile with the corresponding data reported on NAT Table 1. The numbers should include students in the first 12 months of study and students beyond the first twelve months of study.

IMPORTANT NOTE:

Indicate and include the Race of all “Unreported / Unavailable Ethnicity” enrollees, students supported, graduates and graduates supported reported on Table 4 (Unreported/Unavailable Student Ethnicity column) onto Table 4C as appropriate.

TABLE 5 – NAT: AGE AND GENDER DATA

On the following NAT Table 5, provide data on the **total number of enrollees**, students supported, graduates and graduates supported reported on Table 1 by age and gender category. Count each student only once. Instructions for completing Table 5 are below. If data is not collected by Age and Gender, include in the appropriate Unreported/Unavailable section.

Age and Gender			
	Males	Females	Total
Under 20			
Enrollees (As of 10/15/12)			
Students Supported (7/1/11-6/30/12)			
Graduates (7/1/11-6/30/12)			
Graduates Supported (7/1/11-6/30/12)			
20-29			
Enrollees (As of 10/15/12)			
Students Supported (7/1/11-6/30/12)			
Graduates (7/1/11-6/30/12)			
Graduates Supported (7/1/11-6/30/12)			
30-39			
Enrollees (As of 10/15/12)			
Students Supported (7/1/11-6/30/12)			
Graduates (7/1/11-6/30/12)			
Graduates Supported (7/1/11-6/30/12)			
40-49			
Enrollees (As of 10/15/12)			
Students Supported (7/1/11-6/30/12)			
Graduates (7/1/11-6/30/12)			
Graduates Supported (7/1/11-6/30/12)			
50-59			
Enrollees (As of 10/15/12)			
Students Supported (7/1/11-6/30/12)			
Graduates (7/1/11-6/30/12)			
Graduates Supported (7/1/11-6/30/12)			
60 or older			
Enrollees (As of 10/15/12)			
Students Supported (7/1/11-6/30/12)			
Graduates (7/1/11-6/30/12)			
Graduates Supported (7/1/11-6/30/12)			
UNREPORTED/UNAVAILABLE			
Enrollees (As of 10/15/12)			
Students Supported (7/1/11-6/30/12)			
Graduates (7/1/11-6/30/12)			
Graduates Supported (7/1/11-6/30/12)			
TOTAL			

OMB NO. 0915-0305 EXP. DATE: 03/31/2013

Instructions for completing Table 5:

IMPORTANT NOTES:

- Do not double count a student as both an Enrollee and a Graduate.
 - **Enrollees** – Students that are enrolled in a Nurse Anesthetist Program and have not graduated or completed the program by 10/15/12.
 - **Graduates** – Students who have successfully completed all educational requirements for a specified Nurse Anesthetist Program of study or have met the eligibility requirements for an Nurse Anesthetist Master’s or Doctoral degree between 07/01/11-06/30/12.
 - Data from each age specific category (Enrollees, Students Supported, Graduates, Graduates Supported) **plus** Unreported/Unavailable data (if applicable) should reconcile with the **same** categories (Enrollees, Students Supported, Graduates, Graduates Supported) from Table 1.
-
- Enter the number of **“Enrollees”** as of **10/15/2011** and the number of **“Students Supported”**, **“Graduates”** and **“Graduates Supported”** from **7/01/2011 - 6/30/2012**. All data entered should include full-time, first year nurse anesthesia students **and** second year and beyond nurse anesthetist supported students by age and gender for each category:
 - Enter the number of **“Enrollees”** by age and gender and the total enrolled **as of 10/15/2012**. This number will include all of the enrolled nurse anesthesia students (those that received traineeship support as well as those that did not receive traineeship support).
 - Enter the number of **“Students Supported”** by age and gender and the “total” for nurse anesthesia supported students between **7/01/2011 and 6/30/2012**.
 - Enter the number of **“Graduates”** by age and gender and the “total” for graduates who completed degree requirements between **7/01/2011 and 6/30/2012**.
 - Enter the number of **“Graduates Supported”** by age and gender and the “total” for graduates supported that completed degree requirements between **7/01/2011 and 6/30/2012**.
-