

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

Bureau of Health Professions (BHP)
Division of Public Health and Interdisciplinary Education

Graduate Psychology Education (GPE) Program

Announcement Type: New and Competing Continuation Competition

Announcement Number: HRSA-13-199

Catalog of Federal Domestic Assistance (CFDA) No. 93.191

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: February 8, 2013

Modified on 12/13 to include TA Call Times

Ensure your Grants.gov registration and passwords are current immediately.

Deadline extensions are not granted for lack of registration.

Registration may take up to one month to complete.

Release Date: December 12, 2012

Issuance Date: December 12, 2012

Program Contacts:

Cynthia Harne, MSW (301) 443-8998

Rebecca Wilson, MPH (301) 594-4466

Graduate Psychology Education Program

HRSA, Bureau of Health Professions

Division of Public Health and Interdisciplinary Education

Fax: (301) 443-0157

Authority: Title VII, Sections 750 and 755 (b)(1)(J) of the Public Health Service Act (42 USC 294 and 42 USC 294e(b)(1)(J))

Executive Summary

The Graduate Psychology Education (GPE) Program is authorized through Title VII, Sections 750 and 755(b)(1)(J) (42 USC 294 and 42 USC 294e(b)(1)(J)) of the Public Health Service (PHS) Act. This program supports doctoral-level psychology education and training programs to prepare psychologists to address the behavioral health needs of vulnerable and underserved populations which include, but are not limited to, those populations in rural areas, children and adolescents, the elderly, victims of abuse, the chronically ill, disabled, returning war veterans, military personnel and their families, and tribal populations. The program is designed to foster an integrated and interprofessional approach to addressing access to behavioral health care for vulnerable and underserved populations. A Medically Underserved Community (MUC) funding preference is available for applicants who specifically request the funding preference, meet the MUC preference requirements, and rank above the 20th percentile of applications recommended for approval.

The GPE Program supports American Psychology Association (APA) accredited: 1) graduate training schools and programs targeting doctoral psychology students interested in clinical practice with vulnerable and underserved populations, and 2) state and local governments, public or private nonprofit entities with pre-degree internships for students enrolled in a doctoral psychology program to advance their preparation in a more defined area of clinical and interprofessional practice. The focus of the educational and experiential training is on preparing doctoral psychology students for working in organizations that target vulnerable and underserved populations, on integrating behavioral health, primary care, and public health competencies, and on interprofessional practice. Schools/programs must consult with and utilize the expertise of the pre-degree internships in their curriculum development and instructional design. Pre-degree internships must demonstrate how trainees are applying new paradigms and concepts through practice in their internship experiences.

The GPE program will provide grant funding during Federal Fiscal Years (FY) 2013-2015, for a three-year project period, from July 1, 2013 through June 30, 2016. Approximately \$3,946,000 is expected to be available in FY 2013 to fund an estimated 25 grants at an average award of \$134,200 per grant with a ceiling amount of \$190,000 per grant per fiscal year. Approximately, eight to fourteen grants will be awarded to APA-accredited psychology schools and programs and eight to fourteen grants will be awarded to state and local governments, or other appropriate public or private nonprofit entities with APA-accredited pre-degree internships in psychology. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, awardee satisfactory performance and a decision that continued funding is in the best interest of the Federal Government. Complete applications are due in Grants.gov no later than February 8, 2013.

Two technical assistance calls are scheduled for applicants:

December 19, 2012 @2:30 PM ET

Call-in Number: 1-888-989-8178

Participant Code: 7844452

Adobe Connect Link:

<https://hrsa.connectsolutions.com/gpedecember2012/>

For replay information (The recording will be available until March 19, 2013): 1-888-402-8746

January 3, 2013 @3:00 PM ET

Call-in Number: 1-888-989-8178

Participant Code: 7844452

Adobe Connect Link:

<https://hrsa.connectsolutions.com/gpejanuary2013/>

For replay information (The recording will be available until April 03, 2013): 1-800-839-1117

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Graduate Psychology Education (GPE) Program. This program supports doctoral-level psychology education and training programs to prepare psychologists to address the behavioral health needs of vulnerable and underserved populations. For the purposes of this funding announcement, vulnerable and underserved populations include, but are not limited to, those populations in rural areas, children and adolescents, the elderly, victims of abuse, the chronically ill, disabled, returning war veterans, military personnel and their families, and tribal populations. The program will foster an integrated and interprofessional approach to addressing access to behavioral health care for vulnerable and underserved populations. Section 791 of the PHS Act authorizes a Medically Underserved Community (MUC) Funding Preference for this program. To receive the MUC funding preference, eligible applicants must specifically request the funding preference in Attachment 7, meet the MUC preference requirements, and rank above the 20th percentile of applications recommended for approval, as described in section V.2 of this funding opportunity announcement (FOA).

The GPE Program supports American Psychology Association (APA) accredited: 1) graduate training schools and programs targeting doctoral psychology students interested in clinical practice with vulnerable and underserved populations, and 2) state and local governments, public or private nonprofit entities with pre-degree internships for students enrolled in a doctoral psychology program to advance their preparation in a more defined area of clinical and interprofessional practice. The changing health care landscape necessitates that educational curriculum and practice competencies be much more closely aligned. The student/trainee should experience a seamless transition in their application of theory and knowledge to their clinical work. Schools and programs must begin to develop and demonstrate dialogues with practice settings and vice versa. Academia must consult with and utilize the expertise of the pre-degree internships in their curriculum development and instructional design. Pre-degree internships must demonstrate how trainees are applying new paradigms and concepts through practice in their internship experiences. As authorized by Section 750(a) of PHS Act, GPE-funded programs must be implemented in collaboration with two or more medical or behavioral health disciplines.

The GPE Program includes specific program purposes developed in order to address identified needs in clinical practice in behavioral health care for the vulnerable and underserved. These specific purposes are: 1) education and training program content and design, and 2) experiential learning for psychology students in pre-degree internships. Funding is available for APA-accredited psychology schools and programs that provide didactic training to doctoral students interested in working with vulnerable and underserved populations, and state and local governments, or other appropriate public or private nonprofit entities that support pre-degree internship training in clinical psychology practice. For a more systematic progression of didactic education to clinical training, the GPE program funds the distinction and integration of these two facets in the training continuum. All proposed projects must address one of the program purposes listed below:

- 1) Education and Training Program Content and Design (Psychology Schools and Programs):
The GPE program supports the implementation of projects that propose to address the behavioral health needs of the vulnerable and underserved by improving the knowledge, skills, competencies, and outcomes of the behavioral health professions workforce through didactic training. The focus of the didactic training can be on clinical practice including the integration of behavioral health, primary care, prevention and public health competencies. Proposed

projects should include interprofessional approaches to education and training. Funds can be used for faculty development, curriculum and instructional design, program content enhancement, and program infrastructure development. Schools and programs must consult with and utilize the expertise of the pre-degree internships in their curriculum development and instructional design.

- 2) **Experiential Learning for Psychology Students and Graduates (Pre-degree internships):** In addition to applications addressing education and training program content purposes, applications are sought for innovative program development and interprofessional training with psychology interns. Applications should strive to increase the number of doctoral psychologists receiving training experiences through the development of innovative approaches in either establishing new programs or expanding existing pre-degree internship programs. In addition to the integration of behavioral health care into primary care and public health and the focus on vulnerable and underserved populations, applications should address innovative approaches to interprofessional practice. Funding for state and local governments or other appropriate public or private nonprofit entities can be used to support students in the pre-degree internship as well as to support supervision and training of these students. Pre-degree internship applications must demonstrate how trainees will apply new paradigms and concepts through practice in their internship experiences.

The specific objectives of this program are to:

- 1) Increase the number of graduating psychologists per academic year with a doctoral degree who have had educational training and internship experiences in behavioral health with vulnerable and underserved populations;
- 2) Develop and implement interprofessional training in behavioral health with vulnerable and underserved communities;
- 3) Emphasize the integration of behavioral health, primary care, and public health into clinical practice;
- 4) Provide experiential training for doctoral level psychology students during the existing or expanded pre-degree internship. This includes increasing the number of internship slots; and
- 5) Increase the number of psychologists with a doctoral degree who work in organizations that serve the vulnerable and underserved via clinical practice.

2. Background

The GPE program is authorized by Title VII, Sections 750 and 755(b)(1)(J) (42 USC 294 and 42 USC 294e(b)(1)(J)) of the Public Health Service (PHS) Act. In 2011, approximately 45.9 million adults, aged 18 or older experienced mental illness and five percent of adults suffered from serious mental illness, which substantially interfered with or limited one or more major life activities.¹ Although antidepressants and counseling treatments have an 80-percent effective rate, less than half of those with mental illness seek treatment.² The effects of untreated mental illness are profound. Untreated mental

¹ Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: NSDUH Series H-42, HHS Publication No. (SMA) 11-4667*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.htm.

² Hirsch, M., Pianin, E. (2011, October 2). The Recession's 'Silent Mental Health Epidemic'. *The Fiscal Times*. <http://www.thefiscaltimes.com/Articles/2011/09/23/The-Recessions-Silent-Mental-Health-Epidemic.aspx#page1>

illness spills into other systems including justice, education, and hospital, exacerbating states' budgets.³ The toll is also seen with employees and companies in the workplace.³

Behavioral health disorders are known to often lead to self-destructive behaviors, such as suicide attempts, and research shows a correlation between increased suicide rates and negative shifts in the U.S. economy.⁴ In 2007, the overall suicide rate was 11.3 suicide deaths per 100,000 people and accounted for 34,598 deaths making it the tenth leading cause of death for that year.⁵ Many suffering from behavioral health disorders also turn to drugs and alcohol as a coping mechanism, leading to significant rates of emergency room use and hospital admissions. The 2011 National Institute on Drug Abuse (NIDA) Info Facts: Treatment Statistics show an increase in the use of amphetamines, sedatives/barbiturates, heroin, and cocaine by school children.⁶ According to the 2011 NIDA report, 23.5 million people aged 12 and older needed treatment for drug or alcohol abuse problems, 9.3 percent were aged 12 and older. Of this 9.3 percent, only 11.2 percent were treated at a specialty facility.⁵ Alcohol treatment accounted for 41 percent of the admissions, 20 percent were for opiate admissions, and 17 percent were for marijuana admissions.⁶

Of the 95 million emergency room (ER) visits in 2007, 12 million individuals were diagnosed with mental disorders.⁶ Individuals seen in ERs with both mental disorders and substance abuse problems require hospitalization more than 40 percent of the time.⁷ More than 80 percent of individuals seen in the ER have mental disorders diagnosed as mood, anxiety and alcohol related disorders.⁷

There is an increased demand and short supply of behavioral health providers, which further compounds this epidemic. The lack of behavioral healthcare providers has been called the "silent shortage."⁸ As of August 2012, there are 3,688 designated mental Health Professional Shortage Areas (HPSAs) and more than 64 million people living in them.⁹ The U.S. Department of Health and Human Services (HHS) also reported in August, 2012, a minimum number of 4,611 behavioral health practitioners are needed to achieve target ratios in these mental HPSAs.⁹

From 2001 to 2011, the number of psychiatry training programs has fallen (from 186 to 181) and the number of graduates has dropped from 1,142 in 2000 to 985 in 2008. In spite of the national shortage of

³ The National Council for Community Behavioral Healthcare. (2010). The Spill Over Effect of Untreated Mental Illnesses and Substance Use Disorders on State Budgets. http://www.thenationalcouncil.org/cs/state_resources and http://www.namitexas.org/homecontent/Spill_Over_Effect_on_State_Budgets.pdf.

⁴ Thomson Reuters Edition U.S. *Refile-U.S. Suicides Rise, Fall With Economy-CDC Report*). Retrieved March 29, 2012 from <http://www.reuters.com/article/2011/04/14/usa-suicides-idUSN1417689820110414>.

⁵ National Institute on Drug Abuse,. Retrieved December 12, 2012 from <http://www.drugabuse.gov/publications/drugfacts/treatment-statistics> (Revised March 2011).

⁶ National Institute of Mental Health, National Institute on Drug Abuse. (2011). *Infofacts: Treatment Statistics*. Bethesda, MD; Author. Retrieved from <http://www.drugabuse.gov/publications/infofacts/treatment-statistics>

⁷ Owens, P.L., Mutter, R., Stocks C. (2010). *Statistical Brief #92: Mental Health and Substance Abuse- Related Emergency Department Visits among Adults, 2007*. Agency for Healthcare Research and Quality. Retrieved March 9, 2012 from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>.

⁸ Caccavale, J., Reeves, J. L., Wiggins, J. (no date). *The Impact of Psychiatric Shortage on Patient Care and Mental Health Policy: The Silent Shortage that Can No Longer Be Ignored*. Retrieved March 9, 2012 from <http://abbhp.org/survey.pdf>.

⁹ U.S. Department of Health and Human Services. (2012). *Designated Health Professional Shortage Areas (HPSA) Statistics*. Rockville, MD: Author. Retrieved from <http://hpsafind/hpsadetail.aspx>.

psychiatrists, especially child psychiatrists, 16 residency training programs did not fill with either U.S. or foreign medical graduates in 2011.¹⁰ In turn, workforce shortages contribute to psychotropic drug treatment sometimes in lieu of psychotherapy or other supportive services, limited or no access to psychiatric services, particularly in rural and other underserved areas, and increased psychiatric hospitalizations.⁸

Federally authorized Health Resources and Services Administration (HRSA) training programs, such as the GPE program, work to address the need for training behavioral health providers and to close the gap in access to behavioral health care services by increasing the numbers of adequately prepared behavioral health providers entering and capable of working with underserved communities. An APA report, published in March 2009, states the need for more behavioral health workforce training programs.¹¹

These findings indicate a critical need to prepare the behavioral health workforce to provide high quality behavioral health services to all vulnerable and underserved populations. The mission of HRSA's Bureau of Health Professions (BHP) is to increase the population's access to health care by providing national leadership in the development, distribution, and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality care for all. BHP serves as a focal point for those interested in health professions and workforce issues. Additional information about BHP and its programs is available at <http://bhpr.hrsa.gov/>.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

The GPE program will provide funding during Federal fiscal years 2013 through 2015, for the project period of July 1, 2013 through June 30, 2016. Approximately \$3,946,000 is expected to be available annually to fund an estimated 25 grantees. Applicants may apply for a ceiling amount of up to \$190,000 per fiscal year.

Approximately, eight to fourteen grants will be awarded to APA accredited psychology schools and programs that enroll doctoral students and eight to fourteen grants will be awarded to state and local governments, or other appropriate public or private nonprofit entities with pre-degree internships in psychology. Funding for the APA accredited schools and programs can be used for faculty development, curriculum and instructional design, program content enhancement, and program infrastructure development. Funding for the state and local governments, or other appropriate public or private nonprofit entities can be used to support students in the pre-degree internship program, as well as to support supervision and training of these students. Schools and programs must consult with and utilize the expertise of the pre-degree internships in their curriculum

¹⁰ Insel, Thomas. Psychiatry: Where are we going? National Institute of Mental Health. June 03, 2011; <http://www.nimh.nih.gov/about/director/2011/psychiatry-where-are-we-going.shtml>.

¹¹ Levitt, N. G. (2009). A Critical Need for Mental (and Behavioral) Health Workforce Training. American Psychological Association Education Government Relations Office. Retrieved from <http://www.apa.org/health-reform/pdf/mental-health-workforce.pdf>.

development and instructional design. Pre-degree internships must demonstrate how trainees are applying new paradigms and concepts through practice in their internship experiences.

Funding beyond the first year is dependent on the availability of appropriated funds for the GPE program in subsequent fiscal years, grantee satisfactory performance and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must be 1) psychology schools and programs with doctoral programs in clinical and/or counseling psychology or 2) state and local governments, or other appropriate public or private nonprofit entities serving vulnerable and underserved organizations that support or seek to support pre-degree internships in psychology. Graduate psychology schools and programs and pre-degree internships, must be accredited (or pending accreditation) by the American Psychological Association (APA). If pending accreditation at the time of application, the accrediting organization must provide reasonable assurance that the school or program will meet the accreditation standards prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program. The schools, programs, and internships in clinical psychology practice should integrate behavioral health, primary care, prevention and public health competencies and interprofessional practice.

Eligible applicants must be located in the United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Eligible faith-based organizations, community-based organizations, and Tribes and Tribal Organizations can apply for these funds.

Student trainees participating in this program must be in an accredited program, a citizen of the United States, a non-citizen national of the United States, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants.

Accreditation, as defined by APA, is a voluntary, non-governmental process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education. For the purposes of this program, the APA currently accredits: (a) Doctoral programs in clinical, and counseling, developed practice areas, and combinations of two or three of those areas; and (b) Internship programs in professional psychology.

Applicants must provide a copy of their APA accreditation letter in Attachment 8. Applicants must meet the school/program, pre-degree internship requirements associated with these accreditations. Applicants who fail to attach a copy of their APA accreditation letter or documentation of pending accreditation will be deemed non-responsive and will not be considered for this funding opportunity.

The eligible entity must demonstrate that the training within an accredited graduate program in psychology will occur in collaboration with two or more disciplines other than psychology. Disciplines include, but are not limited to, public health, primary care, family medicine, general internal medicine, pediatrics, psychiatry, psychiatric nursing, psychiatric/mental health nursing, substance abuse counseling, social work, and dentistry. Applicants who fail to demonstrate collaboration will be deemed non-responsive and will not be considered for this funding opportunity.

Applicants will follow the guidance outlined in Section IV. 2. ix *Project Narrative* for constructing a collaborative project.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$190,000 per year for the three year project, including indirect costs, will be considered non-responsive and will not be considered for funding under this announcement.

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

Maintenance of Effort: Grant funds cannot be used to take the place of current funding for proposed activities described in this application. The grantee must agree to maintain expenditures of non-Federal funding for activities at a level that is not less than the level of expenditures for such activities during the fiscal year prior to receiving the grant. Applicants must complete and submit Attachment 6 with their application.

Multiple applications from an organization are not allowed.

Current GPE grantees awarded FY 2012 continuation funding for their third and final year of the project period are eligible to apply for this FY 2013 GPE FOA. All current GPE grants have been amended to conclude on June 30, 2013 to align the project period with the academic calendar for the new FY 2013 competitive cycle. Please note the following:

- 1) Current GPE grantees that are in their third and final year of the project and apply for FY 2013 awards that are awarded FY 2013 funding and have an unobligated balance of FY 2012 funds may request to carryover the unobligated balance, it will not be automatically applied toward the new FY 2013 award. Current grantees may be allowed to carryover unobligated funds as long as the new award will not overlap the activities funded by the FY 2012 award; however, in order to carryover those funds, the grantee **MUST** submit a Prior Approval Request in Electronic HandBooks (EHBs) within 30 days after the submission of the Final Federal Financial Report (FFR) for FY 2012. Please note, submission of a carryover request does not guarantee approval.
- 2) Current GPE grantees that are in their third and final year of the project and apply for FY 2013 awards but are not awarded FY 2013 funding and have an unobligated balance of FY 2012 funds need to complete previously approved project objectives. They may request a no cost extension of the project period. All no cost extensions **MUST** be submitted as a Prior Approval Request in EHBs. Please note, submission of a no cost extension request does not guarantee approval.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement, in advance, by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. 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, data 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 and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

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

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

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

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

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

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget justification/narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the *Electronic Submission User Guide* referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 R&R – Table of Contents

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

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

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

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Current and Pending Support		Profile form.	
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Counted in the page limit.
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. If necessary provide table of contents specific to this document only as the first page. Table of contents is not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Not required. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) -	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		Section A - B, End of Section A. One for each budget period.	
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - K form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Extracted Form to be attached	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extracted form to be attached from the SF-424 R&R Subaward Budget form and used for each consortium/contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Attachments Form	Form	Supports up to 15 numbered attachments.	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		This form only contains the attachment list.	
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
 - 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
 - 🔔 Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that a table of contents cover page is included specific to the attachment. Table of Contents page will not be counted in the page limit.
 - 🔔 Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables or Charts – Optional. Counted in the page limit.
Attachment 2	Staffing Plan and Job Descriptions for Key Personnel – Required. Counted in the page limit.
Attachment 3	Biographic Sketches of Key Personnel not in SF-424 R&R Senior /Key Person Profile – Required. Counted in the page limit.
Attachment 4	Letters of Agreement and/or Description of Proposed or Existing Project Specific Contracts – As applicable. Counted in the page limit.
Attachment 5	Project Organization Chart – Required. Counted in the page limit.
Attachment 6	Maintenance of Effort Documentation – Required. Counted in the page limit.
Attachment 7	Request and Qualification for Medically Underserved Funding Preference – As applicable. Counted in the page limit.
Attachment 8	Documentation of Accreditation – Required. Counted in the page limit.
Attachment 9	Certifications – As applicable. Counted in the page limit.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 10	Letters of Support – As Applicable. Counted in the page limit.
Attachment 11	Summary Progress Report – Required for Competing Continuation applicants. Counted in the page limit.
Attachment 12-15	Any Other Relevant Documents – As Applicable. Counted in the page limit.

Application Format

i. Application Face Page

Complete Application Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. Please enter the name of the **Project Director** in 8.f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number for this program is 93.191.

DUNS Number

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

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with System for Award Management (SAM) in order to conduct electronic business with the Federal Government. SAM registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that the applicant organization’s SAM registration is active and the Marketing Partner ID Number (MPIN) is current. Information about registering with SAM can be found at <http://www.sam.gov>. Please see section IV of this funding opportunity announcement for **SAM registration requirements**.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Complete the Research & Related Budget form included with the application kit (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (i.e. for all 3 budget periods) in Section K of the SF-424 R&R Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Period 3.

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

Salary Limitation:

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

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

Individual’s <i>actual</i> base full time salary: \$350,000	
50 percent of time will be devoted to project	
Direct salary	\$175,000
Fringe (25percent of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation:	
Individual’s base full time salary <i>adjusted</i> to Executive Level II:	
\$179,700	
50 percent of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25 percent of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets **for each of the subsequent budget periods** within the requested three (3) year project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A R&R budget form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Budget for Multi-Year Awards

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of the Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period, but within the three-year project period, is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs:

Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. List the total project effort of hours or percent of time that personnel, including in-kind donation of faculty and staff that will be devoted to the project. Please reflect their contribution in the budget justification even though funds for salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if project resources are adequate.

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

Sample:

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

*Actual annual salary = \$350,000

Fringe Benefits:

List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly. No fringe benefits are allowed for trainees who receive stipend support.

Travel:

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

meetings and other proposed trainings or workshops. Please specifically identify per person and total cost for who is travelling, the number of people travelling, transportation costs, registration fees, lodging, per diem, etc. **NOTE:** Project Directors are expected to include in their budget travel and lodging for themselves and up to one other relevant staff, if applicable, to one annual meeting each year in the Washington, D.C. area to report and share experiences with other grantees.

Equipment:

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

Supplies:

List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like. Medical supplies such as syringes, blood tubes, plastic gloves, are not ordinarily allowable under this grant program. Educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual:

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

Note: Contractual (e.g., subaward and subcontract) budgets and justifications must be completed for partnering entities with Federal tax identification numbers that differ from the applicant's. Justification of these expenses should be provided.

Other:

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

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

Indirect Costs:

Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to 2 CFR, Part 220 (formerly OMB Circular A-21), the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <https://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. As required, the indirect cost rate agreement will not count toward the page limit.

Indirect Costs for Training Grants:

Indirect costs under training grants to organizations other than State, local, or Indian Tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation. Training grant applications from State, local, or Indian Tribal governmental agencies may request full indirect cost reimbursement. State universities and hospitals are subject to the 8 percent cap.

Participant/ Trainee Support:

Please note that there is no support within this program for tuition or fees. The rules for stipends during internship for doctoral psychology trainees are as follows.

Stipends: Stipend support for trainees is allowable for this program under Section 750(b)(4) of the Public Health Service Act. List the number and total stipend amount for each trainee category as appropriate. For all grant programs, direct financial assistance to trainees may not be received concurrently with any other federal educational award (e.g. internship, traineeship, etc.) except for educational assistance under the Veterans Readjustment Benefits Act (The GI Bill). Loans from federal funds are not considered federal awards.

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

- 1) To be eligible for funding, a student trainee must be in an APA accredited pre-degree internship site, and a citizen of the United States, a non-citizen national, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants.
- 2) Non-federal funds may be provided to an individual in addition to the stipend provided by the grant. Such additional amounts may be either: (1) in the form of augmented stipends, i.e., “supplementation,” provided without obligation to the fellow or trainee according to institutional policy; or (2) in the form of compensation (salary and/or tuition remission) for services such as teaching or serving as a laboratory assistant. The combination of stipend and supplementation may not exceed the normal full-time salary paid to a comparable faculty member at the institution.

- 3) Requests for stipend support must fully document that (1) trainees are in need thereof, (2) alternative sources of financial support for such stipends are not available, and (3) grant funds would not be used to supplant other available Federal funds for stipends. Allowable trainee costs are limited to stipends, travel, training conferences and fees. Applicants should indicate the source(s) of alternate funding and the reason(s) for non-availability.
- 4) Stipends must be paid in accordance with the institution's usual payment schedule and procedures. If stipends are requested for a period of less than 12 months, the allowable annual level of support must be prorated accordingly.
- 5) Trainee Travel – Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested. Daily commuting costs and costs of routine local travel are not allowable.
- 6) Pre-doctoral trainees and pre-degree interns participating in long term training (i.e., internships of six months or more) shall be provided stipend support of \$22,032 per year or \$1,836 per month. These participants shall be paid a stipend from grant funds based on years of relevant experience, at rates consistent with NIH's NRSA schedule. FY12 stipend levels for trainees were released January 20, 2012 and are available at, <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-033.html>.

v. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

vi. Assurances

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

vii. Certifications

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

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

Lobbying

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the applicant must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) Recipients of HRSA awards shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 9.

viii. Project Abstract

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

The entire abstract narrative section must be single-spaced and no more than one page. The abstract should clearly describe the proposed project as a whole. It should include the number of current enrollees in the program and the number of new positions, if applicable. If the

application is approved and funded, then the abstract will become public information and scanned for possible distribution.

Please place the following at the top of the abstract:

- Project Title
- Collaborative Application: Yes___ No___
 - a. If yes, please list the discipline(s) per university/entity_____
- Applicant Organization Name
- Address
- Lead Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable
- Which type of entity are you applying under?
- Psychology School/Program_____ or Pre-degree Internship Program_____

Format the body of the abstract as follows:

- (1) Need statements
- (2) Target Population
- (3) Specific, measurable objectives the project will accomplish
- (4) Methodology
- (5) Evaluation plan with process and endpoint outcome measures
- (6) List if claiming funding preference and basis for the preference

ix. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized, so that reviewers can clearly understand the proposed project's setting, needs to be addressed, purpose, methodology, expected outcomes, evaluation strategy, anticipated challenges, and how each challenge will be addressed. Applicants are encouraged to use an established theoretical framework to build their project and to summarize their objectives and outcomes in a logic model.

Use the following section headers for the Narrative:

INTRODUCTION

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

NEEDS ASSESSMENT

This section outlines the needs of the community served by the GPE training program. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities, as applicable, impacting the population or communities served that are unmet. Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand the community and/or organization that will be served by the proposed project.

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

- The national, regional, state, and local health status indicators related to behavioral health including morbidity and mortality statistics, applicable to the community to be served;
- Demographics of the populations(s) to be served;
- A documented needs assessment, conducted within the past two years, of the status of behavioral health training in the institutions to be assisted and/or the geographic area to be served;
- How training, recruitment, and retention efforts of a workforce is reflective of the diversity of the nation;
- Current training activities focusing on the needs of vulnerable underserved groups; and
- How the proposed activities will fill the gaps identified through the needs assessment.

METHODOLOGY

Clearly describe the proposed methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this FOA. As appropriate, include the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds, if applicable. The applicant should clearly explain how the proposed goals, objectives and sub-objectives will be implemented. Include yearly objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed. The objectives and sub-objectives should address:

- A plan and strategy for recruitment of students who will be dedicated to serving vulnerable and underserved populations during their educational training, pre-degree internships, and following graduation;
- The projected number of doctoral psychology students and interns to be trained during each year of the project;
- The addition or expansion of educational programs, clinical training, and/or internships (including additional internship slots) for doctoral psychology students;
- Integration of behavioral health with other disciplines such as public health and primary care;
- A plan to develop interprofessional clinical learning experiences dedicated to serving vulnerable and underserved populations; and
- HRSA's Cultural and Linguistic Competence, Healthy People 2020, National HIV/AIDS Strategy, Diversity Guiding Principles, and Health IT, as appropriate (see *Section VI.2 Administrative and National Policy Requirements* for description).

If applying under the Education and Training Program Content and Design purpose (Psychology school or program):

- Describe how the program will address the behavioral health needs of the vulnerable and underserved by improving the knowledge, skills, competencies, and outcomes, of the behavioral health professions workforce through didactic training;
- Explain how the school or program plans to consult with and utilize the expertise of the pre-degree internships in their curriculum development and instructional design;

- Explain the focus of the didactic training on clinical practice integration of behavioral health, primary care, and public health and interprofessional practice; and
- Describe plans for faculty development, curriculum and instructional design, program content enhancement, and program infrastructure development.

If applying under the Experiential Learning for Psychology Students purpose (Pre-degree internship organization):

- Explain how the internship program will demonstrate how trainees are applying new paradigms and concepts through practice in their internship experiences;
- Describe the innovative approaches to clinical practice for psychology students and/or interns that emphasizes interprofessional practice; and
- Explain how the internship program will recruit and support students in the internship training program as well as to support supervision and training of these students.

Collaboration: Collaboration is required to receive assistance under this program. Projects must demonstrate collaboration with two or more disciplines.

Being able to work effectively as members of a clinical team(s) while a student is a fundamental part of a collaborative project. The goal of interprofessional learning is to prepare health professions students in general, and doctoral-level psychology students specifically, for deliberately working together with the common goal of building safer and better patient-centered care. For this project, the disciplines that partner in the project may be from the same institution or from different institutions. However, the only discipline in which trainees are eligible for stipend support through this grant program is doctoral level psychology. A fully collaborative project should include joint planning, implementation, training, and evaluation. Examples of these may include joint decision-making, shared faculty, shared academic appointments, shared administrative staff, joint education of trainees in all of the collaborative disciplines, and shared evaluation activities.

The description of the collaboration may include linkages with one or more organizations for resources or to carry out collaborative education and training projects. Linkages for clinical health service training experience should be in rural or mental Health Professional Shortage Areas (HPSAs) and the linkage health service site should serve vulnerable and underserved populations as described in this FOA.

Project Director: A collaborative project may have this responsibility shared by co-project directors from the disciplines involved in the collaborative activities. However, one of the co-project directors must be identified as the Lead Project Director.

The Lead Project Director should dedicate a minimum of 20 percent of time (may be in-kind or funded) to grant activities. The Lead Project Director is encouraged to have a minimum of three years' experience in the education and training of behavioral health service psychologists.

Budgets: Collaborative projects are allowed to include individuals from any discipline in their requested budgets as consultants and/or faculty, provided that each are appropriate for the

objective(s) and are justified. Only doctoral level psychology trainees are eligible to receive stipend support from this grant’s funding.

Sustainability plan: The applicant must include plans for sustainability by providing specific information that describes the extent and means by which the program plans to become autonomous after Federal funding and within a defined period of time. The documentation should specify other (non-Federal) sources of income, future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

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

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

WORK PLAN

Describe the activities or steps that will be used to achieve each of the objectives proposed in the Methodology section during each year of the entire project period. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, ethnic, linguistic and geographic diversity of the populations and communities to be served. Include linkages with other entities, if applicable, for resources or to carry out the collaborative activities. The work plan may be presented in a clearly detailed table format. A sample format can be found below.

Objectives/ Sub Objectives Listed in Measurable Terms	Methodology/ Activities	Resources Personnel Responsible For Program Activity	Time/ Milestones	Evaluation Measure/ Process Outcome
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Progress Report Summary

All currently funded awardees must include a brief (up to 5 pages) Progress Report Summary in the application or they will be deemed ineligible. The Progress Report Summary is not a copy of a previously submitted progress report, but follows the format outlined for Attachment 11.

For applicants that are not currently funded, but have received funding within the last four years, a progress report summary may be included in the application as Attachment 11.

RESOLUTION OF CHALLENGES

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

- 1) Challenges that may be encountered in designing, implementing and achieving the proposed activities and objectives.
- 2) Discuss any relevant barriers in the service area.
- 3) Describe the resources and plans to resolve and overcome these challenges and barriers.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

Applicants are required to identify a strategy for evaluating their projects that is explicitly linked to project objectives and can be used to determine whether identified needs are being met. The strategy must include a logic model, propose a valid evaluation design, and identify specific qualitative and quantitative evaluation measures for each objective and activity. While process and output measures are important, short- and long-term outcome measures must also be identified. Applicants must describe their strategy for the collection, analysis, and reporting of data to BHPPr. Applicants must also discuss how data will be used to inform and/or improve program development and/or service delivery. When an infrastructure for data collection is not in place, applicants must include a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance data. Lastly, applicants must describe their processes and/or strategies to ensure the validity of data collected, as well as the quality and integrity of the overall project evaluation.

Note: The implementation and results of all performance measurement and evaluation activities will be included in the annual BHPPr Progress Report and BHPPr Performance Report for Grantees and Cooperative Agreements (PRGCA). For more information refer to Section VI.3. Reporting.

Evaluation – Applicants must demonstrate if the program is functioning according to the project’s purpose and objectives. Applicants must present an evaluation plan for program evaluation that at a minimum addresses the following elements:

- Evaluation Technical Capacity: describe staff’s current evaluation experience, including skills and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
- Qualitative and/or quantitative evaluation measures: describe instruments/tools and data sources, for each objective and activity per budget year, and describe the role(s) and responsibilities of the evaluation staff;
- Process and outcome measures that link to each objective and goals: describe the numbers and types of internships, the number of students trained, the types of underserved populations served, the number of graduates who pursue careers with the identified populations, the number of interprofessional teams that were trained, and the impact the training has had on the population and community served;
- Logic Model: demonstrate the relationship among resources, activities, outputs, target population, short-and long-term outcomes, provide a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting

performance and evaluation data; and the processes used to assure the quality and integrity of the evaluation should be described; and

- Performance Measures: provide detailed description of how the required BHP performance measures for this program will be collected and display effective training with interprofessional collaboration.

ORGANIZATIONAL INFORMATION

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

- Evidence of adequate staffing plan for proposed project including the project organizational chart in Attachments 2 and 5;
- Evidence of institutional support, e.g., resources and letters of support (commitment to provide financial or in-kind resources, including institutional policy) Attachment 10; and
- Innovation in existing and/or proposed teaching methods or interprofessional training.

ADDITIONAL NARRATIVE GUIDANCE	
<i>Instructions:</i> This table provides a bridge between the narrative language and where each section falls within the review criteria. (Section V.1.)	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response & (4) Impact
Work Plan	(2) Response & (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Work Plan, Budget, and Budget Justification	(6) Support Requested.
Methodology and Work Plan	(7) Interprofessional Education

x. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. Be sure each attachment is clearly labeled and attached in order according to the SF-424 R&R Table of Contents (Section IV.2.) of this FOA.

Attachment 1: Tables, Charts, etc. – Optional. Counted in the page limit.

To give further details about the proposal.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel – Required. Counted in the page limit.

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

Attachment 3: Biographical Sketches of Key Personnel – Required. Counted in the page limit.

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) – As applicable. Counted in the page limit.

Provide any documents that describe working relationships between the (lead) applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart – Required. Counted in the page limit.

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

Attachment 6: Maintenance of Effort Documentation – Required. Counted in the page limit.

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

NON-FEDERAL EXPENDITURES	
FY 2012 actual Graduate Psychology Education program funds, including in-kind, designed for activities proposed in this application. If proposed activities are new or are not currently funded by the institution, enter \$0.	Amount: _____
FY 2013 estimated Graduate Psychology Education funds, including in-kind, for proposed grant activities.	Amount: _____

Attachment 7: Request and Qualification for Medically Underserved Community (MUC) Funding Preference – As applicable. Counted in the page limit.

To receive the MUC Funding Preference, applicants **MUST** include the following statement in Attachment 7: “Applicant (or name of institution or program) is requesting MUC funding preference based on Qualification 1, 2 or 3.” Applications that do not include this MUC funding preference statement will not be eligible to receive MUC funding preference. Criteria, including calculations for Qualifications 1 and 2, are described in *Section V.2.* of this FOA.

Attachment 8: Documentation of Accreditation – Required. Counted in the page limit.

Only applicants whose training program is accredited by the APA are eligible to receive funding. Applicants who are applying under the accredited psychology program, internship training program **must** provide a copy of their APA accreditation letter or documentation of pending accreditation in Attachment 8. The APA accreditation documentation will be counted towards the page limit. *Applicants who fail to attach a copy of their APA accreditation letter will be deemed non-responsive and will not be considered for this funding opportunity.* Note: Applicants pending APA accreditation at time of application, who expect their training program to be accredited prior to funding are eligible to apply under this announcement.). If pending accreditation at the time of application, the accrediting organization must provide reasonable assurance that the school or program will meet the accreditation standards prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program **and** the applicant will also be required to submit documentation of APA accreditation to HRSA Grants Management prior to the issuance of their Notice of Award (NoA). The initial verification of current or pending APA accreditation status will be verified during the HRSA objective review eligibility screening process. Applications submitted without appropriate APA documentation of current or pending accreditation will be deemed ineligible and will not be sent forward for objective review.

Attachment 9: Certifications – As applicable. Counted in the page limit.

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.

Attachment 10: Letters of Support – As applicable. Counted in the page limit.

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

Attachments 11: Summary Progress Report – As applicable. Counted in the page limit.

The summary progress report must be a concise presentation of the most recent GPE grant-supported program accomplishments in relation to the funded objectives of the training program during the entire project period. Well-presented progress reports provide a record of accomplishments and a description of the degree to which the application met previous project objectives and performance measures. The progress report also must list any articles published in peer-reviewed journals presenting the outcomes of activities supported by grant funds and efforts to disseminate and export findings from previous grant-supported activities. The progress report must include:

Project period covered: From (date) to (date)

Specific Objectives and Methodology: Briefly summarize the specific objectives and methods of the project as actually funded.

Outcomes and Evaluation: Identify and describe the methods, as well as the quantitative and qualitative measures that will be used to evaluate the project and determine whether identified needs are being met. Applicants must specify project goals and objectives, inputs, outputs, short- and long-term outcomes.

Attachments 12-15: Any Other Relevant Documents – As Applicable. Counted in the page limit.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **February 8, 2013 at 11:59 P.M. Eastern Time**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically to the correct funding opportunity number, by the organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

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

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

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

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

4. Intergovernmental Review

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

5. Funding Restrictions

Approximately \$3,946,000 is expected to be available in FY 2013 to fund an estimated 25 new grants with a ceiling amount of \$190,000 per grant per fiscal year. Approximately, eight to fourteen grants will be awarded to APA-accredited psychology schools and programs, and eight to fourteen grants will be awarded to and local governments or other appropriate public or private nonprofit entities with APA accredited pre-degree internships in psychology. Funding beyond the first budget year is dependent on the availability of appropriated funds in subsequent fiscal years, awardee satisfactory performance and a decision that continued funding is in the best interest of the Federal Government.

Funds under this announcement may not be used for construction or direct health care service delivery unrelated to training as planned for in this GPE Program.

Applications that do not clearly demonstrate they fulfill all eligibility requirements as instructed in this funding opportunity announcement will not be sent for review.

Indirect costs under training grants to organizations, other than state, local or Native American and Native Alaskan tribal governments, will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. State universities and hospitals are subject to the 8% rate limitation. See *Section IV.2. iv. Budget Justification* on this FOA for additional information re: indirect costs.

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

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 508 (a) None of the funds made available in this Act may be used for (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act (December 23, 2011), that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

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

6. Other Submission Requirements

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

It is essential that 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 successfully register in Grants.gov, it is necessary to complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with the System for Award Management (SAM)
- Identify the organization’s E-Business Point of Contact (E-Biz POC)

- Confirm the organization’s SAM “Marketing Partner ID Number (M-PIN)” password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

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

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

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

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

V. Application Review Information

1. Review Criteria

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

Review criteria are used to review and score applications. The *Graduate Psychology Education Program* has seven (7) review criteria. **Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.** Review page 27 of this guidance under Additional Narrative Guidance to see how the sections of the application narrative correspond with each review criteria used to score applications. All competitive applications will be reviewed and scored using the following criteria and weights:

Criterion 1: NEED (Score =10 points)

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

- The national, regional, state, and local health status indicators related to behavioral health including morbidity and mortality statistics applicable to the community to be served;
- Current demographics and needs of the identified populations(s) to be served;
- A documented needs assessment, conducted within the past two years, of the status of graduate psychology education and training in the institutions to be assisted and/or the geographic area to be served;
- Current training activities focusing on the needs of vulnerable and underserved target populations; and
- How the proposed activities will fill the gaps identified through the needs assessment.

Criterion 2: RESPONSE (Score= 30 points)

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

The quality of and extent to which the application addresses:

- Proposed goals and objectives and sub-objectives that are specific, measureable, attainable, realistic, and timely and relate to the identified project;
- The activities described in the application are capable of addressing the problem and attaining the project objectives;
- A plan and strategy for recruitment of students who will be dedicated to serving vulnerable and underserved populations in their educational training, pre-degree internship and following graduation;
- The projected increase in number of doctoral psychologists to be trained during each year of the project;
- The development of innovative approaches in either establishing new programs or expanding existing pre-degree internship training programs;
- Innovative approaches to clinical practice for psychology students and pre-degree internship training that integrates behavioral health, primary care, and public health competencies and interprofessional practice;
- The plan to develop interprofessional clinical learning experiences dedicated to serving vulnerable and underserved populations;
- HRSA’s Cultural and Linguistic Competence, Healthy People 2020, National HIV/AIDS Strategy, and Health IT, are incorporated into the project as appropriate;
- Proposed benchmarks on improvement in the knowledge, skills, competencies, and outcomes of the behavioral health professions workforce;

- For schools and programs, a plan to consult with and utilize the expertise of the pre-degree internships in their curriculum development and instructional design;
- For schools and programs, the level of faculty development, curriculum and instructional design, program content enhancement, and program infrastructure development;
- For pre-degree internships, the provision of stipend support for psychology students for the required pre-degree internship who are committed to working with vulnerable and underserved populations during their internship training and after graduation;
- For pre-degree internships, a plan to demonstrate how trainees are applying new paradigms and concepts through practice in their internship experiences;
- The collaboration and/or linkages with other entities, if applicable, for resources or to carry out the collaborative activities, will contribute to the impact of the training;
- The percentage of time dedicated to the project by the Lead Project Director;
- The activities or steps that will be used to achieve each of the objectives proposed during each year of the entire project period in the Methodology section;
- A time line that includes each activity and identifies responsible staff;
- The proposed resources and plans to resolve and overcome identified challenges and barriers; and
- For currently funded awardees, the presentation of the program report summary supports continued support.

Criterion 3: EVALUATIVE MEASURES (Score= 20 points)

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

The quality of and extent to which the project addresses project and program evaluation including:

- The effectiveness of the method proposed to monitor and evaluate project results;
- Specific qualitative and/or quantitative evaluative measures;
- Specific process and outcome evaluation measures for each objective;
- Data collection, analysis, and reporting and how the results will be used for project improvements;
- The data elements to be collected including, but not limited, to the number and types of internships, the number of students trained, the vulnerable and underserved populations served, the number of graduates who pursue careers with the vulnerable and underserved populations, the number of teams that were trained, and the impact the training has had on the population and community served;
- The plan to implement data collection, analysis and reporting when infrastructure will be developed as part of the project;
- The current experience, skills, and knowledge of evaluation staff, including their roles and responsibilities and previous work of a similar nature with related publications;
- Processes used to assure the quality and integrity of the evaluation;
- A Logic Model demonstrating the relationship among resources, activities, outputs, target population, short-, intermediate, and long-term outcomes; and
- A process to validate data collection and results.

Criterion 4: IMPACT (Score= 10 points)

- The feasibility and effectiveness of plans for dissemination of project results;
- The degree to which the project activities are successful and replicable;
- The sustainability of the program beyond Federal funding;
- The extent to which training program infrastructure, institutional or organizational program and policy, or curriculum content was modified and adapted; and
- The extent to which the project addresses the enhancement of behavioral health services and integration with primary care has to vulnerable and underserved populations.

Criterion 5: RESOURCES/CAPABILITIES (Score=10 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Performance will be considered, along with the quality of and extent to which the application includes:

- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- Evidence of support from institution and collaborating partners, e.g., resources and letters of support (commitment to provide financial or in-kind resources); and
- Innovation in existing and/or proposed teaching methods in interprofessional and/or integration with primary care training.

Criterion 6: SUPPORT REQUESTED (Score= 10 points)

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The degree to which the budget justification is reasonable and describes the entire project costs and trainee expenses.

Criterion 7: INTERPROFESSION EDUCATION (Score= 10 points)

Projects should provide educational experiences in collaboration with two or more disciplines. The quality of and extent to which the application addresses interprofessional education should include a description of:

- A high quality interprofessional curriculum that provides an educational experience consistent with the proposed project;

- A plan to develop clinical learning experiences that integrate behavioral health, primary care, and public health competencies and interprofessional practice dedicated to serving vulnerable and underserved populations; and
- Meaningful support and collaboration with key stakeholder in planning, designing, and implementing all activities, including the development of the application.

2. Review and Selection Process

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

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

FUNDING PREFERENCE

Funding Preference - Medically Underserved Community (MUC)

Section 791(a)(1) of the PHS Act authorizes a funding preference for qualified applicants who specifically request and meet at least one of the qualifications in application. Applicants receiving the MUC funding 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 objective review process. MUC funding preference is not awarded to any application based on reputation. The law provides that a MUC funding preference will be granted to any qualified applicant who specifically requests the preference, specifies and meets one of three qualifications, and ranks at or above the 20th percentile of applications during the objective review process.

To specifically request the MUC Funding Preference, applicants **MUST** include the following statement in Attachment 7: “Applicant (or name of institution or program) is requesting MUC funding preference based on Qualification 1, 2 or 3.” Applications that do not include this MUC funding preference statement in Attachment 7 will not be eligible to receive MUC funding preference. Criteria on each of these, including calculations for Qualifications 1 and 2, are on the next page.

- **Qualification 1:** Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities;
- **Qualification 2:** During the two-year period preceding the fiscal year for which an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or
- **Qualification 3:** Meets the criteria as a “New Program”

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

- Is eligible for designation under section 332 of the PHS Act as a Health Professional Shortage Area (HPSA);
- Is eligible to be served by a Migrant Health Center (MHC) under section 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);
- 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);
- Is designated by a State Governor, in consultation with the medical community, as a shortage area or medically underserved community.

To determine if an applicant is eligible for designation under Section 332 as a HPSA when they are not already so designated, the applicant must demonstrate that an application has been submitted for such a designation and include proof of acceptance of that application from the designating authority. The MUC funding preference will not be applied without proof of acceptance of that application. Information may be included in Attachment 7. Applicants can obtain pending designation information from their state’s State Primary Care Office. Contact information for State Primary Care Offices is listed in the following URL:
<http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>.

Examples of work settings that serve medically underserved communities include the following:

- Community Health Centers (CHCs)
- Migrant Health Centers (MHCs)
- Health Care for the Homeless awardees
- Public Housing Primary Care awardees
- Rural Health Clinics, federally designated (RHCs)
- National Health Service Corps sites
- Indian Health Service sites
- Federally Qualified Health Centers (FQHCs)
- Federally Qualified Health Centers Look-A-Likes (FQHC LAL)
- Health Professional Shortage Areas (Primary Care, Dental or Mental) HPSAs
- State, Regional or Local Health Departments
- Medically Underserved Area/Population

Access to lists of underserved shortage areas:

Subject/Topic	Internet Address
HPSAs, CHCs, MHCs, and/or homeless health centers	http://bphc.hrsa.gov
HPSAFIND	http://hpsafind.hrsa.gov/HPSASearch.aspx
MUAFind	http://muafind.hrsa.gov/

Qualification 1: Demonstrating “High Rate”

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

For an applicant to qualify for “high rate,” at least 50 percent of graduates and/or program completers from the academic year 2010-2011 or 2011-2012, whichever is greater, must devote at least 50 percent of their time in psychology practice in service to Medically Underserved Populations (MUPs).

Computation:

All 2011 or 2012 graduates and/or program completers serving MUPs divided by all graduates and/or program completers in 2010-2011 or 2011-2012 greater than or equal to 50 percent. Applicants should only count GPE trainees in the psychology program, psychology internship programs, and post-graduate residency or fellowship, as applicable, for the numerator.

If the applicant requests Qualification 1, the applicant must indicate the means by which the funding preference is being requested, i.e., high rate. The applicant must provide a brief narrative explaining the methodology for collecting the numbers provided in the MUC request.

Failure to include the above mentioned data in Attachment 7 will result in the applicant not receiving MUC funding preference for Qualification 1.

Qualification 2: Demonstrating “Significant Increase”

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

Computation:

To qualify for “significant increase,” an applicant must demonstrate that graduates from academic years ending in 2010-2011 and 2011-2012 (with a minimum of 2 graduates and/or program completers) who devote at least 50 percent of their time to clinical practice in MUC settings has increased by at least 50 percent and at least 30 percent of the 2011-2012 graduates and/or program completers are practicing in MUC settings. Applicants should only count GPE

trainees in the psychology program, psychology internship programs, and post-graduate residency or fellowship, as applicable, for the numerator.

If the applicant meets Qualification 2, the applicant must indicate the means by which the funding preference is being requested, i.e., significant increase. The applicant must provide a brief narrative explaining the methodology for collecting the numbers provided in the MUC request. The data may be presented in tabular form, chart, table or any convincing data form, or by narrative.

Please note that “a minimum of 2 program completers” is required in academic year 2011-2012. An increase from 0 to 1 does not qualify for the MUC funding preference based on significant increase. However an increase from 0 to 2 or 1-2 does qualify for MUC funding preference based on significant increase. An increase from 10 to 12 would not qualify because of not meeting the 50 percent requirement.

Failure to include the above mentioned data in Attachment 7 will result in the applicant not receiving MUC funding preference for Qualification 2.

Qualification 3: Meets the criteria as a “New Program”

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

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

For **Qualification 3** “New Program,” an applicant **must** request it in Attachment 7 “Request for MUC Funding Preference” **and** state that the preference is being requested due to “New Program.” Applicant **must** include a detailed description of how their program meets at least **four** of the seven criteria.

Failure to include the above mentioned data in Attachment 7 will result in the applicant not receiving MUC Funding Preference for Qualification 3.

To be considered for the MUC funding preference based on **Qualification 1** (high rate) or **Qualification 2** (significant increase) or **Qualification 3** (New Program), an applicant must request it in Attachment 7 “Request for MUC Funding Preference.” For Qualifications 1 and 2, the applicant must indicate the means by which the funding preference is being requested, i.e., high rate, significant increase. The applicant must provide a brief narrative explaining the methodology for collecting the numbers provided in the MUC request. The data may be presented in tabular form, chart, table or any convincing data form, or by narrative.

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

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

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

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR

Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

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

Non-Discrimination Requirements

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

Trafficking in Persons

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

Smoke-Free Workplace

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

Cultural and Linguistic Competence

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

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 Guiding Principles

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed.

In FY 2011, BHP adopted Diversity Guiding Principles for all its workforce programs that focus on increasing the diversity of the health professions workforce.

All health professions programs should aspire to:

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

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 HRSA's Electronic Handbooks (EHB). More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Failure to complete these reports in a timely fashion may result in draw-down restrictions or other grant compliance actions until the reports are submitted and accepted. Further information will be provided in the NoA.

3) **The BHP_r Performance Report for Grants and Cooperative Agreements.**

All Bureau of Health Professions (BHP_r) grantees are required to annually submit a Performance Report for Grants and Cooperative Agreements (PRGCA) to HRSA describing grant activities of the preceding year (or partial year). The BHP_r PRGCA is designed to incorporate accountability and measurable outcomes into BHP_r's programs and develop a framework that encourages quality improvement in its programs and projects. The report also helps HRSA project officers provide technical assistance to grantees and applicants. A new version of the BHP_r PRGCA was introduced in 2012.

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

4) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding

the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks (EHB) system at <https://grants.hrsa.gov/webexternal/home.asp>.

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

d. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier 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 related to the overall program issues and/or technical assistance regarding this funding announcement by contacting:

Cynthia Harne, MSW
Public Health Analyst
Graduate Psychology Education Program
HRSA, Bureau of Health Professions
Division of Public Health and Interdisciplinary Education
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8998
Fax: (301) 443-0157
Email: charne@hrsa.gov

Rebecca Wilson, MPH
Public Health Analyst
Graduate Psychology Education Program
HRSA, Bureau of Health Professions
Division of Public Health and Interdisciplinary Education
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 594-4466
Fax: (301) 443-0157
Email: rwilson@hrsa.gov

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

Kimberly Ross, CPA
Grants Management Specialist
HRSA, Office of Federal Assistance Management
Division of Grants Management Operations
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2353
Fax: (301) 443-6343
Email: krass@hrsa.gov

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

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

If applicable: 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 Contact Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

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

VIII. Other Information

Technical Assistance

Two Technical assistance calls to help applicants understand, prepare and submit a grant application for the program are scheduled on December 19, 2012 and January 3, 2013. Detailed information on the calls is below:

December 19, 2012: @2:30 PM ET

Call-in Number: 1-888-989-8178

Participant Code: 7844452

Adobe Connect Link: <https://hrsa.connectsolutions.com/gpedecember2012/>

For replay information (The recording will be available until March 19, 2013): 1-888-402-8746

January 03, 2013: @3:00 PM ET

Call-in Number: 1-888-989-8178

Participant Code: 7844452

Adobe Connect Link: <https://hrsa.connectsolutions.com/gpejanuary2013/>

For replay information (The recording will be available until April 03, 2013): 1-800-839-1117

PROGRAM DEFINITIONS

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

Accredited, when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, or a graduate program in health administration, clinical psychology, clinical social work, professional counseling, or marriage and family therapy, means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract, under this title, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purpose of this title, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.¹²

For the purposes of this funding opportunity announcement, psychology programs including internship programs must be accredited by the American Psychological Association (APA).

For the purposes of this program, the APA currently accredits: (a) Doctoral programs in clinical and counseling psychology, developed practice areas, and combinations of two or three those areas; and (b) Internship programs in professional psychology.

¹²Public Health Service Act, section 799B(1)(E).

Behavioral Health Service Professional means an individual with a graduate or postgraduate degree from an accredited institution of higher education in psychiatry, psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse disorder prevention and treatment, marriage and family counseling, school counseling, or professional counseling. For HRSA-13-199, this refers to only accredited institutions of higher education in psychology.

Faculty refers to the group of individuals who have received a formal assignment to teach resident/fellow physicians or other trainees in a health professions training program. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty.¹³ The faculty provides instruction to develop students' skills inherent in practice to a level of professional competency which, in graduate education, may include the development of research capability. A faculty includes all faculty members, even those who participate on an as-needed basis.¹⁴

Graduate refers to a trainee who has successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, or certificate as in a university, college, or health professions programs.¹⁴ In this program, these are individuals receiving a doctoral degree in clinical psychology or an equivalent degree in a given grant year.

Graduate program in clinical psychology means an accredited graduate program in a public or private nonprofit institution in a State that provides training leading to a doctoral degree in clinical psychology or an equivalent degree.

Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve quality of care and health outcomes.¹⁵

Medically Underserved Areas/Populations (MUA/P) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.¹⁶

¹³ Definition was adapted from the Accreditation Council for Graduate Medical Education glossary at http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.

¹⁴ Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions Performance Report for Grants and Cooperative Agreements 2012, p 240-260.

¹⁵ Definition derived from World Health Organization. (2010). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: WHO at http://www.who.int/hrh/resources/framework_action/en/index.html

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

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

Note: Information on CHCs, MHCs, Health Care for the Homeless grantees, Public Housing Primary Care grantees, National Health Service Corps' sites, and HPSAs is available on the BHPPr websites: <http://bhpr.hrsa.gov> or <http://bhpc.hrsa.gov> (select "Key Program Areas" and "Resources").¹⁴

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

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.¹⁷

Program Completer is a trainee who has successfully completed a non-degree course of study or training program during the reporting period.¹⁴

Trainee is anyone receiving training or education in a BHPPr-funded program. Enrollees, Fellows and Residents, Graduating Trainees, Program Completers, and Continuing Education Trainees are considered trainees for BHPPr reporting purposes.¹⁴

¹⁶ Health Resources and Services Administration at <http://muafind.hrsa.gov>.

¹⁷ Definition adapted from Donaldson, M.S. [et al.], editors (1996), *Primary care: America's health in a new era*, Committee on the Future of Primary Care Services, Division of Health Care Services, Institute of Medicine.

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.¹⁸ 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.¹⁴

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

For more information on Metro areas, see:

<http://www.census.gov/population/www/estimates/metroarea.html>

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

For more information on RUCAs, see:

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

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/>.

¹⁸ Office of Management and Budget, guidance on aggregation and allocation of data on race can be retrieved from: http://www.whitehouse.gov/omb/bulletins_b00-02.

Stipend is a cost-of-living allowance for trainees and fellows if permitted by a program's statute authorizing or implementing regulations. The specific amounts may be established by policy. Generally, these payments are made according to a pre-established schedule based on the individual's experience and level of training. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles. Stipends are not allowable under research grants even when they appear to benefit the research project.¹⁹

Rural Health Clinic means a facility which, as referenced by Social Security Act section 1861, 42 U.S.C. 1395x,—

(A) is primarily engaged in furnishing to outpatients services described in subparagraphs

(A) and (B) of paragraph (1) [see Social Security Act section 1861 (aa)(1)];

(B) in the case of a facility which is not a physician-directed clinic, has an arrangement (consistent with the provisions of state and local law relative to the practice, performance, and delivery of health services) with one or more physicians (as defined in subsection (r)(1)) under which provision is made for the periodic review by such physicians of covered services furnished by physician assistants and nurse practitioners, the supervision and guidance by such physicians of physician assistants and nurse practitioners, the preparation by such physicians of such medical orders for care and treatment of clinic patients as may be necessary, and the availability of such physicians for such referral of and consultation for patients as is necessary and for advice and assistance in the management of medical emergencies; and, in the case of a physician directed clinic, has one or more of its staff physicians perform the activities accomplished through such an arrangement;

(C) maintains clinical records on all patients;

(D) has arrangements with one or more hospitals, having agreements in effect under Social Security Act section 1866, for the referral and admission of patients requiring inpatient services or such diagnostic or other specialized services as are not available at the clinic;

(E) has written policies, which are developed with the advice of (and with provision for review of such policies from time to time by) a group of professional personnel, including one or more physicians and one or more physician assistants or nurse practitioners, to govern those services described in paragraph (1) which it furnishes;

(F) has a physician, physician assistant, or nurse practitioner responsible for the execution of policies described in subparagraph (E) and relating to the provision of the clinic's services;

(G) directly provides routine diagnostic services, including clinical laboratory services, as prescribed in regulations by the Secretary, and has prompt access to additional diagnostic services from facilities meeting requirements under this title;

(H) in compliance with state and federal law, has available for administering to patients of the clinic at least such drugs and biologicals as are determined by the Secretary to be necessary for the treatment of emergency cases (as defined in regulations) and has appropriate procedures or arrangements for storing, administering, and dispensing any drugs and biologicals;

¹⁹ Definition adapted from Department of Health and Human Services Grants Policy Statement, 2007. Available at: www.aoa.gov/aoaroot/grants/terms/docs/hhs_gps.doc.

- (I) has a quality assessment and performance improvement program, and appropriate procedures for review of utilization of clinic services, as the Secretary may specify;
- (J) has a nurse practitioner, a physician assistant, or a certified nurse-midwife (as defined in subsection (gg)) available to furnish patient care services not less than 50 percent of the time the clinic operates; and
- (K) meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the individuals who are furnished services by the clinic.

Underserved Area/Population (BHPPr definition)¹⁴ includes:

- The Elderly, Individuals with HIV-AIDS, Substance Abusers, 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

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

Vulnerable populations include adolescents, children, chronically ill, college students, homeless individuals, individuals with HIV/AIDS, individuals with mental health or substance abuse disorders, migrant workers, military and/or military families, older adults, people with disabilities, pregnant women and infants, unemployed, returning war veterans (Iraq or Afghanistan), veterans, and victims of abuse or trauma.¹⁴

IX. Tips for Writing a Strong Application

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

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

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