

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

Bureau of Health Professions
Division of Nursing

***Nurse Education, Practice, Quality and Retention
Veteran's Bachelor of Science Degree in Nursing Program***

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: June 7, 2013

PLEASE NOTE:

References to the Veteran's Bachelor of Science Degree in Nursing Program-Coordinating Center (HRSA-13-275) have been revised on pages ii and 4, and removed from pages 2, 5, 14, 25 & 28

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

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Authority: Title VIII, sections 831 and 831a of the Public Health Service Act (42 U.S.C. 296p and 42 U.S.C.296p-1), as amended and added by section 5309 of the Patient Protection and Affordable Care Act, Public Law 111-148.

EXECUTIVE SUMMARY

The **Nurse Education, Practice, Quality and Retention (NEPQR)** program has broad statutory authority with three targeted priority areas: education, practice and retention. The retention priority area specifically provides support for career ladder projects designed to promote career advancement for individuals including, advanced education nurses, licensed practical nurses, licensed vocational nurses, certified nurse's assistants, home health aides and diploma degree or associate degree nurses to become baccalaureate prepared registered nurses.

The **Nurse Education, Practice, Quality and Retention - Veterans to BSN (VBSN) FY2013** funding opportunity announcement (FOA) solicits four-year cooperative agreement applications for programs that lead to the attainment of baccalaureate nursing degrees. The target population for this FOA is military veterans who aspire to pursue professional nursing careers. The FOA seeks projects that will build upon the unique leadership skills, abilities, and training that military veterans possess in order to reduce the burden of transitioning into professional nursing careers. VBSN awards will cover a four-year project period.

For the purposes of the funding opportunity announcement the term "veteran" refers to former military service members who received an honorable or general discharge from one of the branches of the United States Armed Services.

Eligible applicants include an accredited school of nursing, as defined in Section 801(2), a health care facility, as defined in Section 801(11) or a partnership of such a school and facility.

Eligible program participants include honorably or generally discharged service members (including reservists) with prior medical training, who have not yet earned BSN degrees. In addition to being veterans, eligible program participants must be U.S. citizens, non-citizen-nationals, or foreign nationals who possess visas permitting permanent residence in the United States. Individuals on temporary student visas are not eligible.

The purpose of the VBSN program is to increase veterans' enrollment in and completion of baccalaureate nursing (BSN) programs through career ladder projects.

The goals are to equip all program participants with the knowledge, skills, and abilities to succeed in passing the National Council Licensing Examination for Registered Nurses (NCLEX-RN); and to provide innovative means of awarding nursing academic credit to those veterans for prior military medical training and experience. The methods for awarding credit for prior medical training and experience may include challenge or competency exams and other innovations as applicable.

The awarded VBSN applications will complement the collaborative efforts of the Health Resources and Services Administration (HRSA), the Department of Defense (DoD), and the Department of Veteran's Affairs (VA) to:

- Reduce barriers that prevent veterans' from transitioning into nursing careers;
- Develop BSN career ladder programs targeted to the unique needs of veterans;

- Explore innovative educational models to award academic credit for prior health care experience/training or other relevant military training;
- Address the growing national demand for BSN prepared Registered Nurses; and
- Improve employment opportunities for veterans through high demand careers training as outlined in the Veterans Opportunity to Work under the *VOW to Hire Heroes Act of 2011*, www.benefits.va.gov/VOW.

The Department of Defense (DoD) has instituted measures to protect veterans and ensure that their education benefits are used wisely. In order for military veterans to be able to use their federal education benefits, VBSN applicants are strongly encouraged to apply for Servicemember Opportunity Colleges (SOC) status by signing a memorandum of understanding with the DoD prior to receiving VBSN awards. This process may take up to three months to complete. **If the applicant organization is unable to meet the requirements to become a SOC, an MOU agreement must be signed with the DoD agreeing to abide by protections of military members prior to receiving a VBSN award.** The DoD-MOU process may take up to several weeks to complete. For information on the DoD-MOU process or how to become a Servicemember Opportunity College, click on the following links: <http://www.dodmou.com> and <http://www.soc.aascu.org>.

Throughout the grant period, VBSN award recipients will be expected to work with HRSA – either directly or through an awarded designee – to provide information needed for evaluating project outcomes. Such evaluations may assess the effectiveness of VBSN career ladder training programs to increase veterans’ enrollment in and completion of baccalaureate nursing (BSN) programs, including mechanisms for translating military acquired medical skills into professional nursing practice (e.g., awarding of academic credit for military experience).

All applicants must demonstrate that on or before January 31, 2014, projects will have resources and program staff in place to operationalize the VBSN nursing career ladder program. Please provide this documentation in the Workplan section of the application. It is estimated that up to nine new competitive awards will be awarded with a maximum annual funding level of **\$350,000** per awardee. The application due date is June 7, 2013 in Grants.gov.

This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available, this announcement will be withdrawn and the cooperative agreements will not be awarded.

As provided in section 805 of the Public Health Service Act, a **funding preference** shall be granted to applicants with projects that will **substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.**

Technical Assistance Webinar

A VBSN technical assistance webinar has been scheduled to help applicants understand the requirements for preparing and submitting this cooperative agreement application. **The webinar is scheduled for May 8, 2013 from 02:00 pm until 03:30 pm EST.**

To access the webinar by Adobe Connect, the url is: https://hrsa.connectsolutions.com/vet_bsnfoa/
The webinar's audio will be accessible by conference call at: **1-888-324-9363**. Passcode:
Smithey.

The webinar will be recorded for playback, and the link to view this recording will be posted on the DN Technical Assistance web page at: <http://bhpr.hrsa.gov/nursing/technicalassistance.html>.

TABLE OF CONTENTS

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. Purpose	1
2. Background	2
II. AWARD INFORMATION	4
1. Type of Award	4
2. Summary of Funding	4
III. ELIGIBILITY INFORMATION	5
1. Eligible Applicants	5
2. Cost Sharing/Matching	7
3. Other	7
IV. APPLICATION AND SUBMISSION INFORMATION	8
1. Address to Request Application Package	8
2. Content and Form of Application Submission	10
i. <i>Application Face Page</i>	15
ii. <i>Table of Contents</i>	15
iii. <i>Budget</i>	15
iv. <i>Budget Justification</i>	16
v. <i>Staffing Plan and Personnel Requirements</i>	19
vi. <i>Assurances</i>	19
vii. <i>Certifications</i>	19
viii. <i>Project Abstract</i>	20
ix. <i>Project Narrative</i>	21
x. <i>Attachments</i>	26
3. Submission Dates and Times	28
4. Intergovernmental Review	29
5. Funding Restrictions	29
6. Other Submission Requirements	30
V. APPLICATION REVIEW INFORMATION	31
1. Review Criteria	31
2. Review and Selection Process	33
3. Anticipated Announcement and Award Dates	35
VI. AWARD ADMINISTRATION INFORMATION	35
1. Award Notices	35
2. Administrative and National Policy Requirements	35
3. Reporting	39
VII. AGENCY CONTACTS	41
VIII. OTHER INFORMATION	41
IX. TIPS FOR WRITING A STRONG APPLICATION	47

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the **Nurse Education, Practice, Quality and Retention - Veterans' Bachelor of Science in Nursing Program (VBSN)**. The VBSN supports HRSA's strategic plan to improve access to quality health care and services; strengthen, the nation's healthcare workforce; build healthy communities; and improve health equity. Sub-goals include increasing and diversifying the health workforce and ensuring that healthcare providers are trained to provide high quality care that is culturally and linguistically aligned. The awarded VBSN applications will complement the collaborative efforts of the Health Resources and Services Administration (HRSA), the Department of Defense (DoD), and the Department of Veteran's Affairs (VA) to:

- Reduce barriers that prevent veterans from transitioning into nursing careers;
- Develop BSN career ladder programs targeted to the unique needs of veterans;
- Explore innovative educational models to award academic credit for prior health care experience/training or other relevant military training;
- Address the growing national demand for BSN prepared Registered Nurses; and
- Improve employment opportunities for veterans through high demand careers training as outlined in the Veterans Opportunity to Work under the *VOW to Hire Heroes Act of 2011*, www.benefits.va.gov/VOW.

For FY13, the Division of Nursing (DN) seeks four-year cooperative agreement applications that propose to develop and implement career ladder programs to increase the enrollment of veterans in BSN programs.

The intermediate program goals are to facilitate the transition of veterans into the field of professional nursing, while building upon skills, knowledge, and training acquired during their military service in order to broaden employment opportunities.

The VBSN project will provide program participants with the knowledge, skills, and abilities to succeed in passing the National Council Licensing Examination for Registered Nurses (NCLEX-RN) and will provide a means of giving academic credit for prior military medical training and experience. The methods for awarding credit may include challenge or competency exams and other innovative methods as applicable.

Under the VBSN program, applicants are expected to prepare veterans to enter the professional nursing field through innovative and evidenced-based pathways that will increase veterans' enrollment, advancement, graduation, employment and retention within the field of nursing. More specifically, the VBSN project should:

- (1) Incorporate career ladder development for veterans into an existing BSN program;
- (2) Provide faculty development to enhance teaching strategies that address the unique needs of veterans (e.g., understanding scope of practice limitations in a civilian environment for

- veterans with healthcare provider training, building upon leadership training, and meeting the needs of veterans with physical or emotional issues that may impact learning);
- (3) Develop programs and/or methods to assess veteran competencies that are eligible for awarding of nursing academic credit; and
 - (4) Include mentorship and supportive services (including outreach to veteran's organizations) that address the unique challenges that veterans face when transitioning to civilian life, including post-traumatic stress disorder and other behavioral/mental health issues and other general work-family-life-balance issues that may negatively impact program completion and gaining employment in nursing after graduation.

The VBSN curriculum to be incorporated into the BSN program must:

- (1) Use program funds to adapt the existing program to accommodate the needs of veterans, including the development and integration of veteran academic credit.
- (2) There is no funding history for the VBSN cooperative agreements.

2. Background

This program is authorized under Title VIII, sections 831 and 831a of the Public Health Service Act (42 U.S.C. 296p and 42 U.S.C.296p-1), as amended and added by section 5309 of the Patient Protection and Affordable Care Act, Public Law 111-148.

The Department of Veterans Affairs (VA) is committed to ensuring veterans' employment post separation in successful careers. The VA supports efforts to retrain veterans in fields where they are most likely to secure employment. For example, the Veterans Retraining Assistance Program (VRAP) provides financial assistance for veterans to obtain certificates, diplomas or associates degrees in high demand careers, such as nursing, and runs through March 31, 2014.¹

Registered nurses have long been considered a high growth occupation by the U.S Department of Labor with an expected growth rate of 26% (nearly 711,000 nursing positions) from 2010 to 2020.² With the enactment of the Affordable Care Act, and a confluence of events – e.g., aging of the U.S. population (including the current nursing workforce) and influx of veterans returning to civilian life (many with war related injuries) – the demand for RNs has only intensified in both civilian and military settings.³

Programs and efforts to create veteran-friendly college campuses and curriculums are being developed nationwide. Best practices for strategies to recruit, matriculate and graduate veterans from BSN programs are still under development.

¹ Erickson, Ann B., *Veterans Affairs Nursing in the 21st Century*, Minority Nurse.com. Springer Publishing Company, 2012
<http://www.minoritynurse.com/veterans-affairs-va-nursing/veterans-affairs-nursing-21st-century>

² Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2012-13 Edition*, Registered Nurses, on the Internet at <http://www.bls.gov/ooh/healthcare/registered-nurses.htm> (visited December 12, 2012)

³ Williams, Scott. *A Win-Win-Partnership, VA Style*. Minority Nurse.com. Springer Publishing Company, 2012
<http://www.minoritynurse.com/veterans-affairs-va-nursing/va-nursing/win-win-partnership-va-style>

HRSA's Division of Nursing is committed to expanding and increasing diversity in the nursing workforce to include individuals that represent the full range of racial/ethnic, cultural, educational and geographic backgrounds. Gender, racial, ethnic, socioeconomic, cultural and geographic diversity are characteristics of many of today's veterans.⁴ Often, veterans without BSN degrees received considerable medical training during their enlistment, including training as vocational/practical nurses, and possess a wide range of medical skills that creates a logical entry point to career ladder programs that lead to obtaining BSN degrees.^{5,6}

The particular need for baccalaureate prepared nurses has been identified by nurse executives, academicians, insurers, nursing employers, consumers, and the federal government.^{7,8,9} The BSN degree is the nursing credential required for active duty Registered Nurses in the Army, Navy, and Air Force, as well as required for Public Health Service Commissioned Officers. Increasingly, civilian employers are requiring Bachelor of Science in Nursing (BSN) degrees as the minimum entry-level degree for nursing practice.

In order to capture and build upon the education and training of those veterans who have medical skills, these cooperative agreements will offer programs to increase the enrollment of veterans into BSN programs starting in 2014. By facilitating the matriculation of veterans into BSN programs and providing mentoring and support, it is anticipated that greater numbers of veterans will succeed in transitioning and advancing in professional nursing careers, as future nursing leaders.¹⁰

⁴ Trachtenberg, Rob; *AHECS Impacting the Wellness of Military Families*; January 24, 2012 press release. www.nationalahec.org

⁵ Innovations in Nursing & Health Magazine: *Military Veterans Choose Nursing*: December 12, 2012 Arizona State University: [Innovations in Nursing & Health magazine: Fall 2012 | ASU College](http://innovationsin Nursing & Health magazine: Fall 2012 | ASU College)
<https://nursingandhealth.asu.edu/.../innovations-nursing-health-magazine-fall-2012>

⁶ *FACT SHEET: We Can't Wait: Obama Administration's New Initiatives to help Create Jobs for Veterans*, The White House Office of the Press Secretary, October 25, 2011. www.whitehouse.gov

⁷ IOM (Institute of Medicine). 2011. *The future of nursing: Leading change, Advancing Health*. Washington, DC: The National Academies Press. 500 Fifth Street, N.W., Washington DC, 20001 *advancing health*. Retrieved December 12, 2012 from:
<http://thefutureofnursing.org/IOM-Report>

⁸ *Occupational Outlook Handbook*, U.S. Department of Labor, Bureau of Labor Statistics, *2012-13 Edition*,
<http://www.bls.gov/ooh/healthcare/registered-nurses.htm> (visited December 12, 2012)

⁹ Erickson, Ann B., *Veterans Affairs Nursing in the 21st Century*, Minority Nurse.com. Springer Publishing Company, 2012
<http://www.minoritynurse.com/veterans-affairs-va-nursing/veterans-affairs-nursing-21st-century>

¹⁰ Allen, A., Billings, L., Green, A. et al. *Returning Enlisted Veterans—Upward (to) Professional Nursing: Not All Innovative Ideas Succeed*, *Journal of Professional Nursing*, Vol. 28, No.4 (July-August), 2012: pp. 241-246. 2012, Elsevier Inc.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

1. Facilitating the exchange of project planning and implementation information among the VBSN awardees.
2. Collaborating in the development of project data collection systems and procedures to ensure harmonized data across projects.
3. Collaborating with awardees on their annual evaluation of VBSN projects to assess progress in meeting proposed objectives and program requirements.
4. Conducting an evaluation of the overall VBSN Program across projects at the end of Year One and conclusion of the program.

The cooperative agreement recipient's responsibilities shall include the following:

1. Developing, implementing, and evaluating project activities in order to meet the goals as outlined in this Funding Opportunity Announcement.
2. Collecting, tracking, and monitoring participant progress to capture best practices.
3. Collaborating and communicating on a timely basis with the HRSA Project Officer.
4. Collaborating with the HRSA Project Officer an opportunity to review project information prior to dissemination.
5. Establishing linkages with partners/contacts that may be relevant to achieving the project's mission (e.g. such as Federal and non-Federal partners).
6. Collaborating with HRSA either directly or through an awarded designee to provide information needed for evaluating project outcomes

2. Summary of Funding

The VBSN program will provide funding for Federal fiscal years **2013-2016**. Approximately \$3 million is expected to be available annually to fund up to nine (9) grantees. Applicants may apply for a ceiling amount of up to \$350,000 per year (inclusive of direct and indirect costs). The project period is four (4) years. This funding opportunity announcement is subject to availability of appropriated funds. If associated funding is not available for the VBSN program, this announcement will be withdrawn and cooperative agreements will not be awarded. Funding beyond the first year is dependent on the availability of appropriated funds for the VBSN 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 include an accredited school of nursing, as defined in Section 801(2), a health care facility, as defined in Section 801(11), or a partnership of such a school and facility.

The eligible applicant must be capable of carrying out the statutory purpose of the NEPQR program.

Schools of nursing providing nursing education and conferring degrees for participants must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education. For FY 2013, these agencies include the Commission on Collegiate Nursing Education, National League for Nursing Accrediting Commission, Kansas Board of Nursing, Maryland Board of Nursing, Missouri Board of Nursing, Montana Board of Nursing, North Dakota Board of Nursing and New York Board of Nursing.

All nursing programs that are associated with the project must be accredited for the purpose of baccalaureate nursing education. An official letter of accreditation from the appropriate national nurse education accrediting agency must be submitted. No other forms of accreditation documentation (e.g., certificate of accreditation) will be accepted. The letter must be signed and dated by the accrediting agency. Where applicable, applications must provide information for provisional accreditation or re-accreditation status. This information should be clearly documented (i.e., last site visit date, pending date for final decision) in the Project Narrative submitted with this application. All nursing schools associated with the project and conferring degrees must be accredited per PHS Act Title VIII, Section 831section 801 authority.

Accreditation for Newly Established Programs of Nursing: A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of Title VIII legislation if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

Applicants must submit documentation with dates of accreditation (e.g., an accreditation letter from the accrediting agency) with the HRSA grant application as **Attachment 1**.

The following process must be followed for new nursing programs associated with the proposed project that are just beginning the accreditation process and wish to establish eligibility. The applicant must contact a national nursing accrediting or state approval body recognized by the Secretary of the Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. The nursing program will need to request a letter from the recognized accrediting agency describing the new program's progression toward accreditation by answering the six questions below:

1. Is this program actively pursuing accreditation with the agency?
2. What is the date of the program's pending application for accreditation and the date or approximate date when the agency's decision-making body is likely to decide whether to grant or deny accreditation for this program?
3. Does the agency accredit any other nursing education programs at this institution and, if so, are those programs in good standing with the agency?
4. Currently, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program's application and reviewed by the agency, as well as any on-site visits that have occurred.
5. Based on the agency records, what will be the start date or approximate start date of the program's academic year that immediately follows the expected graduation date for the students comprising the program's first entering class?
6. Based on the agency's review of each program to date, is there any reason to believe that the program will be unable to demonstrate compliance with the agency's standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? If so, why?

In addition, the letter from the recognized accrediting agency should state that the new educational program is an accrediting activity that falls within the scope of the Secretary's recognition and that the program will meet the accreditation/approval standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant will submit, not less than 30 days prior to the HRSA application due date, its request for a letter of assurance along with the accrediting agency letter and any supporting documentation regarding the accreditation or approval of the nursing program to the Accreditation Division staff at aslrecordsmanager@ed.gov.

- If you need additional information regarding the submission, you should contact Cathy Sheffield by telephone at (202) 219-7011; fax: (202) 219:7005; or email at Cathy.Sheffield@ed.gov.
- The program will also submit its contact name(s), address (es), phone number(s), email addresses, and the name of the HRSA Program with all correspondence sent to the Department of Education.
- The Accreditation Division will acknowledge receipt of the application by notifying the program by email. If the application is not received timely, the acknowledgement letter will notify the program that the Accreditation Division will not process the request.
- The Department of Education will process the applicant's request for a letter of reasonable assurance documenting the Secretary's determination that the program will meet the appropriate accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant must include this letter of reasonable assurance (if applicable) from the Department of Education with the HRSA program application (Attachment 2).

Applicants must provide documentation of all accreditation approvals (as defined in the Definitions section of this funding opportunity announcement) needed to enroll students into the

new Bachelor of Science in Nursing program. **The documentation must be included in the application when it is submitted.** This includes approval from the school, the college/university and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

Applications that do not clearly demonstrate that eligibility requirements are met will be considered non-responsive and will not be considered for funding under this announcement.

Eligible Program Participants

Eligible program participants include honorably or generally discharged service members (including reservists), with prior medical training, who have not yet earned BSN degrees. In addition to being veterans, eligible program participants must be U.S. citizens, non-citizen-nationals, or foreign nationals who possess visas permitting permanent residence in the United States.

Individuals on temporary student visas are not eligible.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$350,000 will be considered non-responsive and will not be considered for funding under this announcement.

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

Applicants shall identify only one Project Director.

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

NOTE: Multiple applications from an organization are not allowable.

NOTE:

Members of the Armed Forces are permitted to pursue voluntary education at the public or private school of their choice. The Pentagon provides tuition assistance to service members as a benefit under the G.I. Bill. **Beginning on March 1, 2013, veterans will only be able to use their tuition assistance at schools that have signed a memorandum of understanding (MOU) with the Department of Defense.** The DoD-MOU process can take up to several weeks to complete. VBSN applicants are required to either sign a DoD-MOU or apply to become a

SOC **prior** to receiving VBSN awards. Obtaining SOC status can take three months or more to complete. Include documentation of DoD-MOU or SOC applied for or approved status as **Attachment 10**.

For information on the DoD-MOU process or how to become a Servicemember Opportunity College, click on the following links: <http://www.dodmou.com> and <http://www.soc.aascu.org>.

IV. Application and Submission Information

1. Address to Request Application Package

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 as received from Grants.gov. HRSA's Division of Grants Policy is the only office authorized to grant waivers. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval;** however, the application must still be submitted by the deadline. 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.

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

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

Items to consider are:

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

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

Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. Do not wait until the last minute to register in SAM. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, **check for active registration well before the application deadline.**

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

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

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

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

1) Downloading from <http://www.grants.gov>, or

2) Contacting the HRSA Digital Services Operation (DSO) at HRSADSO@hrsa.gov
Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted. Specific instructions for preparing portions of the application that must accompany the SF-424 R&R appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

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

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted no later than the deadline to be considered under this announcement.

Application Format

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

SF-424 R&R – Table of Contents

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

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

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

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		additional site locations.	
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. 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.	Optional; Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not applicable to HRSA; do not use.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - K form, Box K. Only one consolidated budget justification for the project	Required attachment. Counted in the page limit. Refer to Funding Opportunity Announcement for detailed instructions.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		period.	Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Extracted Form to be attached	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extracted form to be attached from the SF-424R&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. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in 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 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 pages are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. Table of contents page will not be counted in the page limit.
- Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Accreditation Documentation. Provide a copy of the dated and signed accreditation letter from the nursing accrediting body. Required.
Attachment 2	Approval Documentation including US Department of Education assurance letter. If applicable, required.
Attachment 3	Position Descriptions for Key Personnel. Attach position descriptions that include the roles, responsibilities, and qualifications of proposed project key personnel. Include Biographical Sketches for Consultants, if applicable. Please merge all descriptions into a single document. Required.
Attachment 4	Letters of Support. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page. If applicable.
Attachment 5	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific). Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Letters of agreement from key organizations/individuals must document their willingness to perform in accordance with the plan presented in the application. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. If applicable.
Attachment 6	Organizational Chart. Attach a one-page figure that depicts the organizational structure of the project staff, including any collaborating partners. Required.
Attachment 7	VBSN Educational Program Plan. Required.
Attachment 8	Institution Diversity Statement. Required.
Attachment 9	Maintenance of Effort. Required.
Attachment 10	Department of Defense MOU or Servicemember Opportunity College documentation. Required.
Attachment 11	Federal indebtedness. If applicable.

Application Format

i. Application Face Page

Complete SF-424 Research and Related (SF-R&R), provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.359.

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

ii. Table of Contents

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

iii. Budget

Complete the SF-424 Research & Related Budget form included with the application kit (Sections A-J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. Repeat this instruction to complete Budget Periods 3 and 4.

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

Salary Limitation:

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

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

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct Salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
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% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

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

Budget for Multi-Year Grant Award

This announcement is inviting applications for project periods of four (4) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be up to four years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the four-year project period is

subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

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

Sample:

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

*Actual annual salary = \$350,000

Applicants shall identify only **one** Project Director. The **Project Director** for VBSN cooperative agreements should be a doctorally prepared Licensed Registered Nurse (RN), preferably with a previous military background, experienced in best practices and curriculum development. Describe the roles and responsibilities under the budget justification for grant supported and non-grant supported personnel. This information is essential for reviewers to determine if project resources are adequate to carry out program goals.

Fringe Benefits: List components that comprise the fringe benefit rate, for example – health insurance, taxes, unemployment insurance, life insurance, retirement plan, and/or tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. International travel is **not** an allowable expense.

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

Supplies: List the items that the project will use. Provide the quantity and cost per unit in this category, separate office supplies from educational purchases. Office supplies could include paper, pencils, and the like; and educational supplies may be pamphlets, educational DVD's, etc. Remember, they must be listed separately.

Consultant Costs: Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. If the consultant is not yet identified provide the desired expertise and the scope of work of the proposed consultant. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

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

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

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

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

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

Data Collection Activities: Funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category: Personnel, Contracts or Other.

Trainee Expenses – ARE NOT APPLICABLE UNDER THE VBSN PROGRAM.

Student support, including but not limited to, tuition, stipends, scholarships, bonuses, subsidies, or paid release time for program participants is not allowable.

v. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions must include the roles, responsibilities, and qualifications of proposed project staff. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must also be included. When applicable, biographical sketches should include training, language fluency, and experience working with the culturally and linguistically diverse populations that are served by their programs. Senior key staff position descriptions and bio sketches can be uploaded in SF-424 R&R Senior/Key Person Profile form; bio sketches for consultants should be included as **Attachment 3**.

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 11**.

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.

It must include:

- A brief description of the proposed project including the needs to be addressed
- The goals and objectives of the proposed project
- A description of the team structure, composition, and demographics of the targeted population group(s) to be served
- A statement of the project anticipated start date (must be supported by the work plan)
- Statement of funding preference (if applicable)

The following must be placed at the top of the abstract:

This project application is for: The Nurse Education, Practice, Quality and Retention – Veterans' Bachelors of Science in Nursing Program

- Project Title
- Applicant Organization Name
- Address
- Project Director's Name
- Project Director's Telephone Numbers (Voice, Fax)
- Project Director's Email Address
- Organizational Website Address (if applicable)
- Number of proposed trainees by training level

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

ix. Project Narrative

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

Use the following section headers for the Program Narrative:

▪ INTRODUCTION

This section should briefly describe how the project will carry out the VBSN project purpose to increase veterans' enrollment and graduation from baccalaureate nursing programs.

▪ NEEDS ASSESSMENT

This section should describe and document the needs of the community, the organization(s), and the target population to be served by the proposed project. As appropriate, provide information including, but not limited to:

- The local, regional or national need for the project;
- The importance of the project as it relates to the NEPQR program's statutory purpose; and
- The potential impact of the project on the employment outcomes for veterans in nursing.

Applicants should describe the geographic area (rural or non-rural setting) in which the project will be located; whether the project is part of a consortia or partnership of entities; includes a state or local health department; and details information regarding issues of quality, health care access and/or health disparities in vulnerable and underserved populations (as applicable).

Demographic data should be used and cited whenever possible to support the information provided. When preparing the application, applicants may utilize tools such as:

- Local schools of nursing's data on veteran RN and BSN nursing employment
- Bureau of Labor Statistics records
- Local surveys, pilot studies, or community needs assessments
- Focus groups documenting the need for the project

Review Criteria 1 "Need" and 2 "Response" are linked to this section.

▪ METHODOLOGY

Describe the methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement. Methods must identify the meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. In addition, this section should describe organizational strategies used to obtain stakeholder buy-in; to expand educational and clinical practice partner sites, faculty engagement and development; to retain veterans in the BSN program and ensure graduation and passage of NCLEX-RN exams. This section should also discuss methods to assist veterans in obtaining employment in nursing post-graduation, and efforts to promote veteran training and employment in rural and medically underserved communities.

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

- 1) Description of project goals with specific, measurable, organized, time-framed objectives for each goal;
- 2) Proposed innovative strategies that will enable the accomplishment of project goals (e.g., interprofessional education models or the integrated use of technology);

- 3) Evidence-base supporting the proposed methodologies, including literature, prior experience, and historical data;
- 4) Service/community partnerships (e.g., clinical site partners, mentors, counseling services, military-centered support groups);
- 5) A summary of how veteran-related experiences will be incorporated in the curriculum and translated into professional nursing practice;
- 6) Modifications that will be made to existing services to assist veterans graduating and passing the NCLEX-RN exams.
- 7) A description of how cross-cultural competence will impact veterans' learning; and
- 8) Plan for dissemination of the methodology and outcomes, including providing copies of materials to the Division of Nursing and the HRSA Division of Grants Management Operations.

Review Criterion 2 “Response” is linked to this section.

VBSN Educational Program Plan

Include this information as **Attachment 7: VBSN Educational Program Plan**.

a. Overview: Provide an overview of the proposed VBSN career-ladder program describing how it will offer participants the opportunity for career advancement; meet the needs of the registered nurse workforce; and meet the occupational needs of military veterans.

b. Plan of Study: Describe how the BSN program will be adapted to address the following:

- 1) Recruit and retain veterans in nursing BSN programs and careers
- 2) Build upon and integrate the unique practice skillsets that veterans bring to nursing
- 3) Facilitate the translation of military-acquired medical skills into professional nursing practice
- 4) Provide veteran nursing students with mentoring, skill development, and other forms of support to enable successful program completion and graduation
- 5) Address contingency plans for veterans to continue or complete their education in the event of deployment during enrollment in the VBSN program.
- 6) Describe the plan for how military veterans with prior medical experience will obtain credit for knowledge and experience obtained.
- 7) Include a plan and a signed agreement for articulation or transfer between or among institutions participating in the project, as applicable.

c. Funding Preference: If a funding preference is requested, applicants should describe how the projected curriculum meets the requested preference.

Section 805 of the PHS Act provides a funding preference for applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. Applications that do not include this funding preference statement and narrative explanation will not be eligible to receive the funding preference.

Criteria, including calculations for the preference, are described in **Section V.2.** of this FOA.

- 1) Substantially benefit rural populations: the curriculum includes content on rural culture and other health indices specific to rural health populations.
- 2) Substantially benefit underserved populations: the curriculum incorporates content addressing the cultural and health indices specific to underserved populations.
- 3) Helps meet public health nursing needs in state or local health departments: the applicant provides evidence:

- of a curriculum which concentrates on the public health sciences and prepares students for core competencies in public health nursing;
- of linkage(s) with state and local health departments for student learning experiences; and
- that the applicant institution provides a curriculum that ensures that students and graduates are eligible for public health certification and public health nursing certification.

d. Student Participant Pool:

For existing veterans BSN programs, describe number of credits awarded for prior experience and training, how veteran BSN students program length compares with non-veteran BSN students, and how this award will expand your program if applicable. In addition describe:

- 1) The number of veteran BSN students to be initially enrolled and projected to be enrolled in the VBSN program for each project year.
- 2) The number of VBSN project participants enrolled with prior medical experience
- 3) The gender, age range, racial and ethnic mixture of veterans enrolled in VBSN
- 4) The program length for veterans *with* prior medical training and experience as compared to the program length of an average BSN student in the program.
- 5) The average length of **time lapse** between prior medical training to enrollment in VBSN
- 6) The projected total number of veteran BSN graduates anticipated from the project start to the project's end.

For new VBSN programs, provide the most current enrollment, NCLEX-RN pass rates, if applicable, and current graduation data for the nursing program.

e. Faculty Qualifications: The Project Faculty should demonstrate competence (e.g., publications, funded research) in nursing and other health professions as applicable, with appropriate academic preparation, clinical expertise and experience as an educator.

- 1) Describe plans for faculty skill development in managing veteran's health problems and educational needs
- 2) Describe responsibilities of the nursing faculty in implementing the VBSN program
- 3) Describe faculty qualifications, selection criteria/process, orientation to project, mechanisms for providing feedback to project staff, and performance evaluation criteria.

Note that:

- a. Faculty qualifications should be consistent with the requirements of their discipline and academic institution.
- b. Faculty from other disciplines should maintain the appropriate credentials consistent with their academic institution guidelines.
- c. Faculty must participate in maintenance of competency, licensure and clinical practice

f. Clinical Experience: Describe formal and informal veteran organization linkages/partnerships with national, state, local, rural and community-based agencies for clinical sites serving population(s), including the medically underserved and federally funded health centers.

- 1) List the criteria for faculty selection and for clinical teaching site selection.
- 2) Identify clinical faculty and their credentials
- 3) Describe program modifications, including types of anticipated veterans' clinical experiences and their resulting competencies

Review Criteria 1 “Need,” 2 “Response,” 3 “Evaluative Measures” and 4 “Impact” are linked to this section.

- **WORK PLAN**

A comprehensive work plan is required to complement the program plan and every plan must address the sustainability of the project. Describe specific activities to achieve project objectives or steps that will be used to achieve each of the activities proposed during the entire project period consistent with the details outlined in the methodology section.

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

- 1) The detailed steps that will be taken to achieve each of the activities proposed in the methodology section (e.g., recruitment, retention, translating military acquired skills, educational continuance contingency plans in event of deployment, addressing veteran specific educational challenges, project progress tracking, data collection, and evaluation plan, plans for dissemination of outcomes),
- 2) A description of the facilities where the activities will occur indicating to what extent the proposed activities are supported by the proposed institution and/or service partner.
- 3) A specific timeline that includes each activity, responsible staff and amount of time estimated to carry out each step. Please include documentation that the VBSN project will be operational by January 31, 2014 in your timeline.
- 4) A clear, detailed description for how the project’s activities will be sustained after Federal funding ends. This should include a timetable for becoming self-sufficient.

Review Criteria 3 “Evaluative Measures”, 4 “Impact”, and 5 “Resources/Capabilities” are linked to this section.

- **RESOLUTION OF CHALLENGES**

VBSN applicants must describe challenges that are likely to be encountered in designing and implementing the activities described and approaches that will be used to resolve such challenges. Applicants must also describe the challenges that will need to be overcome in sustain the project beyond the period of Federal funding.

Review Criteria 1 “Need” and 4 “Impact” are linked to this section.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

VBSN applicants are required to discuss their strategies for evaluating their projects over the course of the project. Evaluation results must identify how projects are meeting identified needs and working toward increasing the number of active duty and military veterans who are prepared at the BSN educational level. The evaluation plan should identify a specific design and include strategies that are evidence-based and able to demonstrate project progress, outcomes, as well as determine how identified needs are being met. The evaluation plan should link each objective with appropriate input, output, and outcome measures.

Specifically, applicants must identify how they plan to track and monitor their project’s progress and outcomes and describe their ability to collect and report this data on an annual basis. Applicants must clearly identify quantitative and/or qualitative measures for each objective and related activities, as well as discuss how findings will be used to determine project outcomes and

whether identified needs are successfully being met. Applicants must identify and discuss how their current and/or projected organizational infrastructure will enable them to engage in evaluation activities and determine the effectiveness of their projects.

The evaluation plan must identify the selected evaluator and his/her credentials. The evaluation may be done through the institution's evaluation office, or if an evaluator is not an employee of an institution within the collaborative, an external evaluator may be included as a consultant. The application should document that the project evaluator has formal training and experience in evaluation methodology.

Applicants are expected to submit annual performance reports, as well as an annual project evaluation report that highlights recent findings and plans, if any, for ongoing or special evaluation activities. Applicants must identify and discuss how their current and/or projected organizational infrastructure will enable them to engage in evaluation activities and determine the effectiveness of their projects.

Review Criteria 3 "Evaluative Measures" and 5 "Resources/Capabilities" are linked to this section.

▪ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant agency's current mission, structure, scope of current activities, and how these all contribute to the ability of the organization to conduct the program, meet requirements and meet program expectations. Provide an applicant organizational chart showing lines of communication and decision making as **Attachment 6**.

• **Project Management, Resources, and Capabilities**

a. Project Personnel: List all project personnel with expertise and specific responsibilities in the project. (See Directions for "Budget Justification," and "Evaluation and Technical Support Capacity" and cross-reference information as appropriate). The Project Director (PD) for VBSN projects should be a doctorally prepared licensed Registered Nurse (RN), preferably with military experience that has demonstrated experience in nursing education or practice as applicable to the purpose under which the applicant is seeking funding.

Co-Project Directors are not allowed.

The role of the Project Director (PD) is an extremely important one in that the PD is responsible for the scientific, technical, financial and programmatic aspects of the grant as well as overseeing the day-to-day management of the program. HRSA relies on the PD for essential information during the award period. Each applicant should choose the proposed PD carefully to assure stability in the leadership of funded projects.

b. Faculty Recruitment Plan: Describe a recruitment plan for vacant positions that directly support the proposed project. If it is not possible to have key project faculty in place at the time the application is submitted, describe specific qualifications for the position and the plan for recruitment of this individual. Include faculty recruitment plans to attract faculty from underrepresented minority backgrounds, military background/expertise, and current faculty composition by race, gender, and ethnicity for the school of nursing.

c. Summary Personnel Table: Provide a summary faculty table that includes: project director, faculty members, academic degrees, area or areas in which the degree was earned,

and area of teaching responsibility within the school of nursing. Include all nursing and other faculty members with whom students will have contact, including those with specialized military experience.

d. Consultant(s): Provide the qualifications and nature/scope of the work to be provided by each consultant that has agreed to serve on the project. Include a bio-sketch (no more than 2 pages) for each consultant, as **Attachment 3**. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise, and the scope of work, for at least the first project year, and provide a rationale for this need.

e. Capabilities of the Applicant Organization: Provide a summary of the capacity of the organization to carry out the project.

f. Institutional Resources: Describe available institutional resources, including teaching facilities, clinical resources, libraries, computer resources and other resources appropriate to effectively implement the proposed project. Describe any current and projected collaborative relationships with other institutions or agencies and disciplines. Describe the resources of the collaborating partners.

g. Local Support: Describe any support from veteran's, campus, or community group support services involved in the project, as applicable. Include significant letters of support as part of **Attachment 4**. Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter.

h. Linkages: Describe established employer support and/or planned linkages with relevant educational and health care entities that may employ veterans if applicable.

Review Criterion 5 "Resources/Capabilities" is linked to this section.

x. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. Each attachment must be clearly labeled:

Attachment 1: Accreditation Documentation. Required. Counted in the page limit. Proof of accreditation should be in the form of a letter from the professional nursing accrediting agency.

Attachment 2: Approval Documentation. Required. As Applicable. Counted in the page limit. If applicable, a letter from the United States Department of Education providing "reasonable assurance of accreditation" for new programs must be attached and dated. Applicants must provide documentation of all pending approvals, as defined in section 1a, Eligible Applicant Organizations, located in Section III. 1. Eligible Applicant of this Funding Opportunity Announcement.

Attachment 3: Position Descriptions for Key Personnel. Required. Counted in the page limit. Attach position descriptions that include the roles, responsibilities, and qualifications of proposed project staff. Also include here, biographical sketches of consultants performing key roles in the project.

Attachment 4: 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.

All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section. Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

Specific letters of support from the institution that assure continued support of grant-funded activities at the end of the funding period are favorably considered by reviewers. A meaningful letter of support states what will be provided to the applicant if the grant application is funded (such as, dollars, space, staff, equipment, personnel, placement of students for clinical learning experiences, preceptors, and employment for future graduates).

Include relevant letters of agreement/support from the Dean of the School of Nursing and University Officials, and relevant letters from key collaborating organizations, clinical sites, and consultants. List all other support letters on one page.

Attachment 5: 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 applicant agency and other agencies and programs cited in the proposal. Letters of agreement from key organizations/individuals must document their willingness to perform in accordance with the plan presented in the application. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Include only letters of agreement which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement must be dated.

Attachment 6: Project Organizational Chart. Required. Counted in the page limit. Attach a one-page figure that depicts the organizational structure of the project, including any collaborating partners.

Attachment 7: VBSN Educational Program Plan. Required. Counted in the page limit. Attach the document here that further illustrate the veteran-focused plans described in the methodology section.

Attachment 8: Institution Diversity Statement. Required. Counted in the page limit.

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

Attachment 9: Maintenance of Effort Documentation. Required. Counted in the page limit. The following statement of maintenance of effort must be included, “Federal cooperative agreement/grant funds will not replace current levels of non-federal support for proposed cooperative agreement/grant activities.”

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

NON-FEDERAL EXPENDITURES

Non-Federal Expenditures	Non-Federal Expenditures
<p style="text-align: center;">FY 2012 (Actual)</p> <p>Actual FY 2012 non-Federal funds including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.</p> <p>Amount: \$ _____</p>	<p style="text-align: center;">FY 2013 (Estimated)</p> <p>Estimated FY 2013 non-Federal funds, including in-kind, designated for activities proposed in this application</p> <p>Amount: \$ _____</p>

Attachment 10: Department of Defense Memorandum of Understanding. Required. Counted in the page limit. VBSN applicants are strongly encouraged to apply to become Servicemember Opportunity Colleges (SOC). If unable to meet the SOC requirements; applicants must sign a memorandum of understanding with the Department of Defense, agreeing to abide by the protections for service members **prior** to receiving VBSN awards.

For information on the DoD-MOU process or how to become a Servicemember Opportunity College, click on the following links: <http://www.dodmou.com> or <http://www.soc.aascu.org>.

Attachment 11: Federal Indebtedness. 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.

3. Submission Dates and Times

Application Due Date

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

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

- 1) The first will confirm receipt in the system;
- 2) The second will indicate whether the application has been successfully validated or has been rejected due to errors;
- 3) The third will be sent when the application has been successfully downloaded at HRSA; and

- 4) The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

Late applications:

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

4. Intergovernmental Review

The VBSN cooperative agreement program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$350,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, availability of funding, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- 1) payment of time release for trainees/participants;
- 2) payment of temporary or contractual personnel replacement costs for time trainees/participants are away from usual worksite during involvement in project activities;
- 3) proposals for the sole purpose of setting up/constructing a skills lab;
- 4) sole purpose of research;
- 5) planning, piloting, or training the trainers;
- 6) accreditation, credentialing, licensing, and/or franchise fees and expenses; or
- 7) student support, including but not limited to, trainee travel, tuition, stipends, scholarships, bonuses, or subsidies.

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

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the

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

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

6. Other Submission Requirements

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

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

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

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

V. APPLICATION REVIEW INFORMATION

1. Review Criteria

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

Review Criteria are used to review and rank applications. The VBSN Program has six (6) review criteria.

Criterion 1: NEED (15 points)

The extent to which the application demonstrates:

- The local, regional or national need for the VBSN program;
- The needs and impact to prospective veteran participants;
- Factors/challenges/barriers related to veteran's obtaining BSN degrees;
- The geographic area and project partners;
- The VBSN proposed project in relation to the NEPQR funding statutory purpose, as supported by demographic data; and
- That the project will substantially benefit rural populations, substantially benefit underserved populations, or help meet the public health nursing needs in state or local health departments and therefore qualifies for a statutory funding preference.

Criterion 2: RESPONSE (25 points)

The extent to which the project responds to the VBSN “purpose” by:

- Identifying goals that are specific, measurable, organized and include time-framed objectives;
- Describing innovative strategies that will build upon and integrate the unique practice skillsets and experiences that veterans’ bring to nursing (e.g. technology, interprofessional collaborative education models) to accomplish project goals;
- Facilitating the translation of military acquired medical skills into professional nursing practice (e.g. awarding of academic credit for military experience models, cross-cultural competence);
- Demonstrating service/community partnerships (e.g., clinical site partners, mentors, counseling services, military-centered support groups); and
- Describing new or modifications to existing support services that will be implemented to assist veterans graduating from college and passing the NCLEX-RN exams.

Criterion 3: EVALUATIVE MEASURES (25 points)

The extent to which the described project plan:

- Provides high quality supporting evidence for the methodologies proposed;
- Includes a system for tracking data and monitoring day-to-day project operations;
- Adequately documents project objectives’ results based on the strength of proposed evaluative measures; and
- Demonstrates the detailed steps and timelines to effectively achieve activities in the proposed methodology and evaluation plan.

The extent to which the proposed veteran-modified portions of the education plan describe:

- The curriculum changes;
- Veteran-specific plan of study;
- Course information on awarding of credit, competency demonstration, and challenge exams;
- Target veteran participant characteristics;
- Faculty qualifications;
- Proposed student clinical experience(s); and
- Enrollment /graduation projections.

Criterion 4: IMPACT (10 points)

The extent to which the proposed project activities/work plans will:

- Be feasible in recruiting and retaining veterans in nursing BSN programs and careers;
- Facilitate the translation of military acquired medical skills into professional nursing practice;
- Address contingency plans for veterans to continue or complete their education in the event of deployment during enrollment in the VBSN program;
- Be effective in data collection that will be used in an evidence based evaluation plan to evaluate project progress, outcomes and results;
- Provide a high quality plan for dissemination of the methodology and outcomes
- Be likely to be sustained beyond the Federal funding period.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

The extent to which proposed activities described in the application:

- Describe adequate leadership, facilities, personnel, training, expertise (including military liaison/resources) and technology to carry out the project, and include an organization chart;
- Describe strategies for overcoming veteran education challenges;
- Demonstrate buy-in from prospective program participants, including evidence of community partnership/support for the project, the required BSN program accreditation and Department of Defense MOU agreement or Servicemember Opportunity College documentation, and the institutional diversity statement;
- Demonstrate high rates of students graduating and passing the NCLEX exams; and
- Are likely to help veterans obtain professional nursing employment post-graduation.

Criterion 6: SUPPORT REQUESTED (05 points)

The extent, to which the proposed budget for each year of the project period:

- Is within the ceiling dollar amount;
- Contains budget items that are directly related to the project objectives, activities and outcomes;
- Includes costs that are reasonable, allowable, and in relation to the scope of work; and
- Substantiates that key personnel have adequate time devoted to the project to achieve the project goals.
- Aligns closely with the planned number of enrolled participants over the entire project period.

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.

STATUTORY FUNDING PREFERENCE

The authorizing statute provides a funding preference for some applicants. A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not

receive a Funding Preference will be given full and equitable consideration during the review process.

As provided in section 805 of the Public Health Service Act, preference will be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments. This preference will be applied to all applications that are rated favorably by HRSA’s review panel(s), using the published review criteria, and who meet the preference as indicated below.

There is one preference that can be met in any one of three ways. As provided in section 805 of the Public Health Service Act, the law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

- 1) Substantially benefit rural populations; or**
- 2) Substantially benefit underserved populations; or**
- 3) Helps meet public health nursing needs in state or local health departments.**

To meet this funding preference, the applicant **must demonstrate how the project meets one of the specific preferences listed above.**

Applicants must document justification for the indicated preference in the Methodology section (in the VBSN Educational Program Plan Attachment 7, part c) of the project narrative, as well as in the project abstract; and to identify and integrate into the detailed description of the project how the proposed project substantially benefits rural or underserved populations, or helps meet public health nursing needs in State or local health departments as outlined below.

To demonstrate that the project “Substantially Benefits Rural Populations,” the applicant provides documentation indicating:

- that students will have a field placement or practicum experience in a site serving rural populations, which include at least one of the following: Rural Health Clinic, State Office of Rural Health, Critical Access Hospital (CAH), Sole Community Hospital (SCH), Medicare Dependent Hospital (MDH) or Rural Referral Center;
- that the curriculum includes content on rural culture and other health indices specific to rural health populations; and
- the specific ways students and graduates are prepared to meet the health care needs of rural populations and a high proportion of graduates go to work in a site serving rural populations.

To demonstrate that the project “Substantially Benefits Underserved Populations,” the applicant provides documentation indicating:

- that the applicant is located in a health professional shortage area, medically underserved community, or serves medically underserved populations and focuses on primary care, wellness, and prevention strategies;
- that the curriculum incorporates content addressing the cultural and health indices specific to underserved populations; and

- the specific ways students and graduates are prepared to meet the health care needs of the underserved and a high proportion of graduates go to work in a site serving underserved populations.
- an established and/or recent (preceding 2-year period) track record of placing a high rate of graduates in practice settings located in medically underserved communities,

To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments,” the applicant provides documentation:

- of a curriculum which concentrates on the public health sciences and prepares students for core competencies in public health nursing;
- of linkage(s) with state and local health departments for student learning experiences; and
- that the applicant institution provides a curriculum that ensures that students and graduates are eligible for public health certification and public health nursing certification.

Peer reviewers shall review and evaluate the quality of information supporting the statutory funding preference, to determine if the applicant meets the statutory funding preference.

Failure to provide the requested information in sufficient detail will prevent the preference request from being awarded.

3. Anticipated Announcement and Award Dates

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

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

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

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

2. Administrative and National Policy Requirements

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

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

If an award is made, copies of any materials disseminated must include the disclaimer verbatim in the application which states:

“This project is/was supported in part by funds from the Division of Nursing (DN), Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) under grant number xxx and title xxx for \$xxx. (specify grant number, title, and total award amount). The 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 Division of Nursing, BHPr, HRSA, HHS, or the U.S. Government.”

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.

Affordable Care Act Outreach and Education

It is important to note that a healthier country is one in which more Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. Insurance coverage is strongly related to better health outcomes for both children and adults. Access to insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care.

The Affordable Care Act (ACA), the health care law of 2010, creates new state-based marketplaces, also known as exchanges, to offer millions of Americans new access to affordable health insurance coverage. Individuals with incomes between 100 to 400 percent FPL may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in a qualified health insurance plan and paying for coverage of essential health benefits. In states that choose to participate in the ACA expansion of Medicaid to non-disabled adults with incomes of up to 133 percent of Federal Poverty Level (FPL), this provision will provide new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts would ensure that families and communities understand these new developments and would provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible during the transition and beyond. You are encouraged to share information with your beneficiaries about these options and to assist them, to the extent it is an appropriate activity under your grant, in enrolling in available insurance plans or in finding other available sources of payment for the services you provide.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov>.

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 serology status 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? \(AHRQ\)](#)

Integrating Primary Care and Public Health

Integration of primary care and public health links people, policy, programs and activities to increase efficiency and effectiveness and ultimately improve population health. Both primary care and public health emphasize prevention as a key driver of better health, and integration of the two fields can transform our focus on disease and treatment to health and wellness, as well as maximize our health care system investment. Integration occurs on a continuum and includes mutual awareness, cooperation, collaboration and partnership. Successful integration requires primary care and public health to work together along this continuum and address social and environmental determinants of health, engage communities, align leadership, develop the healthcare workforce, sustain systems, and share and collaborate on the use of data and analysis – all with an eye toward achieving a shared goal of population health improvement. Integration of primary care and public health is a major focus for HRSA and HHS, and to the extent possible, applicants should consider ways to integrate primary care and public health in the activities they pursue. More information can be found at <http://www.hrsa.gov/publichealth/>.

3. Reporting

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

a. Audit Requirements

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

b. Payment Management Requirements

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

c. Status Reports

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

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

2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of grantee Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project.

Awardees are expected to submit an annual project evaluation report that highlights recent findings and plans, if any, for ongoing or special evaluation activities. Awardees must clearly identify quantitative and/or qualitative measures for each objective and related activities, as well as discuss how findings will be used to determine project outcomes and whether identified needs are successfully being met.

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

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

d. Transparency Act Reporting Requirements

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

VII. AGENCY CONTACTS

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

Barbara Ellis, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Telephone: 301-443-1738
Fax: 301-443-6343
bellis@hrsa.gov

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

Marian Smithey, MSHP, BSN, RN
Health Resources and Services Administration
Bureau of Health Professions, HRSA
Parklawn Building, Room 9-61
5600 Fishers Lane Room
Rockville, MD 20857
Telephone: 301-443-3831
Fax: 301-443-0791
Email: msmithey@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726, (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII OTHER INFORMATION

Technical Assistance Webinar

A VBSN technical assistance webinar has been scheduled to help applicants understand the requirements for preparing and submitting this cooperative agreement application. **The webinar is scheduled for May 8, 2013 from 02:00 pm until 03:30 pm EST.**

To access the webinar by Adobe Connect, the url is: https://hrsa.connectsolutions.com/vet_bsnfoa/
The webinar's audio will be accessible by conference call at: **1-888-324-9363**. Passcode: **Smithey**.

The webinar will be recorded for playback, and the link to view this recording will be posted on the DN Technical Assistance web page at: <http://bhpr.hrsa.gov/nursing/technicalassistance.html>.

Program Definitions

The following definitions shall apply to the **VBSN** Programs for Fiscal Years 2013-2016.

“Academic Health Center” refers to an institution that includes a school of medicine, a teaching hospital, and at least one additional health education program (e.g., nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy.

“Access” means to assure health care services to all by improved health professions distribution.

“Accredited” means a program accredited by a nationally recognized body or bodies, or by a State agency approved for such purposes by the Secretary of Education and when applied to a hospital, school, college or university (or unit thereof) means a hospital, school, college or university (or unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. The Secretary of Education publishes a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be a reliable authority as to the quality of education offered at <http://www.ed.gov/admins/finaid/accred/index.html>.

There are two forms of accreditation: (1) professional or specialized accreditation and (2) institutional accreditation. Professional or specialized accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program’s mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation.

Accreditation for Newly Established Unaccredited Programs of Nursing: A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

“Associate Degree School of Nursing” means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, unit, college or university is accredited, as defined in section 801(4) of the PHS Act.

“Career Ladder” means the progression from entry level positions to higher levels positions of pay, skill, responsibility, or authority after obtaining a higher level of education and skills.

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

“Clinical Skills” means any action performed by a nursing student that involves direct patient care which impacts clinical outcomes in a measurable way.

“Cohort” means a group of veterans (students) starting coursework at the same time.

“Collegiate School of Nursing” means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to a degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, graduate degree in nursing, or to an equivalent degree, including advanced training leading to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

“Cultural Competence” means a set of academic and interpersonal skills that allow an individual to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports.

“Culturally and Linguistically Appropriate Services” means health care services that are respectful of and responsive to cultural and linguistic needs.

“Culturally Competent Program” means a program that demonstrates sensitivity to and understanding of cultural differences in program design, implementation, and evaluation.

“Cultural Diversity” means differences in race, ethnicity, language, nationality, or religion among various groups within a community, an organization, or a nation.

“Diploma School of Nursing” means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited, as defined in section 801(5) of the PHS Act.

“Evidence Based Practice” means the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient.

“Faculty Development” means activities and/or programs designed to improve project faculty’s ability to teach.

“Frontier” means an area where remote clinic sites are located and where weather and distance can prevent patients who experience severe injury or illness from obtaining immediate transport to an acute care hospital.

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

“Graduate” means an individual who has successfully completed all institutional requirements necessary to be granted a degree/certificate.

“Graduate Nurse” means an individual permitted to practice registered nursing under rules and regulations of the state Board of Nursing if the individual has an application for license pending before the Board, or has taken the nurse licensing examination, but the results are not yet known.

“Health Care Workforce” means a health professional working in health service settings

“Licensed Practical/vocational Nurse” (LPN/LVN) means an individual who is currently licensed as a licensed practical nurse or a licensed vocational nurse in at least one jurisdiction of the United States and employed in a nursing facility or home health agency.

“Local Government” means a local unit of government, including specifically a county, municipality, city, town, township, local public authority, school district, special district, intra-State district, council of governments (whether incorporated as a nonprofit corporation under State law or not), any other regional or interstate entity, or any agency or instrumentality of local government.

“Mentor” means a collaborative partner who is a role model and motivator providing support, help, enthusiasm, inspiration, and nurturing in a non-structured learning environment.

“Minority” means an individual whose race/ethnicity is classified as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander.

- **American Indian or Alaska Native** means 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** means a person who has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American** means a person having origins in any of the black racial groups of Africa.
- **Hispanic or Latino** means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- **Native Hawaiian or Other Pacific Islander** means a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- **White** means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

“Nonprofit” means any school, agency, organization or institution which is a corporation or association or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure to the benefit of any private shareholder or individual as defined in Section 801(7) of the PHS Act.

“Nursing Personnel” is the collective term used to identify providers of nursing services and includes both licensed and unlicensed individuals.

“Organized Health Care System” means a network of organizations that provides or manages the provision of a coordinated continuum of services to a defined population and is willing to be held clinically and fiscally accountable for the healthcare outcomes and health status indicators of the populations served.

“Professional Nurse” means a *registered nurse* who has received initial nursing preparation from a diploma, associate degree, or collegiate school of nursing and who is currently licensed in a State to practice nursing.

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

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

“Public Health Nursing” means the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

“Public Health Nursing Practice” means the systematic process by which:

- (1) the health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death;
- (2) a plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death;
- (3) the plan is implemented effectively, efficiently, and equitably;
- (4) evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the populations; and
- (5) the results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, State and national

health policy and research to promote health and prevent disease. (APHA Public Health Nursing Section, 1996.)

“Registered Nurse” means a person who has graduated from a school of nursing and is licensed to practice as a registered nurse in a State.

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located a significant distance from the major city in the Standard Metropolitan Area (SMA). Rural means people who live in places with small populations or unincorporated areas with population density less than 1,000 per square mile. A rural place is any incorporated place or Census Designated Place with fewer than 2500 inhabitants that is located outside of an Urbanized Area (UA). An UA is defined as a continuously built-up area with a population of 50,000 or more.

“Rural Clinical Experience” means a structured clinical experience in any appropriate outpatient, home health, public health agency setting, nursing center or hospital located in a rural area.

“Rural Health Clinic” means a facility which is located in an area that is not an urbanized area (as defined by the Bureau of the Census) and in which there are insufficient numbers of needed health care practitioners (as determined by the Secretary), and that, within the previous 4-year period, has been designated by the chief executive officer of the State and certified by the Secretary as an area with a shortage of personal health services or designated by the Secretary either (I) as an area with a shortage of personal health services under section 330(b)(3) or 1302(7) of the Public Health Service Act, (II) as a health professional shortage area described in section 332(a)(1)(A) of that Act because of its shortage of primary medical care manpower, (III) as a high impact area described in section 329(a)(5) of that Act, or (IV) as an area which includes a population group which the Secretary determines has a health manpower shortage under section 332(a)(1)(B) of that Act, (ii) has filed an agreement with the Secretary by which it agrees not to charge any individual or other person for items or services for which such individual is entitled to have payment made under this title, except for the amount of any deductible or coinsurance amount imposed with respect to such items or services (not in excess of the amount customarily charged for such items and services by such clinic), pursuant to subsections (a) and (b) of section 1833, (iii) employs a physician assistant or nurse practitioner, and (iv) is not a rehabilitation agency or a facility which is primarily for the care and treatment of mental diseases.

“Rural Populations” means populations who reside in rural areas.

“School of Nursing” means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are: (a) authorized to sit for the NCLEX-RN; or (b) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b) of the Public Health Service Act (Title VIII).

“State Government” means the government of any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments. For purposes of PHS grants, federally recognized Indian Tribes are treated the same way as State

governments. State institutions of higher education and State hospitals are considered non-governmental organizations for purposes of this program.

“Veterans” means formerly active military service members who have served honorably in one of the U. S. armed services, and received an honorable or general discharge.

IX. TIPS FOR WRITING A STRONG APPLICATION

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

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