

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

Bureau of Health Professions
Division of Nursing
Division of Medicine and Dentistry

Veterans to Nurses and Physician Assistants Workforce Program

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

Application Due Date: August 26, 2013

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

**Release Date: July 25, 2013
Issuance Date: July 25, 2013**

NOTE: Changes made on 8/2 to funding preference language; see next page and page 32

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Title VII section 747(a) of the Public Health Service Act (42 U.S.C. 293k) as amended by section 5301 of the Patient Protection and Affordable Care Act (P.L. 111-148) and Title VIII, sections 831 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 (Pub. L. 111-148)

August 2 Revision to FOA

The Funding Factors section (section V.2. page 32) was modified on August 2, 2013. The section previously stated: “Applications receiving a statutory funding preference are placed in a more competitive position among applications that can be funded. Applications receiving more than one preference will be ranked by the number of funding preferences awarded first and subsequently by position above the twentieth percentile.”

The FOA has been amended so that each applicant can request only one funding preference, rather than multiple funding preferences. BHPPr has determined that each of the qualification pathways associated with the funding preferences independently address the statutory and programmatic goals that the preferences aim to achieve. Therefore, no individual preference carries more programmatic significance than another. An entity that meets only one preference is as competitive as an applicant that meets multiple preferences. Consequently, BHPPr has determined that the award of multiple funding preferences would not create a meaningful distinction among applicants. Therefore, the FOA is being amended such that only one statutory funding preference will be awarded for each application. This will ensure all applicants are able to apply for the funding preference on equal footing, while also achieving the statutory and programmatic goals.

Based on the above rationale, the Funding Factors section (section V2. page 32) has been revised to state, “Applicants can choose to apply for the statutory funding preference by demonstrating how they meet one of the qualification pathways described under PHS Act Section 791 or Section 805. Applications receiving a statutory funding preference are placed in a more competitive position among applications that can be funded. Funding preference requests must be submitted in Attachment 9 and must indicate whether the applicant is applying for the “Section 791 Funding Preference” or the “Section 805 Funding Preference”. If an applicant requests more than one funding preference, only the first preference addressed will be evaluated. Please note: the funding preference for Section 791 will be determined by HRSA program officials, and the funding preference for Section 805 will be determined by peer reviewers.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) announces a funding opportunity to support a cooperative agreement that will create a **Veterans to Nurses and Physician Assistants Workforce Program (VNPA-WP)** to create and/or expand opportunities for veterans with prior medical training to receive the education necessary to become civilian nurses and physician assistants. Applications must address educational pathways for veterans into nurse and/or nurse practitioner **and** physician assistant education.

The VNPA-WP will provide unbiased, expert guidance to HRSA and the academic community on transitioning veterans with prior military health care training into undergraduate nursing and/or nurse practitioner and physician assistant educational programs. Many veterans are not prepared to directly enter the baccalaureate or graduate degree programs required to become a civilian nurse, nurse practitioner, or physician assistant. The VNPA-WP will address this obstacle by identifying, developing, disseminating, and analyzing educational pathways or career ladder programs that build upon veterans' military training and experience and provide a series of educational opportunities that will help veterans achieve meaningful employment as a nurse or physician assistant. Under the collaborative direction of BHP, the VNPA-WP will forge partnerships with key stakeholders to collectively develop new career ladder programs for veterans and provide infrastructure support for a range of activities to encourage adoption of the most efficient and effective programs. In addition, the VNPA-WP will work with HRSA's Veteran's Bachelor of Science Degree in Nursing (VBSN) program (HRSA-13-256) recipients to identify solutions to common challenges experienced by the VBSN grantees. The VNPA-WP is part of a concerted effort to promote meaningful employment opportunities for veterans and their spouses.

The goals of the BHP workforce development programs supporting this announcement, the Nurse Education, Practice, and Quality Program (Title VIII, Section 831 of the Public Health Service Act) and the Primary Care Training and Enhancement Program (Title VII Section 747(a) of the Public Health Service Act), are to strengthen and enhance the capacity for nurse education, practice, quality, and retention to address the nursing workforce, and to plan, develop, and operate an education program to train physician assistants to practice in primary care settings.

VNPA-WP applicants must demonstrate the capacity to partner with HRSA to:

- Provide resources and guidance to nursing and physician assistant education programs on assessing and translating veterans' skills and experience into civilian academic credit;
- Prepare civilian faculty and administrators to respond to the unique academic needs of veterans;
- Develop and conduct qualitative and quantitative assessments of career ladder programs for veterans;
- Create partnerships with appropriate organizations within the wider nursing and physician assistant communities and with other Federal agencies, such as the Departments of Defense, Veterans Affairs, Labor, and Education, to assist in the development of effective veteran career ladder strategies; and
- Disseminate best practice models.

The VNPA-WP will focus on six interdependent goals:

1. Provide unbiased, expert guidance to the health care community on issues related to undergraduate nursing, nurse practitioner and physician assistant career ladder programs for veterans;
2. Provide supporting evidence for defining specific competencies to translate prior military training and experience into academic credit;
3. Identify exemplary best-practice nursing and physician assistant career ladder models for veterans to serve as exemplars for schools interested in developing similar programs;
4. Prepare academic and practice faculty and preceptors to respond to the unique strengths and needs of veterans through curriculum development and ongoing quality improvement activities;
5. Collect, analyze, and disseminate data metrics to assess the effectiveness of best practice models for nursing and physician assistant career ladder programs for veterans; and
6. Coordinate VNPA-WP scholarly, evaluation and dissemination efforts to share innovative, evidence-based, best practice models to transition military veterans into undergraduate nursing, nurse practitioner and physician assistant career ladder programs.

This program will be funded for a five (5) year project period with five one-year budget periods, from September 30, 2013 through September 29, 2018. Approximately \$370,000 is expected to be available in Fiscal Year 2013 appropriations to fund one cooperative agreement. Applicants may apply for a ceiling of up to \$370,000 per year, including direct and indirect costs.

Under Title VII, A Medically Underserved Community (MUC) funding preference is available for applicants who meet the MUC preference requirements and rank above the 20th percentile of applications recommended for approval. Under Title VIII, a funding preference is available 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.

An eligible applicant to the VNPA-WP will be an institution that has academic units that meet Schools of Nursing and Physician Assistant Education Program's accreditation requirements. The proposed activities, organizational capacity, budget, and letters of support should portray significant collaboration between and contributions from both nursing and physician assistant partners. More specifically, eligible cooperative agreement applicants must meet both Title VII and Title VIII eligibility requirements as follows: 1)

Eligible entities under Title VIII Section 831 include a school of nursing, as defined in Section 801(2), a health care facility, or a partnership of such a school and facility; **and** 2) Eligible entities under Title VII Section 747(a) include an accredited public or nonprofit private hospital, accredited school of medicine or osteopathic medicine, accredited academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract.

The application due date is August 26, 2013. Read the application guidelines and the full application carefully before submission to be certain that all required information is included. All required information must be included in the application at the time it is submitted or it will be deemed non-responsive and will not undergo review for potential funding.

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the cooperative agreement application. The webinar is scheduled for August 5, 2013 from 2:00 pm to 4:00pm EDT. Webinar information will be posted on the HRSA BHP Division of Nursing website: <http://bhpr.hrsa.gov/nursing/index.html> as well as the Division of Medicine and Dentistry website: <http://bhpr.hrsa.gov/grants/medicine/index.html>.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for *the Veterans to Nurses and Physician Assistants Workforce Program*. The purpose of the Veterans to Nurses and Physician Assistants Workforce Program (VNPA-WP) is to identify, develop, disseminate, and analyze educational pathways, or career ladder programs, that build upon veterans' military training and experience and provide a series of educational opportunities required for civilian nursing and physician assistant careers. Applications must address educational pathways for veterans into nurse and/or nurse practitioner **and** physician assistant education.

A career ladder program provides progressive stages of education and employment opportunity. It can begin with veterans with military health care experience, such as medics, corpsmen, and operating room technicians. Elements of a career ladder program may include emergency medical technician, paramedic, licensed practical nurse, baccalaureate studies for a BSN or that meet prerequisites for a physician assistant master's degree program. The ladder need not be linear. In fact, identifying similarities between educational programs will streamline processes and maximize flexibility and opportunities for veterans.

The selected awardee will partner with HRSA and other Federal agencies, as facilitated by HRSA, and work with the wider civilian educational community to identify and disseminate successful strategies for transitioning veterans into civilian undergraduate nursing and/or nurse practitioner **and** physician assistant career ladder programs.

HRSA intends to partner with other federal agencies, foundations, and public and private organizations to develop effective strategies that support training for veterans to enter high demand civilian health care careers. The VNPA-WP will be a principal collaborator supporting HRSA's efforts. Through innovative program coordination, scholarly activities, and analytic data collection efforts, the VNPA-WP will serve as a national hub to generate and disseminate best practice models for transitioning military veterans with prior medical training into undergraduate nursing, nurse practitioner and physician assistant career ladder programs.

VNPA-WP applicants must demonstrate the capacity to partner with HRSA to:

- Provide resources and guidance to nursing and physician assistant education programs on assessing and translating veterans' skills and experience into civilian academic credit;
- Prepare civilian faculty and administrators to respond to the unique academic needs of veterans;
- Develop and conduct qualitative and quantitative assessments of career ladder programs for veterans;
- Create partnerships with appropriate organizations within the wider nursing and physician assistant communities and with other Federal agencies, such as the Departments of Defense, Veterans Affairs, Labor, and Education, to assist in the development of effective veteran career ladder strategies; and
- Disseminate best practice models.

The VNPA-WP will focus on six interdependent goals:

1. Provide unbiased, expert guidance to the health care community on issues related to undergraduate nursing, nurse practitioner and physician assistant career ladder programs for veterans;
2. Provide supporting evidence for developing competencies to translate prior military training and experience into academic credit;
3. Identify exemplary best-practice nursing and physician assistant career ladder models for veterans to serve as exemplars for schools interested in developing similar programs;
4. Prepare academic and practice faculty and preceptors to respond to the unique needs of veterans through curriculum development and ongoing quality improvement activities;
5. Collect, analyze, and disseminate data metrics to assess the effectiveness of best practice models for nursing and physician assistant career ladder programs for veterans; and
6. Coordinate VNPA-WP scholarly, evaluation and dissemination efforts to share innovative, evidence-based, best practice models to transition military veterans into undergraduate nursing, nurse practitioner and physician assistant career ladder programs.

2. Background

This program is authorized under Title VIII, Section 831 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 (Pub. L. 111-148), and Title VII Section 747(a) of the Public Health Service Act (42 U.S.C. 293k) as amended by Section 5301 of the Patient Protection and Affordable Care Act (P.L. 111-148).

The U.S. Department of Veterans Affairs (VA) recognizes the need for veterans to become skilled in high demand careers and supports efforts to retrain veterans in fields where they are most likely to secure employment. The Veterans Retraining Assistance Program (VRAP) for unemployed veterans 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.^{1,2}

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 711,900 nursing positions) from 2010 to 2020.¹ The urgency to build a robust nursing workforce has only intensified with the enactment of the Affordable Care Act of 2010, and a confluence of events – e.g., the aging of the U.S. population (including the current nursing workforce) and an influx of veterans returning to civilian life (many of whom have war related injuries). The current shortages affect not only civilian but military-operated healthcare facilities as well.²

Despite veterans' role in founding the physician assistant profession, they represent a small

¹ 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 March 19, 2013).

² 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>

proportion of practicing physician assistants. Only 5% of practicing physician assistants in 2010 had a military affiliation³ and veterans accounted for only 2.72% of all admitted physician assistant students in 2012.⁴ Several barriers to recruiting and graduating veterans exist, including poor academic preparedness for graduate education, a lack of recruitment targeting veterans, and the rising cost of physician assistant education.³ Veterans enrolled in physician assistant educational programs provide healthcare and life experience, maturity and motivation.⁵ Strategies to help veterans enter physician assistant education should address veteran-specific recruitment and retention by developing curricula that assess and complement veterans' unique strengths, medical training, and experience; and veteran-specific mentoring and support services.

Many veterans receive training during their enlistment as health care providers in various capacities, and possess a wide range of medical skills. For some, this military training and experience may enable veterans to sit for vocational and practical nurse licensure examinations. For many others, their military training and experience gives them a valuable base on which to build by pursuing a BSN or a physician assistant degree.

Programs and efforts to create veteran-friendly college campuses and curriculums are being developed nationwide. There is no consensus on what strategies work best to recruit, matriculate and graduate veterans from undergraduate nursing, nurse practitioner or physician assistant programs. With data collected from schools of nursing and physician assistant programs, relevant outcomes will be analyzed and shared with the health care community. Best practices will be determined based on the analysis and evaluation of relevant program outcomes and will be compiled as a guide for evidence-based, effective programs and methods that may be replicated by others.

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 will include:

- 1) Participate in planning and development of all phases of this activity;
- 2) Participate in appropriate meetings and seminars conducted during the project period of the cooperative agreement;
- 3) Participate in periodic meetings and/or communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress;

³ American Academy of Physician Assistants. (2011). *2010 AAPA Physician Assistant Census*. Alexandria, VA

⁴ Physician Assistant Education Association Veteran Applicant CASPA data, 2009-2012

⁵ Michaud, E., Jacques PF, Gianola FJ, Harbert K. "Assessment of Admissions Policies for Veterans Corpsmen and Medics Applying to Physician Assistant Educational Programs." *J. Physician Assistant Education*. 2012; 23(1):4-12.

- 4) Assist in establishing and maintaining contacts with Federal agencies, professional organizations, HRSA grantees, and others as necessary to carry out the project;
- 5) Assist the VNPA-WP in establishing and maintaining an advisory panel;
- 6) Collaborate in the development of project data collection systems and procedures to ensure harmonized data across projects;
- 7) Review and approve all documents and products prior to submission for publication or public dissemination;
- 8) Facilitate the dissemination of information about project activities,
- 9) Facilitate effective communication and accountability to HRSA, key stakeholders, and the public regarding the project with special attention to program objectives;
- 10) Broker partnerships between the VNPA-WP and Federal partners, including the Departments of Defense, Veterans Affairs, Labor, and Education; and
- 11) Work with the VNPA-WP recipient to determine which components of the VNPA-WP can be replicated and disseminated in diverse populations and settings.

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

- 1) Develop, implement, analyze, and disseminate activities that meet the six interdependent goals outlined in Section I of this funding opportunity announcement;
- 2) Provide the HRSA project officer(s) an opportunity to review project information and respond to recommendations prior to dissemination according to the agreed upon timeline;
- 3) Establish partnerships with organizations within the wider education community that may be relevant to the project's mission, such as Federal agencies, professional organizations, and other HRSA grantees; and
- 4) Convene an advisory panel that will provide expert recommendations regarding the program's direction and activities.

The Project Director will nominate the members of the advisory panel. Changes in the composition of the advisory panel must be approved by the HRSA Co-Project Officers who will serve as ad hoc members of the advisory panel. The activities of the advisory panel will include:

- 1) Provide advice on data collection and evaluation of program objectives and report the overall progress of the program on an annual basis (or more frequently if necessary);
- 2) Make recommendations for establishing priorities; and
- 3) Make recommendations for identifying areas of new opportunities to accomplish VNPA-WP objectives more successfully.

2. Summary of Funding

This program will provide funding for Federal fiscal years 2013–2017. Approximately \$370,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$370,000 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the VNPA-WP in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

- 1) Eligible entities under Title VII Section 747(a) include an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, or academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract, **and**
- 2) Eligible entities under Title VIII Section 831 include a school of nursing, as defined in Section 801(2), a health care facility, or a partnership of such a school and facility.

Only institutions holding both nursing and physician assistant education program accreditation are eligible to apply.

Schools of Nursing Accreditation Requirements

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 schools associated with the project and conferring degrees must be accredited per PHS Act Title VIII, Section 831 and Section 801 authority. An official letter of accreditation from the appropriate national nurse education accrediting agency must be submitted under *Attachment 1*. 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 **Attachment 1**, submitted with this application.

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 VII and 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 must have submitted 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 1**).

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

Physician Assistant Accreditation Requirements

Include eligibility documentation as instructed in **Attachment 1**. The applicant organization must provide a statement that they are accredited by ARC-PA and the dates of initial accreditation and next ARC-PA review. The full letter of accreditation is not required or encouraged. Awardees must immediately inform the HRSA project officer of any change in accreditation status. HRSA will confirm successful applicants' accreditation annually throughout the award project period. An applicant must be an academically affiliated physician assistant education program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Academic affiliation is a formal relationship with an institution of higher education.

New Physician Assistant Programs:

A minimum of provisional accreditation is required. New programs that hold provisional accreditation by ARC-PA are eligible. An applicant with provisional accreditation must provide documentation in **Attachment 1** indicating that continued accreditation is expected by fiscal year 2016.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$370,000 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.

Only institutions holding both nursing and physician assistant education program accreditation are eligible to apply. Any institution that fails to hold both accreditations will be deemed ineligible and will not be considered for funding under this announcement.

Maintenance of Effort: With respect to activities for which funds awarded under these titles are to be expended, the awardee must agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such an award.

NOTE: Multiple applications from an organization are not allowable. An applicant organization can partner or affiliate with another applicant, but they may only serve as the primary applicant on one application.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA requires applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the HRSA announcement number for which the organization is seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to the submission along with a copy of the "Rejected with Errors" notification 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. For any registrations in process during the transition period, data submitted to CCR was migrated to SAM.

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

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

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

Items to consider are:

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

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

Note: SAM information must be updated at least every 12 months to remain active (for both awardees 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](mailto:HRSADSO@hrsa.gov).

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

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Format

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

SF-424 R&R – Table of Contents

- It is mandatory to follow the instructions provided in this section to ensure that 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.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Locations form. Single document with all additional site locations.	Counted in the page limit.
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to Funding Opportunity Announcement for detailed instructions.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to Funding Opportunity Announcement for detailed instructions. 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.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - K form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to Funding Opportunity Announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Extracted Form to be attached	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extracted form to be attached from the SF-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 documents are expected in one attachment, ensure that a table of contents cover page is included specific to the attachment. Table of Contents page will not be counted in the page limit.
 - 🔔 Please use only the following characters when naming your attachments: A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period, and limit the file name to 50 or fewer characters. Attachments that do not follow this rule may cause the entire application to be rejected or cause issues during processing.

Attachment	Description
Attachment 1	Accreditation Documentation For Nursing programs: letter of accreditation, a copy of the certificate of accreditation; or letter from the United States Department of Education providing “reasonable assurance of accreditation.” For PA programs: a statement of accreditation. Required; included in the page limit.
Attachment 2	Staffing Plan and Position Descriptions for Key Personnel. Required; included in the page limit.
Attachment 3	Letters of Support. Required; included in the page limit.
Attachment 4	Letters of Agreement/Commitment and/or Description(s) of Proposed/Existing Contracts (project specific). Required; included in the page limit.
Attachment 5	Organizational Chart. Required; included in the page limit.
Attachment 6	Biographical Sketches of Consultants. Required; included in the page limit.
Attachment 7	Institutional Diversity Statement. Required; included in the page limit.
Attachment 8	Maintenance of Effort Documentation. Required; included in the page limit.
Attachment 9	Funding Preference. As applicable; included in the page limit.
Attachment 10	Federal Debt Statement. As applicable; included in the page limit.
Attachments 11-15	Other attachments. As applicable; included in the page limit.

Application Format

i. *Application Face Page*

Complete Application Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. 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, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Periods 3, 4, and 5.

The Cumulative Budget is automatically generated and provides the total budget information for the five-year grant request. Errors found in the Cumulative Budget must be corrected within the

incorrect field(s) in Budget Period 1, 2, 3, 4, or 5; corrections cannot be made to the Cumulative Budget itself.

Salary Limitation:

The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law 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 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 Cooperative Agreement Award

This announcement is inviting applications for project periods of five (5) years. Awards, on a competitive basis, will be for a one-year budget period, although the project period is five 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 five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

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

Sample:

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

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, 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 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. For budget purposes, project directors are expected to include in their budget one annual meeting for two days in the Washington, D.C. metropolitan area to report and share experiences.

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).

Equipment purchases must satisfy all of the following requirements:

- The principal purpose of the equipment must be related to the objectives of the project and to enhance the training of nursing and health professionals;
- The equipment must be retained by the awardee, remain in the United States or territories, and used in accordance with the terms of the award for the useful life of the equipment;
- The equipment justification must include a detailed status report of current equipment (refer to Program Narrative and Review Criteria sections for additional information); and
- The equipment purchase must comply with the procurement requirements for federal awards and your organizational procurement policies, including adequate competition and following proper bid procedures.

Supplies: List the items that the project will use. Provide the quantity and cost per unit in this category. Office supplies could include paper, pencils, etc.; educational supplies may include assistive technology, computer or software accessories, and audio or video accessories etc. Office supplies and educational supplies must be listed separately.

Consultant Costs: Give names, affiliations, and 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.

Contractual: 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. 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, awardee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

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

Data Collection Activities: Funds may be 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.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives that 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 that negotiate them.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a VNPA-WP staffing plan and provide a justification for the plan that includes education and experience, qualifications, and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**. Copies of biographical sketches for any consultants that will be assigned to work on the proposed project must be included in **Attachment 6** (biographical sketches for key personnel should be submitted through the SF-424 R&R, Senior/Key Person Profile form). When applicable, biographical sketches should include training, language fluency and experience working with cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*

Use the Standard Form 424B Assurances for 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 Authorized Organization Representative (AOR) on the application serves as the required certification of compliance for the applicant organization for the following:

Lobbying

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

Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the applicant must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

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

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

viii. Project Abstract

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

Please provide the following information at the top of the abstract:

- 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)
- Indicate which funding preferences requested (if applicable)

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

The project abstract must include:

- A brief overview of the proposed program and innovation statement
- The six VNPA-WP goals and corresponding objectives

- A description of how the objectives will be addressed, including the empirical framework guiding program's activities, evaluation and dissemination plans

Personal identifying information should be excluded from the abstract.

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***

This section should provide a brief overview of the proposed VNPA-WP and demonstrate how the stated purpose and goals of the collaborative agreement will be addressed. The application should explain how the VNPA-WP activities will drive research-based evidence into best practices for transitioning veterans into undergraduate nursing, nurse practitioner and physician assistant career ladder programs and how these innovations will affect the nation.

- ***ORGANIZATIONAL INFORMATION***

In this section, provide information on the organization's resources and capabilities to support the development of nurse, nurse practitioner, and physician assistant career ladders. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. In addition, the following information should be provided:

- The organization's mission, structure, and scope of activities as relate to nurse, nurse practitioner, and physician assistant education;
- The capacity and experience in managing complex evaluation projects;
- Knowledge and expertise in veteran education and building nurse, nurse practitioner, and physician assistant career ladders;
- Experience in data collection and analysis related to evaluating educational programs and student outcomes;
- Sufficient institutional resources to carry out the project including grants and contract management and adequate facilities.
- Each applicant should describe how the program will establish and convene an advisory panel for the project. The advisory panel will provide expert recommendations regarding the program's direction and activities. The panel will include stakeholders from nursing and physician assistant education and practice, policy, business and healthcare management, and other related fields. The panel members will advise the VNPA-WP staff in strategic planning, program evaluation, and engaging key stakeholders in the program's priorities. A description of how the applicant, along with the advisory panel, will transition the veteran education and employment support activities after completion of the five year project period should be included. HRSA will assist the VNPA-WP in establishing and maintaining the panel.

- *NEEDS ASSESSMENT*
 - Describe the national need for the project, citing actual data from representative educational programs;
 - Identify existing gaps in the evidence-base of best practices for successfully implementing undergraduate nursing, nurse practitioner and physician assistant career ladder programs for veterans; and
 - Describe the potential impact of the project on the civilian employment outcomes for veterans with nursing and physician assistant training.

- *METHODOLOGY AND WORKPLAN*
 - Propose objectives that are specific, measurable, attainable, and appropriate for the five year project period and respond to each of the VNPA-WP required activities and stated goals.
 - Propose methods that will be used to meet each objective, describing anticipated engagement with HRSA. As appropriate, include the development of new tools and strategies and identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. A logic model is an effective way to communicate this information.
 - Provide a timeline that identifies each activity, including data collection, analysis, and developing the final report, and responsible staff.
 - Describe a plan to analyze the broader civilian education community's efforts to recruit and enroll veterans into nursing and physician assistant career ladder programs; translate military acquired skills into academic credit; and develop programs that meet the unique psychosocial, educational and economic needs of veterans;
 - Describe an on-going plan to identify and document common challenges and best practices for transitioning veterans with prior health care experience into undergraduate nursing, nurse practitioner and physician assistant career ladder programs and plans to update best practices throughout the five year project period;
 - Identify integrated educational pathways in preparation for nursing and physician assistant programs, if applicable; and,
 - Describe how findings will be shared with national level stakeholders.

In addition to a narrative, applicants may display this information in a table format that includes objectives/sub-objectives listed in measurable terms, methodology/activities, resources and personnel responsible for program activity, time/milestones, and evaluation measures/process outcomes.

- *RESOLUTION OF CHALLENGES*
 - Discuss challenges that are likely to be encountered in meeting the proposed objectives and in employing strategies that will be used to implement the project activities. Also discuss approaches that will be used to resolve potential program challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

The evaluation plan should fully describe strategies to work with HRSA to assess the progress and outcomes of the VNPA-WP's proposed activities and their corresponding objectives. 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, throughput, output, and outcome measures. Applicants should also describe how the evaluation plan will incorporate feedback from the advisory panel, partners, educators and/or providers to identify VNPA-WP weaknesses and inform potential improvements. Applicants should use a logic model to describe the relationships between identified needs, project goals and objectives, proposed evaluation measures, and expected performance targets. Logic models should be able to clearly identify how the project proposes to transition veterans into undergraduate nursing, nurse practitioner and physician assistant career ladder programs.

The evaluation plan must also include a description of how data will be collected (i.e. to include a description of proposed instruments, tools, sources, and timelines); the processes the applicant proposes to use to ensure the validity and reliability of their data; and a discussion of how data will be used to strengthen project performance over the life of the grant. The evaluation plan should demonstrate that the applicant possesses the expertise, experience and the technical capacity to carry-out the proposed evaluation activities.

The evaluation plan must identify the selected lead evaluator and his/her credentials. The evaluation may be done through an institutional program evaluation office, or if an evaluator is not an employee of the organization within the collaborative, an external evaluator may be included as a consultant. The evaluator must have formal training and experience in evaluation methodology and statistics as demonstrated by publications and/or reports in the field.

In accordance with Section 5103 of the Patient Protection and Affordable Care Act, applicants are encouraged to identify their capacity and strategies for longitudinal assessments of trainees for a period of no less than three years after project completion.

See Section VI of the funding opportunity announcement. Applicants are expected to submit annual performance reports, as well as annual project evaluation reports that highlight recent findings and plans, if any, for ongoing or special evaluation activities.

- *REPLICABILITY*

Each applicant should describe the programs potential for replication and how the program can be adapted to meet the needs of diverse populations.

ADDITIONAL NARRATIVE GUIDANCE

In order to ensure that the six review criteria are fully addressed, this table provides a bridge between the sample narrative language and where each Section falls within the review criteria.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Organizational Information	(2) Response and (5) Resources/Capabilities
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response,(4) Impact & (5) Resources/ Capabilities
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(2) Response, (3) Evaluative Measures, (4) Impact & (5) Resources/Capabilities
Replicability	(3) Evaluative Measures & (4) Impact
Budget Section	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

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.** The required application attachments include:

Attachment 1: Accreditation Documentation (required; included in the page limit). All professional programs that are associated with the project and conferring degrees must be accredited for the purpose of nursing and physician assistant professional education. Applicants must submit documentation providing proof of accreditation as instructed in the Eligibility Section, in Attachment 1. Accreditation status will be verified by HRSA annually. Applications failing to produce the required accreditation information will be deemed non-responsive and will not be reviewed.

Attachment 2: Staffing Plan and Position Descriptions for Key Personnel (required; included in the page limit). Position descriptions should be one page in length, as possible, and include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Support (required; included in the page limit). A letter of commitment from the dean or equivalent of the school of nursing and physician assistant education program is required. Include additional letters of support from key partners with a commitment to the proposed project. Support may include services, supplemental financing, staff, dedicated space, equipment, etc. Letters of support must be dated. Merge all letters into a single document and include a table of contents cover page specific to this attachment (table of contents is not included in the page limit).

Attachment 4: Letters of Agreement/Commitment and/or Description(s) of Proposed/Existing Contracts – project specific. (required; included in the page limit). Each application must include letters of commitment from the respective leadership of the institution(s) that is supportive of the VNPA-WP and **committing additional resources** as necessary to ensure that the VNPA-WP will have the maximum chance of success. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables. Include only letters of agreement/commitment which specifically indicate a commitment to the project. Letters of agreement/commitment must be dated. Merge all letters of agreement into a single document.

Attachment 5: Organizational Chart (required; included in the page limit). Attach a one-page figure that depicts the organizational structure for both the nursing and physician assistant schools that are responsible for implementing the VNPA-WP activities.

Attachment 6: Biographical Sketches of Consultants (required; included in the page limit). Include biographical sketches of consultants performing key roles in the project.

Attachment 7: Institutional Diversity Statement (required; included 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 8: Maintenance of Effort Documentation (required; included 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
FY 2012 (Actual)	FY 2013 (Estimated)
<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>Estimated FY 2013 non-federal funds, including in-kind, designated for activities proposed in this application</p> <p>Amount: \$ _____</p>

Attachment 9: Request and Documentation for Funding Preference Request (as applicable; included in the page limit).

Refer to Section V.2 of this funding opportunity announcement for specific information. Funding preference requests and supporting documentation must be made in Attachment 9. Requests and supporting documentation provided outside Attachment 9 will not be considered.

Attachment 10: Federal Debt Statement (as applicable; included in the page limit).

If an applicant is delinquent on federal debt, attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed.

Attachment 11-15: (Optional): Additional Project Information (as applicable; included in the page limit).

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **August 26, 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 your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

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

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

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

Late applications

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

4. Intergovernmental Review

The VNPA-WP funding opportunity 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 five (5) years at no more than \$370,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- Student support including tuition, stipends, scholarships, bonuses, student salaries and travel;
- Subsidies or paid release time for project trainees/participants;
- Payment of temporary personnel replacement costs for the time trainees/participants are away from usual worksite during involvement in project activities; and
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees; promotional items and memorabilia; food and drinks; and animals laboratories.

Salary Limitation: The Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), enacted March 26, 2013, continues provisions enacted in the Consolidated Appropriations Act, 2012 (P.L. 112-74). The law limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), (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) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), 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.

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

6. Other Submission Requirements

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

It is essential that your organization **immediately register** in Grants.gov and becomes familiar with the Grants.gov site application process. Applicants who 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 POC (Point of Contact)
- Confirm the organization’s “Marketing Partner ID Number (M-PIN)” password
- Register 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 (International callers, please dial 606-545-5035). 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 application due date as the final and only acceptable application.

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

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant 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 evaluate and rank applications. The VNPA-WP announcement has six (6) Review Criteria.

Criterion 1: NEED (10 points)

The quality of and extent to which the application:

- Describes the national need for undergraduate nursing, nurse practitioner and physician assistant career ladder programs for veterans and cites relevant program supporting data;
- Identifies gaps in evidence-based best practices for successfully implementing undergraduate nursing, nurse practitioner and physician assistant career ladder programs for veterans; and

- Depicts the potential impact of the project on civilian employment outcomes for veterans with nursing and physician assistant training.

Criterion 2: RESPONSE (25 points)

The quality of and extent to which the application:

- Describes objectives that are specific, measureable, attainable, and appropriate for the five year project period and respond to each of the VNPA-WP required activities and goals;
- Addresses each project objective, including: (1) increasing the number of veterans enrolled into undergraduate nursing, nurse practitioner and physician assistant career ladder programs, (2) catalyzing partnerships among key stakeholders, health professions schools and organizations, and (3) strengthening evidence based best practice models for nursing and physician assistant career ladder programs;
- Communicates how the advisory panel will be leveraged to ensure the VNPA-WP's success.
- Describes a plan to analyze the broader civilian education community's efforts to recruit and enroll veterans into nursing and physician assistant career ladder programs; translate military acquired skills into academic credit; and develop programs that meet the unique psychosocial, educational and economic needs of veterans;
- Details a timeline that identifies each activity, including data collection, analysis, and developing interim and final reports, and responsible staff, as possible;
- Describes an on-going plan to identify and document common challenges and best practices for transitioning veterans with prior health care experience into undergraduate nursing, nurse practitioner, and physician assistant career ladder programs, and plans to update best practices throughout the five year project period;
- Illustrates how the educational pathways in preparation for nursing and physician assistant programs are integrated, as applicable;
- Explains how findings will be shared with national stakeholders; and
- Identifies challenges likely to be encountered in project design and implementation and proposes solutions.

Criterion 3: EVALUATIVE MEASURES (20 points)

The quality and extent to which the application:

- Outlines a plan to rigorously evaluate program objectives and activities, assures data quality, and includes a plan to complete required annual performance and progress reports;
- Describes how the evaluation plan will incorporate feedback from the advisory panel, partners, educators and/or providers to identify VNPA-WP weaknesses and inform potential improvements;
- Clarifies with a logic model how the project will transition veterans into undergraduate nursing, nurse practitioner and physician assistant career ladder programs; and
- States the credentials, expertise, training and program evaluation experience of both the applicant and the selected evaluator(s).

Criterion 4: IMPACT (15 points)

The feasibility and effectiveness of plans for dissemination of project results and the extent to which project results may be national in scope.

In addition, the quality of and extent to which the proposed project;

- Provides a plan for disseminating best practices for developing successful career ladder programs in undergraduate nursing, nurse practitioner and physician assistant programs for veterans and supporting their implementation to diverse populations and settings;
- Describes how to transition the partners and advisory panel to ongoing veteran education and employment support activities after completion of the five year project period including identifying the capacity and strategies for longitudinal assessments of trainees for a period of no less than three years after project completion;
- Identifies a strategy to increase the number and diversity of health professionals; and
- Describes how the outcomes of the VNPA-WP will increase the recruitment, retention and graduation of veterans in undergraduate nursing, nurse practitioner and physician assistant career ladder programs.

Criterion 5: RESOURCES/CAPABILITIES (15 points)

The quality of and extent to which the application:

- Explains how project personnel are qualified by education, training and/or previous experiences to carry out the project;
- Illustrates the institutional resources to manage grants and contracts and the quality and availability of facilities to fulfill the needs and requirements of the proposed project
- Demonstrates capacity and experience to collaborate with HRSA to fulfill the VNPA-WP goals;
- Demonstrates capacity and experience to build partnerships with Federal, national, and local stakeholders;
- Describes expertise to establish and maintain an advisory panel;
- Demonstrates experience in data collection and analysis related to educational outcomes in nursing and physician assistant education and career ladder programs;
- Demonstrates established relationships with key collaborators to implement the VNPA-WP.

Criterion 6: SUPPORT REQUESTED (15 points)

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

In addition, the quality of and extent to which the applicant describes the following:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work, and a detailed justification for each line item;
- Key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which the budget request for each year correlates with the activities to be completed that year;
- The degree to which the budget is cost effective; and
- The extent to which the Budget Justification demonstrates the necessity and impact of each budget item.

2. Review and Selection Process

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

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

FUNDING FACTORS

STATUTORY FUNDING PREFERENCE

Sections 791 and 805 of the Public Health Service Act provide funding preferences for some applicants. Applicants can choose to apply for the statutory funding preference by demonstrating how they meet one of the qualification pathways described under PHS Act Section 791 or Section 805. Applications receiving a statutory funding preference are placed in a more competitive position among applications that can be funded. Funding preference requests must be submitted in Attachment 9 and must indicate whether the applicant is applying for the “Section 791 Funding Preference” or the “Section 805 Funding Preference. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. Applications ranked at or below the twentieth percentile of proposals eligible for funding as determined by review committee are not eligible for funding preferences.

Funding preference requests must be submitted in **Attachment 9** and must meet the criteria for the preference as described below. **Requests for funding preferences made outside of Attachment 9 will not be considered.** Failure to provide the requested information in sufficient detail will prevent the preference request from being awarded.

SECTION 791 FUNDING PREFERENCE

Section 791(a)(1) of the PHS Act provides for four qualification pathways to meet the funding preference:

- **Qualification 1:** The applicant has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities (MUC);
- **Qualification 2:** During the two-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings;
- **Qualification 3:** The applicant meets the criteria as a “New Program;”
- **Qualification 4:** The applicant utilizes a longitudinal evaluation and reports data from such system to the national workforce database.

Additional details on information to include when requesting the funding preference are provided below.

Note: The Longitudinal Evaluation Preference (**Qualification 4**) will not be offered in this competition. The longitudinal evaluation capabilities described in section 761(d)(2) and the database described in section 761(b)(2)(E) of the Public Health Service Act necessary to support this preference have not yet been fully developed. As a result, meaningful distinctions between proposals cannot be made.

Definitions of eligible designations for the funding preference include:

Medically Underserved Areas/Populations (MUA/P) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population. Applicants can identify MUAs at <http://muafind.hrsa.gov>.

Health Professional Shortage Areas (HPSAs) may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to healthcare.^[1]

Medically Underserved Communities (MUCs) are defined by the PHS Act Section 799(B)(6) as urban or rural areas or populations that are:

- a. eligible for designation under section 332 as a health professional shortage area (HPSA);

^[1] Definition retrieved from the Health Resources and Services Administration. <http://muafind.hrsa.gov/>.

- b. eligible to be served by a migrant health center under section 330(g), a community health center under section 330, a grantee under section 330(h) (relating to homeless individuals), or a grantee under section 330(i) (relating to residents of public housing);
- c. have a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics); or
- d. designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

Note: Information on CHCs, MHCs, Health Care for the Homeless grantees, Public Housing Primary Care grantees, National Health Service Corps' sites, and HPSAs is available on the BHPPr <http://bhpr.hrsa.gov> or the Bureau of Primary Healthcare <http://bphc.hrsa.gov> Web sites.

HPSA Designation

To determine if an applicant is eligible for designation under section 332 as a HPSA they must present proof from the designating authority. The MUC Funding Preference will not be applied without this verification. Applicants can determine if they are eligible to be designated as a HPSA by using the Shortage Designation Advisor available at: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

Sites Designated by a State Governor

For sites designated by a State Governor (in consultation with a medical community) as a shortage area or medically underserved community, an **official letter** from the Governor's office or from the State agency involved in the Governor's designation of such sites for the State should be included in Attachment 9. An **official listing or other convincing evidence** may be substituted provided that it clearly indicates that designation of sites is by the State Governor or State agency acting for the Governor in this capacity. Without such documentation supplied in Attachment 9, the preference will not be awarded.

Requesting the MUC Funding Preference by "High Rate" or "Significant Increase in Rate"

To apply for the MUC Funding Preference, an applicant must submit the Request and Documentation for Funding Preferences (**Attachment 9**) and provide a brief narrative entitled "MUC Funding Preference Request" that:

- Indicates by which means the funding preference is requested (either high rate, significant increase in rate; only one may be requested)
- Identifies the MUC Funding Preference eligible practice sites where graduates are practicing and provides the number of graduates at each practice site
- Explains how the graduate practice data was collected and demonstrate accuracy and completeness
- Clearly states the numerator, denominator, and the resulting decimal to the nearest hundredth according to the instructions provided for each application strategy

Each individual graduate should be reported only once, even if a graduate’s practice site may qualify for more than one MUC Funding Preference eligible site or they work in more than one MUC location. For example, a physician assistant working in a rural health clinic that is located in a HPSA can only be counted once. If a practice site changed its MUC status during 2011 or 2012, the applicant should use the practice site’s current MUC status.

MUC Funding Preference requests will be denied if the above application requirements are not met, the equation is not shown and properly applied, the calculation is performed incorrectly, or the result is not stated to the nearest hundredth. All decisions regarding the MUC Funding Preference awards are made by HRSA program officials who are unaware of the applicant’s identity.

Qualification 1: Requesting the MUC Funding Preference by Demonstrating “High Rate”

To qualify for the MUC Funding Preference by demonstrating high rate, an applicant must have a high rate of placing physician assistant graduates in MUCs for the last two years (2011 and 2012) when compared to the rest of the VNPA-WP applicants requesting the MUC Funding Preference by High Rate. The numerator will be the total number of physician assistant graduates in 2011 and 2012 that are currently practicing in an MUC Preference eligible site. The denominator will be total number of physician assistant graduates in 2011 and 2012. The denominator must include all graduates, including those lost to follow up. Report the answer as a decimal rounded to the nearest hundredth.

$$\frac{\text{2011 graduates practicing in MUC} + \text{2012 graduates practicing in MUC}}{(\text{all 2011 graduates} + \text{all 2012 graduates})}$$

The rate defining the threshold for “high” will be determined by HRSA program officials by calculating the median rate of physician assistants working in MUC Funding Preference eligible sites from the pool of applicants requesting the MUC Funding Preference by demonstrating high rate. HRSA program officials will compare the rate reported by the applicant to the median. The MUC Preference will be awarded to those applicants whose rates are greater than the median. If too few applications are eligible for the MUC Funding Preference by High Rate to calculate the median, all eligible requests will be awarded.

The median will vary with each competition. The rates submitted by the applicants and the calculated median will be used by HRSA program staff when developing the rank order..

Qualification 2: Requesting the MUC Funding Preference by Demonstrating “Significant Increase in Rate”

To qualify for the MUC Preference by demonstrating significant increase in rate, an applicant must demonstrate a greater increase of physician assistant graduates currently practicing in MUC Funding Preference eligible sites when compared to the pool of VNPA-WP applicants requesting the MUC Funding Preference by Significant Increase in Rate. The numerator will be the difference between the ratio of physician assistant graduates currently practicing in an MUC Funding Preference eligible site in 2011 and 2012. The denominator will be the fraction of 2011

physician assistant graduates practicing in an MUC Funding Preference eligible site. N= the number of graduates practicing in an MUC Funding Preference eligible site. D= the total number of graduates, including those lost to follow up. Report the result as a decimal rounded to the nearest hundredth.

$$\frac{(N_{2012}/D_{2012}) - (N_{2011}/D_{2011})}{(N_{2011}/D_{2011})}$$

The median increase in rate of graduates practicing in MUCs will be determined by HRSA program officials by calculating the median increase in rate of graduates practicing in MUC Funding Preference eligible sites from the pool of applicants requesting the MUC Funding Preference by demonstrating significant increase in rate. HRSA program officials will compare the increase in rate reported by the applicant to the median. The MUC Funding Preference will be awarded to those applicants whose rates are greater than the median. If too few applications are eligible for the MUC Funding Preference by Significant Increase in Rate to calculate the median, all eligible requests will be awarded.

The median will vary with each competition. The rates submitted by the applicants and the calculated median will be used by HRSA program officials during the review.

Requesting the MUC Funding Preference as a “New Program.”

To apply for the MUC Funding Preference, an applicant must submit the Request and Documentation for Funding Preferences (**Attachment 9**) and provide a brief narrative entitled “MUC Funding Preference Request” that will:

- Indicate that the preference is requested through the new program pathway
- Describe how their program meets at least four of the seven criteria
- State the year the program was established and include a justification of eligibility if the program was closed for at least 3 years, as described above
- Provide the total number of graduates for each year, including the current year, since the training program began or resumed activity after a temporary closure as described above

Qualification 3: Qualifying for the MUC Funding Preference as a New Program

New programs have graduated less than three consecutive classes. As a result they lack the required data to apply for the MUC funding preference through the above pathways.

To be awarded the funding preference as a new program, applicants must clearly state the number of classes that have graduated and meet at least four of the following criteria as determined by the independent review panel.

- The mission statement identifies a specific purpose of preparing health professionals to serve underserved populations
- The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations
- Substantial clinical training in MUCs is required

- A minimum of 20% of the clinical faculty of the program spend at least 50% of their time providing or supervising care in MUCs
- The entire program or a substantial portion of the program is physically located in a MUC
- Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program
- The program provides a placement mechanism for helping graduates find positions in MUCs

SECTION 805 FUNDING PREFERENCE

Section 805 of the PHS Act provides three qualification pathways to meet the funding preference:

- Substantially Benefits Rural Populations;
- Substantially Benefits Underserved Populations;
- Helps Meet the Public Health Nursing Needs in State or local Health Departments.

To apply for the Section 805 Funding Preference, an applicant must submit the Request and Documentation for Funding Preferences (**Attachment 9**) and provide a brief narrative entitled “Section 805 Funding Preference Request” that will demonstrate how the project meets **one** of the three specific qualifiers listed above.

To demonstrate that the project “Substantially Benefits Rural Populations” applicants must provide 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” applicants must provide 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” applicants must provide 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 evaluate information supporting these three qualifying factors under Section 805 to determine if the applicant meets requirements for the statutory funding preference.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 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 agency’s Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 30, 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 Notice of Award).

Standards for Financial Management

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR 74.21 or 92.20, as applicable. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

HRSA funds must retain their award-specific identity—they may not be commingled with state funds or other Federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]

See “Financial Management” in the *HHS Grants Policy Statement* for additional information.

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.htm>.

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 13-227, 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 include 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 set priorities for all HRSA programs. four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

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

Diversity Guiding Principles

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

All health professions programs should aspire to --

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

Health IT

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

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\): http://www.ahrq.gov](#)

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 www.dpm.psc.gov for additional information.

c. Status Report

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required according to the following schedule: <http://www.hrsa.gov/grants/manage/technicalassistance/federalfinancialreport/ffrschedule.pdf>. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress and Performance Report(s).**

The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The **BHP_r progress report has two parts.** The first part demonstrates awardee 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 will be asked to collect required outcome measures, such as, but not limited to, the number and demographics of new students trained and the number who graduate; the employment locations of the graduates; number and location of clinical experiences; licensure pass rates; and the impact the program has had on the veteran community. Data obtained from required performance measures will be used to support the appropriation for this program and will be reported in the BHP_r Performance Report for Grants and Cooperative Agreements. Further information will be provided in the award notice.

Performance data for the recently completed academic year must be reported for each budget period semi-annually before January 30 and before July 30. An email notification will be sent as a reminder that a report is due, including instructions on

how to provide the report through the EHB system. The Bureau of Health Professions (BHP) requirements and performance measures will be available at <http://bhpr.hrsa.gov/grants>. Contact your BHP project officer for additional information.

3) Final Report.

All BHP awardees are required to submit a final report **within 90 days after the project period ends**. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The final report is designed to provide the Bureau of Health Professions (BHP) with information required to close out a grant after completion of project activities. As such, every awardee is required to submit a final report at the end of their project. The final report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information
 - Project overview.
 - Project impact.
 - Prospects for continuing the project and/or replicating this project elsewhere.
 - Publications produced through this award activity.
 - Changes to the objectives from the initially approved award.

Awardees are also required to submit to BHP a copy of their final evaluation report.

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

5) 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. **IMPORTANT:** The reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement

awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). 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>).

VII. Agency Contacts

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

Barbara Ellis
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-55
5600 Fishers Lane
Rockville, MD 20857
Phone: 301-443-1738
Fax: 301-443-6343
Email: bellis@hrsa.gov

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

Joan Wasserman, DrPH, RN
Chief, Advanced Nursing Education Branch
Bureau of Health Professions, Division of Nursing
5600 Fishers Lane,
Rockville, MD 20857
Email: jwasserman@hrsa.gov
Phone: (301) 443-0367
Fax: (301) 443-0791

Shannon Bolon, MD, MPH
Chief, Primary Care Medical Education Branch
Bureau of Health Professions, Division of Medicine and Dentistry
Parklawn Building, Room 9A-27
Email: sbolon@hrsa.gov
Telephone: (301) 443-6190
Fax: (301) 443-1945

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

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

VIII. Other Information

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the cooperative agreement application. The webinar is scheduled for August 5, 2013 from 2:00 pm to 4:00pm EDT. Webinar information will be posted on the HRSA BHPPr Division of Nursing website: <http://bhpr.hrsa.gov/nursing/index.html> as well as the Division of Medicine and Dentistry website: <http://bhpr.hrsa.gov/grants/medicine/index.html>.

HRSA/BHPPr/DN Web Site

<http://bhpr.hrsa.gov/nursing/index.html>

HRSA/BHPPr/DMD Web Site

<http://bhpr.hrsa.gov/grants/medicine/index.html>

Making Websites Accessible: Section 508 of the Rehabilitation Act

<http://www.section508.gov/>

Medical Home

<http://www.aap.org>

Institute of Medicine

<http://www.iom.edu>

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://dhhs.gov/asfr/ogapa/grantinformation/apptips.html>.