

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

Bureau of Health Professions
Division of Nursing

***Nurse Education, Practice, Quality and Retention
(NEPQR) Program - Interprofessional Collaborative Practice***

**Announcement Type: New
Announcement Number: HRSA-14-070**

Catalog of Federal Domestic Assistance (CFDA) No. 93.359

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: February 3, 2014

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

**Release Date: December 3, 2013
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Modification 12/11/2013 – update to Special Consideration language – page 20.

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Authority: Public Health Service Act, Title VIII, Sections 831 and 831A (42 U.S.C. 296p and 42 U.S.C. 296p-1), as amended by Section 5309 of the Patient Protection and Affordable Care Act, P.L. 111-148

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Professions is accepting applications for fiscal year (FY) 2014 Nurse Education, Practice, Quality and Retention (NEPQR) Program. The purpose of this grant program is to solicit projects that create and/or expand Interprofessional Collaborative Practice (IPCP) environments where nurses and other professional disciplines work together to provide comprehensive healthcare services for patients and their families.

Funding Opportunity Title:	Nurse Education, Practice, Quality, and Retention (NEPQR) Program - Interprofessional Collaborative Practice
Funding Opportunity Number:	HRSA-14-070
Due Date for Applications:	February 3, 2014
Anticipated Total Annual Available Funding:	\$7,000,000
Estimated Number and Type of Awards:	14 Cooperative Agreement(s)
Estimated Award Amount:	Up to \$500,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	3 years
Project Start Date:	July 1, 2014
Eligible Applicants:	Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and facility. [See Section III-1 of this FOA for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf>, except where instructed in this funding opportunity announcement to do otherwise.

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit a grant application. The webinar is scheduled for:

Thursday, December 19, 2013 from 11:00 a.m.-1:00 p.m.

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

Call in information:

Dial-in number: 1-888-947-9968

Participant passcode: 32561

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND	2
II. AWARD INFORMATION	3
1. TYPE OF AWARD	3
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION.....	4
1. ELIGIBLE APPLICANTS	4
2. COST SHARING/MATCHING	5
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION.....	5
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	5
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	5
i. <i>Project Abstract</i>	6
ii. <i>Project Narrative</i>	6
iii. <i>Budget and Budget Justification Narrative,</i>	11
iv. <i>Attachments</i>	11
3. SUBMISSION DATES AND TIMES.....	16
4. INTERGOVERNMENTAL REVIEW	16
5. FUNDING RESTRICTIONS	16
V. APPLICATION REVIEW INFORMATION	17
1. REVIEW CRITERIA	17
2. REVIEW AND SELECTION PROCESS	20
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	21
VI. AWARD ADMINISTRATION INFORMATION.....	21
1. AWARD NOTICES	21
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	21
3. REPORTING	21
VII. AGENCY CONTACTS	23
VIII. OTHER INFORMATION.....	24
IX. TIPS FOR WRITING A STRONG APPLICATION.....	32

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Nurse Education, Practice, Quality and Retention Program - Interprofessional Collaborative Practice (NEPQR-IPCP). For FY 2014, the Division of Nursing (DN) will solicit three-year cooperative agreements proposing innovations in Interprofessional Collaborative Practice (IPCP). IPCP environments are comprised of high-functioning diverse professionals with a collective identity who collaborate and communicate effectively to increase access to care and achieve high quality patient and population-centered outcomes. The overarching goal of the NEPQR-IPCP program is to support the development of collaborative practice environments that deliver patient and population-centered quality health care that is safe, efficient, effective and equitable¹. In addition, the NEPQR-IPCP program aims to promote interprofessional team work and coordinated team-based care by increasing the number of nurses skilled in interprofessional collaborative practice. The goals of the NEPQR-IPCP program and the purposes of this funding opportunity announcement (FOA) are consistent with the statutory authority provided in Title VIII to provide coordinated care and for nurses to develop skills needed to practice in existing and emerging organized health care systems.

The FY2014 NEPQR-IPCP FOA will solicit projects that create and/or expand practice environments comprised of nursing and other professional disciplines engaged in collaborative practice innovations. IPCP in health-care occurs when health workers from different professional backgrounds join with patients, their families, caregivers and communities to deliver the highest quality of comprehensive care across settings. NEPQR-IPCP spans clinical and non-clinical health-related work, including diagnosis, treatment, surveillance, health communications, and disease management (WHO, 2010).

Projects will be deemed highly competitive if they: (1) cultivate practice environments in which emergent nurse leaders have an opportunity to demonstrate leadership in interprofessional team building, collaborative problem-solving and care-coordination, (2) provide interprofessional practice-based training opportunities for nursing and other health professional students and trainees, and (3) demonstrate innovation in IPCP. The proposed NEPQR-IPCP projects must select and employ well-integrated strategies that are rooted in interprofessional research, education and practice which will equip professionals with the resources they need to practice in interprofessional collaborative environments.

Ideally, NEPQR-IPCP environments will: (1) foster interprofessional education (IPE) principles such as increased communication and shared decision-making among practitioners, (2) promote mutual respect and effective dialogue among all members of the care team in care coordination, planning, and problem solving, and (3) create more efficient and integrated practices that lead to high quality patient and population-centered outcomes that can be subsequently inform IPE education models.

¹ Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice. Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.

2. Background

This program is authorized under Title VIII, Sections 831 and 831A (42 U.S.C. § 296p and 42 U.S.C. § 296p-1) of the Public Health Service Act as amended by Section 5309 of the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148.

Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP) provides policy leadership and grant support for health professions workforce development – making sure the U.S. has the right clinicians, with the right skills, working where they are needed. Additional information about HRSA's BHP and its programs is available at <http://bhpr.hrsa.gov/grants/>

In February 2011, HRSA sponsored the invitational conference titled “Team-based competencies: Building a shared foundation for education and clinical practice” where the IPEC competency recommendations were endorsed.² This FOA builds upon the recommendations of the IPEC expert panel and calls for projects that create and/or expand opportunities for nurses to actively participate in interprofessional collaborative practice environments. Preparing nurses to work effectively with other health care providers in the delivery of high quality, efficient, coordinated care is recognized both nationally and internationally as an effective means to improve nursing's contribution to better health outcomes.³ Professionals as part of a health care team each make a unique contribution from within their scope of practice toward achieving a common quality care goal.⁴ IPCP is noted in HRSA's strategic plan: Goal II, Strengthen the Healthcare Workforce, Sub-goal e: Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.

This announcement calls for projects promoting nursing's efforts to develop interprofessional collaborative practice and team based models that allow faculty, students, and practitioners to put into practice IPE principles that are learned in the classroom. The team-based care model of care delivery is an effective primary care approach for addressing the health care needs of diverse populations, and has been consistently linked with better health outcomes for patients, families, and communities. Identifying effective collaborative models, explicating the key features contributing to their success, determining where individual and team responsibilities intersect in the provision of effective collaborative care, and articulating how patient, team, and health system outcomes are influenced by IPCP are areas of knowledge development that this announcement hopes to advance.

² Team-based competencies: Building a shared foundation for education and clinical practice. Conference Proceedings, February 16-17, 2011. Washington, D.C.

³ World Health Organization. (Winter, 2010). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: World Health Organization.

http://www.who.int/hrh/resources/framework_action/en/index.html

⁴ College of Nurses of Ontario. 2005. Practice Guideline: Utilization of RNs and RPNs (WHO, 2010; Colleges of Nurses of Ontario, 2005)

⁵ Steinbrook, R. (2009), Health care and the American Recovery and Reinvestment Act. New England Journal of Medicine, 360, 1057-1060.

Improving Diversity within Health Professions

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPR) is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. The following Diversity Guiding Principles have been adopted by BHPr to facilitate diversity in the health professions workforce.

BHPR Diversity Guiding Principles:

- Health professions training programs recruit, train, and support a workforce that is reflective of the diversity of the nation.
- Health professions training programs address all levels of the health workforce from pre-professional to professional.
- Health professions training programs recognize that learning is life-long and should be supported by a continuum of educational opportunities.
- Training programs 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.
- Health professions training programs recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

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

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 project.

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

1. Facilitate exchange of project planning and implementation information among the NEPQR-IPCP awardees.
2. Support the awardee's development of plans to disseminate effective **clinical and/or community practice** models that emerge from the NEPQR-IPCP, and explore opportunities to expand best practice models to diverse populations.
3. Collaborate in the development of project data collection methods and procedures to ensure harmonized data **and a set of core measures and metrics** across projects.
4. Explore opportunities to collaborate with the national coordinating center for interprofessional education (IPE) and collaborative practice (CP)-CC-IPECP.

The cooperative agreement recipient's responsibilities shall include:

1. Develop, implement, disseminate, and evaluate projects that meet the goals outlined in **Section I** of this funding opportunity announcement;
2. Provide the HRSA project officer(s) an opportunity to review project information prior to dissemination.
3. Collaborate and communicate with the HRSA project officer(s).
4. Establish contacts that may be relevant to the project's mission such as Federal and non-Federal partners, and other HRSA grant projects.
5. Develop and submit core data elements bi-annually to HRSA that will contribute to a set of **shared evaluation measures and metrics** across all NEPQR-IPCP programs.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2016. Approximately \$7,000,000 is expected to be available annually to fund 14 cooperative agreements. Applicants may apply for a ceiling amount of up to \$500,000 per year, including indirect costs. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for NEPQR-IPCP program in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Funding Special Consideration

In FY 2014, eligible institutions that have not previously received a NEPQR-IPCP award shall have a preference (Section 831(b)(2) as amended by Section 5309 of the Patient Protection and Affordable Care Act).

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of health care facilities and an accredited school of nursing. A health care facility may include a nurse-managed health center, Indian Health Service health center, Native Hawaiian health center, hospital, Federally-qualified health center, rural health clinic, nursing home, home health agency, hospice program, public health clinic, State or local department of public health, skilled nursing facility, ambulatory surgical center, or any other facility designated by the Secretary (see PHS Act section 801(11)).

The mission and priorities of eligible applicant institutions, as well as those of any partnering institutions, should be consistent with the goals of the NEPQR-IPCP program. In this FOA, applicants will demonstrate that its institution will assure the requisite resources and institutional support for interprofessional practice environments involving nursing and other disciplines.

All applicants must provide written assurance that on or before January 31, 2015, clinical and/or community practice projects will have resources and program staff in place to actively engage project participants in meeting the goals and objectives outlined in the proposal. As an example,

with regard to the project's stated practice goals and objectives, project staff would be providing actual care for patients and/or populations on or before January 31, 2015.

Eligible Project Participants

Project participants must be U.S. Citizens, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States. Individuals on temporary student visas are not eligible.

2. Cost Sharing/Matching

Cost sharing or matching is not required for the NEPQR-IPCP program.

3. Other

Applications that exceed the page limit, exceed the ceiling amount, or are incomplete, e.g. do not include all required Section IV.2.iv-Attachments and application information (assurances, budget, etc.), will be considered non-responsive and will not be considered for funding under this announcement.

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

Applicants shall specify only **one** Project Director. The Project Director for the NEPQR-IPCP projects **must be a licensed Registered Nurse (RN)**.

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

NOTE: Eligible applicants may submit **only one** application to this Funding Opportunity Announcement. Multiple applications from any single organization are not allowed.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying

with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered for review under this funding opportunity announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#)

In addition to the instructions provided in the guide, describe the disciplines included in the interprofessional collaborative practice arrangement in the project abstract.

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

- Applicant Organization's Practice Site Location

The one-page (single-spaced) abstract should include the following:

- Brief overview of the proposed project and innovation statement
- Goals and objectives of the proposed project
- Description of the team structure and composition of the proposed project
- Description of practice site and demographics of patient population targeted
- Statement of project start date (must be supported by Work Plan)
- Statement of funding preference (if applicable)

Do not include personal identifying information in the abstract.

ii. Project Narrative

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1*

This section should briefly describe the purpose of a project that is consistent with the stated purpose for this FOA. The applicant should provide a brief overview of the

proposed project and its innovation. In addition, applicants should describe how the project would impact the quality of health care and health outcomes for patients, families, and/or communities.

▪ *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1*

This section should describe and document the needs of the community in which the NEPQR-IPCP site will be located and include a description of the population the team will serve, the organization(s) and/or partners. Supporting data should be provided whenever possible relevant to the target population to document the need for the project, including surveys, pilot studies, community needs assessments, or focus groups. Specifically, applicants must describe the needs of the community or population that the applicant seeks to target and how the community could benefit from NEPQR-IPCP collaborative care. Applicants should describe the geographic area (rural, frontier, urban, suburban) in which the project and practice site will be located, whether the project site is located in a State or local health department, and include information regarding issues of quality, health care access and/or health disparities in vulnerable and underserved populations (as applicable). The needs assessment should be directly linked to the project's practice goals and objectives.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 and #3*

Describe the methods that will be used to meet each of the program requirements and expectations in this FOA. In this section provide information including, but not limited to:

- Include clearly stated goals with specific, measurable, time-framed objectives for each goal.
- Describe how the proposed project plans to shift clinical and/or community practice paradigms.
- Describe the strategies used to accomplish the project goals and objectives and how these activities will be organized throughout the project period.
- Provide evidence supporting the proposed methodologies, including literature, prior experience, and historical data.
- Describe strategies to promote safe, efficient, effective and equitable patient and community-centered outcomes.
- Demonstrate a clear strategy for collaborative planning and implementation of the project objectives.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria #2, #3 and #5*

A comprehensive workplan is required and every plan must address the sustainability of the project. In this section, provide information including, but not limited to the following:

- Describe the activities, methods, techniques, or steps that will be used to achieve each of the objectives proposed in the project – each activity must support the proposed project outcomes.
- Describe how the activities are defined by the project objectives and will achieve the desired measurable outcomes.

- Describe the NEPQR-IPCP project's innovation including:
 - How the application challenges and seeks to shift current practice paradigms to interprofessional collaborative practice.
 - Any novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used, and any advantage over existing practice methodologies, instrumentation or intervention(s).
 - Any collaborative planning strategies that will be utilized to meet project goals.
 - Any practice refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation or interventions.
- Provide a graphical summary (i.e., table illustration) of the activities/strategies to include:
 - Overall objectives by year;
 - Specific sub-objectives in measurable terms;
 - NEPQR-IPCP staff responsible for facilitating the project goals and activities;
 - Time-frame for implementation of activities; and
 - Construct a table that provides a description of planned team composition and numbers for each year of the three-year NEPQR-IPCP project. Please label the table 'NEPQR-IPCP Team Data Table' and submit with **Attachment 9**.
- Develop a plan for the dissemination of project structure, approach, outcomes and lessons learned (i.e., conferences, presentations, publications, etc.) in collaboration with HRSA staff.
- Provide a description of integration of the NEPQR-IPCP program's innovations into other health care models, if appropriate.
- Provide a plan for linking interprofessional collaborative practice to improvements in the experience of care, the health of an identified population and reductions in care cost (triple aim).

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2*

Discuss challenges that are likely to be encountered in meeting the project objectives. Clearly identify and describe possible barriers to implement the project activities and the appropriate collaborative strategies that will be used to overcome them. Also discuss approaches that will be used to resolve potential program challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #4 and 6*

Applicants are required to discuss their strategies for evaluating their projects over the course of the project. Evaluation methodology must identify how projects will meet identified needs and work toward increasing the number of nursing and other health professionals who are able to practice in effective collaborative interprofessional team based environments that are comprised of high-functioning diverse professionals. In addition, evaluations should include a mix of process, output, and outcomes measures to identify the contribution of individual elements to overall outcomes, as well as where changes and/or adjustments in the project are needed to improve performance. Evaluation methodologies should describe the process to develop, validate and monitor data collection.

For the purposes of this FOA, applicants' evaluation plan should fully describe strategies for evaluating the progress and outcomes of their proposed activities and corresponding objectives. Specifically, applicants must identify how they plan to track and monitor their project's progress and outcomes and describe their ability to collect and report this data on a semi-annual basis. Applicants must clearly identify quantitative and/or qualitative measures for each objective and related activities, as well as discuss how findings will be used to determine project outcomes and whether identified needs are successfully being met. Applicants must identify and discuss how their current and/or projected organizational infrastructure will enable them to engage in evaluation activities and determine the effectiveness of their projects. Also, the applicants should describe in their evaluation plan how they will demonstrate that faculty, students, and practitioners will utilize the IPCP environments to put into practice interprofessional education principles that are taught in the classroom. Applicants should describe planned collaboration with HRSA in the development of data and evaluation strategies.

NOTE: Do not include an interprofessional education evaluation plan – the evaluation plan should focus primarily on the practice elements of the project.

Applicants must also discuss their ability to collect, report and ensure the validity and reliability of required annual and longitudinal performance measures (see Section VI of the funding opportunity announcement). Applicants are expected to submit semi-annual performance reports, as well as annual project evaluation reports that highlight recent findings and plans, if any, for ongoing or special evaluation activities. Annual evaluation reports should include information on the use of cooperative agreement funding and an assessment of project implementation, lessons learned, interprofessional provider and patient experience, and possible links to clinical outcomes. Where appropriate, applicants are encouraged to include plans to obtain feedback from providers and/or patients to help identify weaknesses and to provide suggestions for NEPQR-IPCP program improvements.

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

- *ORGANIZATIONAL INFORMATION -Corresponds to Section V's Review Criteria #6*

Organizational leadership buy-in is critical to team success and sustainability. To demonstrate institutional leadership's commitment to supporting and sustaining team-based practice environments, applicants should provide evidence of the organization's mission statement, goals, and/or value statement that support the proposed NEPQR-IPCP's goals and objectives. The applicant organization must specifically articulate a practice site(s) where the proposed project intends to deliver care to patients, families, and/or communities (**Attachment 5**).

Specifically, the applicant must describe the guiding principles of the organization and their commitment to interprofessional collaborative practice. The applicant should describe the governance, organizational and structural functions in place to implement,

monitor, and operate the NEPQR-IPCP project. In addition, applicants should provide evidence of the financial capability and organizational commitment needed to operate the project. Applicants should describe the facilities available to meet the needs of the project. The tasks to be conducted by each administrative component must also be described.

Organizational Structure and Staffing

Organizational structure: Applicants must include an organizational chart for the entity that is responsible for the management of the cooperative agreement as **Attachment 4**.

Staffing: Applicants must provide a staffing plan for governance and leadership as **Attachment 2**.

Applicants must also propose a plan for project sustainability after the period of Federal funding ends including future funding strategies and a timetable. Grantees are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Applicants should address challenges in achieving self-sufficiency for key elements of the project.

▪ **REPLICABILITY**—Corresponds to Section V’s Review Criterion #5

Each applicant should describe the NEPQR-IPCP’s potential for replication and how the model can be adapted to meet the needs of diverse populations.

Applicants should describe how the proposed project will expand the number of nurses with skills and experiences to practice in interprofessional collaborative environments including, but not limited to:

- The strategies that the proposed project will use to increase opportunities for emergent nurse leaders to demonstrate leadership in interprofessional team-building, collaborative problem solving, and care-coordination;
- A plan for demonstrating that interprofessional collaborative practice can be linked to improvements in the experience of care, the health of an identified population and reductions in care cost (triple aim);
- A description of how the NEPQR-IPCP project will improve health care access to the vulnerable and underserved populations.

ADDITIONAL NARRATIVE GUIDANCE	
<i>Instructions:</i> In order to ensure that the Review Criteria are fully addressed, this table provides a bridge between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response & (3) IPCP
Work Plan	(2) Response, (3) IPCP & (5) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(4) Evaluative Measures & (6) Resources/Capabilities

Organizational Information	(6) Resources/Capabilities
SF-424 R&R Budget Forms	(7) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.
Replicability	(5) Impact

iii. Budget and Budget Justification Narrative,

In addition to the instructions in Section 4.1.iv and v. of HRSA’s [SF-424 R&R Application Guide](#) the **Nurse Education, Practice, Quality, and Retention (NEPQR) - Interprofessional Collaborative Practice** program requires the following:

Include the following information in the Budget Justification narrative:

Applicants shall identify only **one** Project Director.

The Project Director for the NEPQR-IPCP projects must be a licensed Registered Nurse (RN).

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

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 collaborative practice experience 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 grant award for the useful life of the equipment;
- The equipment justification must include a detailed status report of current equipment; and
- The equipment purchase must comply with the procurement requirements for Federal grants and your organizational procurement policies, including adequate competition and following proper bid procedures.

The General Provisions in Division F, Title V 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)*, apply to this program. These provisions include a salary rate limitation. Please see Section **4.1.iv Budget – Salary Limitation** of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

iv. Attachments

Please provide the following items in the order specified below 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 attachments include:

Attachment 1: Accreditation Documentation – Required.

All nursing schools associated with the project and conferring degrees must be accredited per Title VIII, Section 801(6) authority. Applicants must submit documentation with dates of accreditation (e.g., an accreditation letter from the accrediting agency) with the HRSA grant application as **Attachment 1**.

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

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

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

- If you need additional information regarding the submission, you should contact Cathy Sheffield by telephone at (202) 219-7011; fax: (202) 219:7005; or email at Cathy.Sheffield@ed.gov.

- The program will also submit its contact name(s), address(es), phone number(s), email addresses, and the name of the HRSA Program with all correspondence sent to the Department of Education.
- The Accreditation Division will acknowledge receipt of the application by notifying the program by email. If the application is not received timely, the acknowledgement letter will notify the program that the Accreditation Division will not process the request.
- The Department of Education will process the applicant's request for a letter of reasonable assurance documenting the Secretary's determination that the program will meet the appropriate accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant must include this letter from the Department of Education with the HRSA program application in Attachment 1.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) – Required.

Applicants must present an IPCP 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 staff position. The Staffing Plan should provide:

- The number, titles of key staff, job descriptions, and expected time commitment of staff that will be dedicated to the project, including the roles and responsibilities and the IPCP experience for each position.
- The percentage of time each individual/position is dedicated to the cooperative agreement.
- Where applicable, the number, roles, and responsibilities of contracted individuals supporting the cooperative agreement.
- A resume of the proposed Project Director. It is expected that the PD be a licensed Registered Nurse with IPCP experience.

In addition to the organization management chart, the applicant should also provide a chart visually illustrating the relationship among NEPQR-IPCP project personnel and their respective institutions. The NEPQR-IPCP team chart should include information regarding team composition and structure and professional disciplines represented.

Keep each position description to one page in length as much as is possible. Attach position descriptions of project participants that include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts – If Applicable.

Each application must include letters of commitment from the respective leadership of the institution(s) who are supportive of the NEPQR-IPCP and will commit additional resources as necessary to ensure that the NEPQR-IPCP models 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/program. Letters of agreement/commitment must be dated. Merge all letters of agreement into a single

document and include a table of contents cover page specific to this attachment. The table of contents page will not be counted in the page limit

Attachment 4: Project Organizational Chart – Required.

Attach a one-page figure that depicts the organizational structure for the entity that is responsible for the management of the HRSA award.

Attachment 5: Letter of Agreement or of Collaborating Commitment from Practice Site – Required.

Attach letter(s) of agreement or collaborating commitment the practice site (s) stating the population that will be served in each site. Letters of agreement or of collaborating commitment must be dated. Merge all letters of agreement into a single document and include a table of contents cover page specific to this attachment. The table of contents page will not be counted in the page limit

Attachment 6: Maintenance of Effort Documentation – Required.

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below.

NON-FEDERAL EXPENDITURES

Non-Federal Expenditures	Non-Federal Expenditures
<p>FY 2013 (Actual)</p> <p>Actual FY 2013 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>FY 2014 (Estimated)</p> <p>Estimated FY 2014 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

Attachment 7: Request for Funding Preference or Priority – If Applicable.

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. An example of the request would be: the network service areas included in the application are considered HPSAs or the applicant is serving a designated medically underserved area. An example of the proof of designation would be for the applicant to cite their HPSA score, etc., if applicable. See [Section V. 2. Review and Selection Process](#) for additional information regarding the Funding Preference or Priority.

Attachment 8: Institutional Diversity Statement - Health Professions Diversity Statement – Required.

The Health Professions Diversity Statement collects information on the applying entity’s mission and activities to increase diversity in the health profession work force.

Data and information provided in the Health Professions Diversity Statement should reflect only the entity that will execute the cooperative agreement or grant. For example, if the grant

will be held by a School of Nursing within a larger university, the information provided should be specific to the School of Nursing. The Health Professions Diversity Statement should include concise responses to each of the following items, identified by number:

- 1) Describe the need for diversity within the nursing workforce, and include a discussion of factors and barriers contributing to the problem.
- 2) Describe the applicant's established strategic plan, policies, organizational structure(s), recruitment and supportive strategies (including outreach, pipeline programs, financial aid, mentoring, and tutoring), and program initiatives (e.g., specific curricula or program tracks) to increase the diversity of the student population and, by extension, the health professional work force.
- 3) Provide performance data from at least the 2011 academic year on the number and percentage of students from the populations you seek to reach in order to improve diversity within the student population (e.g., underrepresented minority groups, students from educationally and economically disadvantaged backgrounds or students from other diverse backgrounds). Data should be provided for the number and percentage of such students recruited, admitted, and graduated⁵ from the program.⁶ If you are a newly established school or do not have historical data on past performance, please explain this in your response.
- 4) Describe plans to evaluate the impact of the proposed project, monitor achievement, recruitment plans and academic support for completion of studies, mentoring of students from diverse groups or backgrounds.

For the purpose of this document, "Diversity" refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one's ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, including, but not limited to gender, sexual orientation, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities and language.

Attachment 9: NEPQR-IPCP Information – Required.

The information should include:

- Type of Eligible Applicant (i.e. school of nursing, health care facility, or a partnership of a school of nursing and health care facility);
- Categories of health professions that comprise the interprofessional collaborative practice team ;
- The number of team members by profession on the NEPQR-IPCP team;
- The number of student trainees (if applicable) on the NEPQR-IPCP team (list by professional education program);
- The level of educational preparation of professional and student (if applicable) NEPQR-IPCP team participants (i.e., doctoral, masters, baccalaureate, undergraduate);

⁵ Use completion data, if the program does not lead to a degree.

⁶ If you are a newly established school or do not have historical data on past performance, please explain this in your response.

- A table that describes the composition and number of NEPQR-IPCP teams planned over the three year project period ;
- Length of each NEPQR-IPCP team project period (i.e. less than 120 hrs., 120 hrs., greater than 120 hours);
- Brief description of patient population targeted for NEPQR-IPCP team activities;
- A description of the complementary abilities of all members of the team to provide optimal care.

Attachments 10-15: Other Relevant Documents

Include here any other documents that are relevant to the application

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *February 3, 2014 at 11:59 P.M. Eastern Time*

4. Intergovernmental Review

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years at no more than \$500,000 per year, including indirect costs. 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

The General Provisions in Division F, Title V 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)*, apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

Program Income:

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The *NEPQR-IPCP program* has seven (7) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Need

- The extent to which the applicant describes and identifies the target population and the needs of this population by giving relevant data to support the needs identified
- The extent to which the project will benefit and impact the quality of healthcare and health outcomes for patients, families, and/or communities
- Quality and appropriateness of the geographic area and project site location to address project goals.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s Work Plan, Methodology and Resolution of Challenges

- Extent to which the proposed NEPQR-IPCP project describes strategies that promotes safe, efficient, effective, and equitable patient and/or community-centered outcomes
- The quality of the stated measurable goals, objectives, activities and time-frame to achieve the project
- Extent to which the proposed project utilizes innovative strategies to develop or enhance collaborative team-based practice approaches. NEPQR-IPCP innovation includes:
 - How well the application challenges and seeks to shift current educational or clinical practice paradigms towards interprofessional practice and explains how the team works together to provide care
 - How well the application explains the use of complementary abilities of all members of the team to provide optimal care
 - Degree to which the application includes novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used, and any advantage over existing methodologies, instrumentation or intervention(s), and
 - Level of practice refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation or interventions

- Degree to which the applicant organization clearly describes how collaborative planning strategies and implementation will be utilized to meet the project goals
- Degree to which the applicant organization identifies and describes possible barriers and clearly provides appropriate collaborative strategies to address and implement solutions

Criterion 3: INTERPROFESSIONAL COLLABORATIVE PRACTICE (10 points) – Corresponds to Section IV’s Methodology, Workplan and Attachments

- Degree to which proposed project plans to shift clinical and or community practice paradigms
- Quality of proposed project strategies and methodology
- Quality of the evidence to support the proposed methodology including literature, experience and historical data
- Quality of the activities, methods, techniques proposed to achieve project objectives, sub-objectives and outcomes. **(Attachment 9)**

Criterion 4: EVALUATIVE MEASURES (25 points) – Corresponds to Section IV’s Evaluation

- The quality of and level of detail the applicant uses to describe the evaluation methodology that will be used to monitor and assess the project outcomes
- The level of detail the applicant uses to describe the evaluation strategies to assess project progress, outcomes and activities, to include a plan to track and monitor required progress and outcome measures that will be reported bi-annually
- Thoroughness of the description of quantitative and/or qualitative evaluation measures and metrics for each objective
- The level of detail the applicant uses to describe the process to develop, validate and monitor data collection, expected results and challenges encountered
- How well the applicant describes collaborative efforts including feedback from providers and/or patients to identify weaknesses and provide suggestions for program improvement
- How well the applicant describes collaborative efforts with HRSA staff in the development of harmonized data collection across projects
- Quality of the evaluator selected for the project

Criterion 5: IMPACT (10 points) – Corresponds to Section IV’s Work Plan and Replicability

- Quality of the description of how the proposed project will expand the number of nurses and other health professionals with skills and experiences to practice in interprofessional collaborative environments
- Quality of the strategies that the proposed project will use to increase opportunities for emergent nurse leaders to demonstrate leadership in interprofessional team-building, collaborative problem solving, and care-coordination
- Extent to which the applicant describes a plan for demonstrating that interprofessional collaborative practice can be linked to improvements in the experience of care, the health of an identified population and reductions in care cost (triple aim)
- Extent to which the applicant describes how the NEPQR-IPCP model can be replicated and disseminated in diverse populations and settings
- Extent to which the applicant describes how the NEPQR-IPCP project will improve health care access to the vulnerable and underserved populations

Criterion 6: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Workplan, Technical Support Capacity, Organizational Capacity and Attachments

- Extent to which the project identifies the Project Director (PD) as a Licensed Registered Nurse and, in addition:
 - Quality of the evidence that the PD and/or project personnel have IPCP experience
- Quality of the credentials of the project personnel with regard to training and/or experience and ability to implement and conduct the NEPQR-IPCP project (**Attachment 2**)
- Degree to which faculty, students and practitioners will utilize the IPCP environment to practice interprofessional principles.
- The quality and availability of facilities and personnel are sufficient to fulfill the needs and requirements of the proposed projects
- Quality of the evidence of support from institution and collaborating partners and practice sites. (**Attachment 3, Attachment 5**) For example:
 - Quality of the Letters of support (commitment to provide financial or in-kind resources)
 - Quality of the Memorandum of Understanding for participation in the proposed project
- Quality of the evidence of adequate staffing plan for proposed project including the project organizational chart (**Attachment 4**)
- Quality of the evidence that the applicant organization plan to include integration of project innovations in other health care models.
- Quality of the organizational infrastructure that will enable the applicant to engage in evaluation activities.
- Degree to which the applicant describes how it will sustain the project after the period of grant support. Sustainability plans should include:
 - Future funding sources, initiatives and strategies,
 - A time table for becoming self-sufficient and a plan to addresses challenges in achieving self-sufficiency
- Quality of the applicants Organizational Diversity Statement (**Attachment 8**)

Criterion 7: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s SF-424 R&R Budget Forms

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

- The extent to which the proposed budget is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and anticipated results.
- Degree to which key personnel have adequate time devoted to the project to achieve project objectives and the percentage of time devoted to the PD is reasonable.

- Degree to which the applicant provides a line item budget, a clear justification narrative for each line item, and outlines changes from one year to the next for each budget period.
- Extent to which the applicant provides adequate budget justification for each year that support is requested

2. Review and Selection Process

Please see section 5.3 of the HRSA's [SF-424 R&R Application Guide](#).

Funding Special Consideration

A funding special consideration is defined as the favorable adjustment of combined review scores of individually approved applications when the applications meet specified criteria. Applications that do not receive the special consideration will be given full and equitable consideration. The NEPQR-IPCP program has one special consideration.

In FY 2014 eligible institutions that have not previously received a NEPQR-IPCP award shall receive a special consideration (Section 831(b)(2) as amended by Section 5309 of the Patient Protection and Affordable Care Act).

Funding Preferences

The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that specifically meets the criteria for the preference as follows:

Section 805 of the PHS Act provides a funding preference for applicants with projects that will:

- 1) substantially benefit rural populations, or
- 2) substantially benefit underserved populations, or
- 3) help meet public health nursing needs in State or local health departments.

To be considered for this funding preference, HRSA requests that applicants specifically describe which preference track is met in **Attachment 7** of the Project Narrative **and** describe how they meet the preference.

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

- Collaborative practice occurs at a site serving rural populations, which may include (but are not limited) to 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,
OR
- The practice population being served is defined as a rural population (i.e. comprised primarily of populations residing in rural locales)

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

- The applicant organization is physically located in a federally designated health professional shortage area (HPSA), medically underserved community (MUC),
OR
- Provides health services in MUCs and focuses on primary care, wellness, and prevention strategies,
OR
- Practitioners and/or health care providers integrate cultural and health indices specific to underserved populations in their team-based health care decision-making,
OR
- The practice population being served is categorized as poor and/or medically underserved.

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

- Collaborative practice occurs at a state or local health department practice site.
- The NEPQR-IPCP project can demonstrate linkage(s) or practice collaborations with state, local and Federal health departments for practitioners and/or student practicum experience.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2014. See section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See section 2 of HRSA’s [SF-424 R&R Application Guide](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA’s [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- 1) **Performance Report(s)**. The awardee must submit a performance report to HRSA on a semi-annual basis. The performance report collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

- 2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

The **BHPr Progress Report has two parts.** The first part demonstrates awardee progress on program-specific goals and the second part is the BHPr performance report.

Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Further information will be provided in the Notice of Award.

- 3) **Final Report.** All BHPr 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 <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the Bureau of Health Professions (BHPr) 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 grant activity.
 - Changes to the objectives from the initially approved grant.

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

HRSA, as part of its cooperative agreement activities, will conduct a rigorous evaluation of each of the funded projects through a separate evaluation process. This evaluation work will involve establishing a core set of strategies across projects that are linked to improved patient and population health outcomes. HRSA will also evaluate which components of the NEPQR-IPCP models can be replicated and disseminated in diverse populations and settings. Recipients will be expected to facilitate HRSA's independent evaluation in these areas by providing information and access to program records, participants, providers, and collaborators.

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
DHHS/HRSA/OFAM/DGMO
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Phone: 301-443- 1738
Fax: 301-443-6343
Email: bellis@hrsa.gov

Nandini Assar, PhD
Grants Management Specialist
DHHS/HRSA/OFAM/DGMO
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Phone: 301-443- 4920
Fax: 301-443-6343
Email: nassar@hrsa.gov

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

Kirk Koyama, MSN, RN, PHN, CNS-Lead
Nurse Consultant
Division of Nursing
HRSA/BHPR/DN
5600 Fishers Lane, Suite 9-61, Rockville, MD 20857-0001
Phone: 301-443-4926
Fax: 301-443-0792
Email: kkoyama@hrsa.gov

Josepha Burnley DNP, FNP-C
Nurse Consultant
Division of Nursing
HRSA/BHPR/DN
5600 Fishers Lane, Suite 9-61, Rockville, MD 20857-0001
Phone: 301-443-3192
Fax: 301-443-0792
Email: jburnley@hrsa.gov

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

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

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

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

VIII. Other Information

PROGRAM DEFINITIONS

The following definitions apply to the Nurse Education, Practice, Quality and Retention Program for Fiscal Year 2014.

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

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

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

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

“Associate Degree School of Nursing” means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, unit, college or university is accredited, as defined in section 801(6) of the (PHS) Act.

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

“Continuing Education Program” means a formal, post-licensure education program designed to increase knowledge and/or skills of nurses. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master’s certificate or other evidence of completing such a program.

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

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

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

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

“Diversity” refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one’s ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, including, but not limited to gender, sexual orientation, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities and language.

“Economically Disadvantaged” means an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary will annually publish these income levels in the Federal Register. The table below provides a breakdown of family income levels used to determine economic disadvantaged status. Family income is defined as the income of the family of the individual participant or of the family of the parents of the individual participant.

Low Income Levels:

The Secretary defines a “low-income family” for programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage⁷, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student’s parents to compute low income status, while a few programs, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student’s family as long as he or she is not listed as a dependent upon the parents’ tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department’s poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer price Index.

The Secretary annually adjusts the low-income levels based on the Department’s poverty guidelines and makes them available to persons responsible for administering the applicable programs. The 2013 Poverty Guidelines to determine Disadvantaged status can be located at the following website <http://www.gpo.gov/fdsys/pkg/FR-2013-10-25/pdf/2013-25275.pdf>.

The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2012.

2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Size of parents’ family * Income level **

1	\$22,980
2	31,020
3	39,060
4	47,100
5	55,140
6	63,180
7	71,220
8	79,260

For families with more than 8 persons, add \$8,040 for each additional person.

2013 POVERTY GUIDELINES FOR ALASKA

Size of parents’ family * Income level **

1	\$28,700
2	38,760
3	48,820
4	58,880
5	68,940
6	79,000
7	89,060
8	99,120

⁷ On June 26, 2013, in U.S. v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex spouses and same-sex marriages, was unconstitutional. In light of this decision, please note that same-sex marriages and same-sex spouses will be recognized on equal terms with opposite-sex spouses and opposite-sex marriages, regardless of where the couple resides.

For families with more than 8 persons, add \$10,060 for each additional person.

2013 POVERTY GUIDELINES FOR HAWAII

Size of parents' family * Income Level **

1	\$26,460
2	35,700
3	44,940
4	54,180
5	63,420
6	72,660
7	81,900
8	91,140

For families with more than 8 persons, add \$9,240 for each additional person.

* Includes only dependents listed on Federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2012.

“Educationally Disadvantaged” means an individual who comes from an environment that has hindered the individual in obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school. The following are provided as examples of “Educationally Disadvantaged” for guidance only and are not intended to be all-inclusive. Applicants should seek guidance from their educational institution as to how “Educationally Disadvantaged” is defined by their institution.

Examples:

1. Person from high school with low average SAT scores or below the average State test results.
2. Person from a school district where 50% or less of graduates go to college.
3. Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
4. Person for who English is not their primary language and for whom language is still a barrier to their academic performance.
5. Person who is first generation to attend college and who is from rural or urban area or receiving public assistance.
6. Person from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches.

“Electronic Distance Learning Methodologies” means electronic media are used to deliver education content when the learner and teacher are separated by distance. An electronic medium may be a computer, World Wide Web technologies, teleconferencing, television, or CD ROM/DVD.

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

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

“Home Health Agency” as defined by the Social Security Act, section 1861(o), means a public agency or private organization, or a subdivision of such an agency or organization, which:

- (1) Is primarily engaged in providing skilled nursing services and other therapeutic services;
- (2) Has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services by a physician or by a registered professional nurse;
- (3) Maintains clinical records on all patients;
- (4) In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, (a) is licensed pursuant to State law or (b) is approved by the agency of such State or locality responsible for licensing agencies or organizations of this nature as meeting the standards established for such licensing;
- (5) Has in effect an overall plan and budget that meets the requirements of subsection (z) of this section;
- (6) Meets the conditions of participation specified in section 1819(a) of the Social Security Act and such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization;
- (7) Provides the Secretary on a continuing basis with a surety bond in a form specified by the Secretary and in an amount that is not less than \$50,000 (more specifics about the duration and nature of the surety bond can be found in Sec. 1861 (c)(7)(A) of the SSA and Sec. 1861 (7)(C));
- (8) Meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary to the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program; and
- (9) Except that for purposes of Part A of this sub-chapter such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases.

The Secretary may waive the requirement of a surety bond under paragraph (7) in the case of an agency or organization that provides a comparable surety bond under State law.

“Interdisciplinary” means, two or more persons from the same profession but different specialties (e.g.: Medical / Surgical Nurse and Labor and Delivery Nurse).

“Interprofessional Collaborative Practice” (IPCP) in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings. IPCP includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, and disease management (WHO, 2010).

“Interprofessional Education” means, students from two or more health care professions learning with, from and about each other to enhance collaboration in a shared learning environment (WHO, 2010). (e.g.: Registered Nurse and Certified Licensed Social Worker)

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

“Medically Underserved Community” as defined in section 799B (6) of the PHS Act, means an urban or rural area or population that:

- (1) is eligible for designations under section 332 of the PHS Act as a health professional shortage area;
- (2) is eligible to be served by a migrant health center (MHC), under section 329 [now 330(g)] of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);
- (3) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa) (2) of the Social Security Act (relating to rural health clinics); or

is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

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

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

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

“Nursing Center” means an organization in which the client has direct access to professional nursing service. Nurses in these centers are responsible and accountable for diagnosing, treating,

and promoting health and optimal functioning of the client. Overall center accountability remains with the nurse executive. Nursing centers are commonly referred to as nurse-managed clinics, community nursing centers, nursing clinics, or nursing practice arrangements.

“Primary Care” means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. The Guidelines use “Primary Care” and “Primary Health Care” interchangeably. (Definition adapted from Barbara Starfield, *Primary Care Concept, Evaluation, and Policy*, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine: Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, *Committee on the Future of Primary Care, Division of Health Care Services, Primary Care: America's Health in a New Era, Summary*, National Academy Press, Washington, DC, 1996, p. 23.)

“Primary Health Care” means care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services including:

- (1) Promotion and maintenance of health;
- (2) Prevention of illness and disability;
- (3) Basic care during acute and chronic phases of illness;
- (4) Guidance and counseling of individuals and families;
- (5) Referral to other health care providers and community resources when appropriate;
- and,
- (6) Nurse-midwifery services when appropriate.

In providing such services:

- (1) Physical, emotional, social, and economic status, as well as the cultural and environmental backgrounds of individuals, families and communities (where applicable) are considered;
- (2) The client is provided access to the health care system; and
- (3) A single provider or team of providers, along with the client, is responsible for the continuing coordination and management of all aspects of basic health services needed for individual and family care.

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

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

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

“Public Health Nurse” in the advanced education nursing program means a registered nurse who has successfully completed a master’s and/or doctoral degree program of study designed to prepare nurses for the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

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

- (1) The health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death;
- (2) A plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death;
- (3) The plan is implemented effectively, efficiently, and equitably;
- (4) Evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the populations; and
- (5) The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, State and national health policy and research to promote health and prevent disease.
(APHA Public Health Nursing Section, 1996).

“Quality Improvement” means an organizational philosophy that seeks to meet client needs and expectations with the minimum of effort or rework or waste, by using a structured process that selectively identifies and improves all aspects of care and service on an ongoing basis.

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

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

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

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

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

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

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget (OMB) based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

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

“Rural Health Facility” means a hospital of less than 100 beds or other patient care facility located outside Office of Management and Budget (OMB) designated metropolitan areas. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

“School of Nursing” means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are authorized to sit for the National Council Licensure Examination Registered Nurse (NCLEX-RN or the licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse.

“State” means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands.

“Underrepresented Minorities” means racial and ethnic populations that are underrepresented in the registered nurse population relative to the number of individuals who are members of the population involved. Underrepresented minorities include Black or African Americans, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA’s [*SF-424 R&R Application Guide*](#). In addition, BHPr 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>.