

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of Public Health and Science, Office of Population Affairs

FUNDING OPPORTUNITY TITLE: Announcement of Availability of Funds for One Family Planning Clinical Training Cooperative Agreement

ANNOUNCEMENT TYPE: Initial Competitive Cooperative Agreement

CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.260

DATES: To receive consideration, applications must be received by the Office of Public Health and Science (OPHS) Office of Grants Management no later than **JUNE 1, 2010**. Applications will be considered as meeting the deadline if they are received by the OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5 P.M. Eastern Time on the application due date. Applications that are electronically submitted through GrantSolutions.gov or Grants.gov will be accepted until 11:00 P.M. on this date. Applications will not be accepted by fax, nor will the submission deadline be extended. The application due date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications which do not meet the deadline will be returned to the applicant unread. See heading “APPLICATION and SUBMISSION INFORMATION” for additional information on submission mechanisms.

Technical Assistance Conference Call: There will be an opportunity for prospective applicants to participate in a technical assistance conference call to be held within one month after posting this announcement in www.Grants.gov and www.Grantsolutions.gov. For more information regarding this opportunity, including date, registration information, and how to join the call, please consult the OPA Web site at <http://hhs.gov/opa>.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments.

EXECUTIVE SUMMARY: The Office of Family Planning (OFP) within the Office of Population Affairs (OPA) announces the availability of funds for one cooperative agreement to establish and operate a family planning clinical training center that will serve Title X service delivery projects nationally. The successful applicant will be responsible for the design, development, implementation and evaluation of a training program that includes two components: (1) Training of clinical preceptors to work in Title X family planning service projects; and (2) conducting a national clinical training meeting every other year of the project. The purpose of this family planning clinical training cooperative agreement is to ensure that health care practitioners providing services in Title X-funded service projects have the knowledge, skills, and attitudes to provide effective, high quality family planning clinical services.

I. FUNDING OPPORTUNITY DESCRIPTION

AUTHORITY: Section 1003 of the Public Health Service Act

The Office of Family Planning (OFP)/Office of Population Affairs (OPA) announces the availability of approximately \$500,000–\$700,000, inclusive of indirect costs, in Fiscal Year (FY) 2010 funds to support one family planning clinical training cooperative agreement. A cooperative agreement is an award instrument of financial assistance where “substantial involvement” is anticipated between the HHS awarding agency and the recipient during performance of the contemplated project or activity. “Substantial involvement” means that the recipient can expect Federal programmatic collaboration or participation in managing the award. The training center funded through this cooperative agreement will be responsible for the design, development, implementation and overall management of all components of the clinical training program, and should anticipate substantial involvement of the OPA-OFP project officer in the conduct of this cooperative agreement.

The award will be made to an organization or agency that has met all applicable requirements, has significant experience and expertise in the required project components at a national level, and demonstrates the capability to provide the proposed services.

Background:

From the early 1970s until the year 2000, the OFP/OPA funded certificate family planning/women's health nurse practitioner training programs to ensure the availability of health care practitioners with expertise in family planning to work in Title X-funded clinics. The five certificate nurse practitioner programs were phased out in 2000, and replaced with two "clinical specialty" training programs. The clinical specialty training approach was developed as a means to ensure that health care practitioners had the hands-on knowledge and skills to provide effective, high quality family planning services in Title X-funded service projects. From 1999 through 2005, the OFP/OPA supported two clinical specialty training centers—one serving Public Health Service (PHS) Regions I–V, and one serving PHS Regions VI–X. Content and approach of the two clinical specialty training projects varied, as did utilization patterns.

In 2004, the OFP/OPA funded a contract to assess the effectiveness of the clinical specialty training programs, as well as to examine current and future needs for clinical training for health care practitioners working in Title X family planning service projects. An objective, in-depth review of relevant information, including historical utilization of Title X-funded clinical specialty training programs; trends in methods and content of clinical training; sources of clinical training available; and relevance to family planning and the needs of health care practitioners and providers, was conducted. Findings of the assessment included, among other things, that health care practitioners need more hands-on clinical support relevant to the delivery of family planning clinical services than was available through the clinical specialty training programs. Also, the assessment revealed that health care practitioners find it difficult to be absent from the clinic to receive formal

training. Based on information learned from the assessment and other factors related to the history of clinical training in Title X, in 2006, the decision was made to fund a family planning clinical training cooperative agreement that included the two training components described in this announcement. This Notice announces the availability of funds for a clinical training program that will continue and build upon the efforts that began in 2006, and that will serve Title X-funded service providers throughout the country.

Purpose of the Cooperative Agreement:

The purpose of the training center to be funded under this announcement is to provide training that will ensure that health care practitioners providing services in Title X-funded service projects have the knowledge, skills, and attitudes to provide effective, high quality family planning clinical services. The successful applicant will use evidence-based information and incorporate best practices in all aspects of training. The successful applicant will maintain knowledge of the most current research, best practices, and standards of care in order to act as a resource on a range of clinical family planning/reproductive health issues, including other training centers funded within the Title X program.

Description of training activities to be provided:

The clinical training center funded under this announcement will be expected to carry out two major components:

- 1) Preceptor Training

The successful applicant will be expected to conduct a preceptor training program, that includes development, implementation, and evaluation of training for health care practitioners (defined as an advanced practice nurse [nurse practitioner or certified nurse midwife], physician assistant, Doctor of Medicine or Doctor of Osteopathy who is recognized by a state to practice within the applicable state practice act or law) to act in the role of clinical preceptor in Title X-funded family planning service projects. The role of the clinical preceptor is to provide education, mentoring, skills assessment, and monitoring of family planning clinical providers. The preceptor will ensure that health care practitioners providing direct, hands-on clinical family planning services have the most current knowledge, skills, and attitudes necessary for the effective delivery of high quality family planning services.

2) National Clinical Training Meeting

Every other year of the project period, the successful applicant will conduct a clinical training meeting that will provide participants with current, evidence-based information on family planning and related preventive health issues, including new or emerging national standards of care, pertinent clinical topics, clinical education and counseling issues and techniques, and other topics relevant to the delivery of family planning clinical services.

Program Statute, Regulations, Guidelines, Legislative Mandates, and Program Priorities

Applicants should use the Title X legislation, regulations, legislative mandates, and other

information included in this announcement, and in the application kit, to guide them in developing their applications.

Statute: Title X of the PHS Act, 42 U.S.C. 300 *et seq.*, authorizes grants for projects to provide family planning services to persons from low-income families and others.

Section 1001 of the Act, as amended, authorizes grants “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” The broad range of services should include abstinence education. Section 1003 of the Act, as amended, authorizes the Secretary of Health and Human Services to award grants to entities to provide training for personnel to carry out family planning services programs. Section 1008 of the Act, as amended, stipulates that “none of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.”

Regulations and Program Guidelines: The regulations set out at 42 CFR part 59, subpart C, govern grants to provide training for family planning service providers. Prospective applicants should refer to the regulations in their entirety. Training provided must be consistent with the requirements for providing family planning services under Title X. These requirements can be found in the Title X statute, the implementing regulations (42 CFR part 59, subpart A), and the “Program Guidelines for Project Grants for Family Planning Services” (Program Guidelines) (January 2001). In addition, any training regarding sterilization of clients as part of the Title X program should be consistent with 42 CFR part 50, subpart B (“Sterilization of Persons in Federally Assisted Family

Planning Projects’’). Copies of the Title X statute, applicable regulations, and Program Guidelines can be obtained by contacting the OPHS Office of Grants Management, or may be downloaded from the Office of Population Affairs (OPA) web site at <http://www.hhs.gov/opa>, and are provided in the application kit for this announcement.

Legislative Mandates: The following legislative mandates have been part of the Title X appropriations language for each of the last several years. In developing a proposal, the applicant should consider how these legislative mandates apply to clinical training, and incorporate them as appropriate. Training content for clinical preceptors should include methods for assessing knowledge, skills, and attitudes of health care practitioners related to the requirements of the legislative mandates, and of providing training/technical assistance to ensure that health care practitioners have the ability to appropriately address the issues included.

- “None of the funds appropriated in this Act may be made available to any entity under title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities;” and
- “Notwithstanding any other provision of law, no provider of services under title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

Program Priorities: Each year the OFP establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2010/2020 Objectives and from Department of Health and Human Services priorities. Applications should be developed that include content reflective of the 2010 Title X program priorities as it relates to clinical training, and should provide evidence of the project's capacity to address future program priorities, as they evolve, into clinical training activities. The *2010 program priorities* are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families;
2. Expanding access to a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning methods, infertility services, and services for adolescents, including adolescent abstinence counseling. The broad range of services does not include abortion as a method of family planning;
3. Providing preventive health care services in accordance with nationally recognized standards of care. This includes, but is not limited to, breast and cervical cancer screening and prevention services; sexually transmitted disease (STD) and HIV prevention education, testing, and referral; and, other related preventive health services;

4. Emphasizing the importance of counseling family planning clients on establishing a reproductive life plan, and providing preconception counseling as a part of family planning services, as appropriate;
5. Assuring compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;
6. Encouraging participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services; and providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities; and
7. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services.

Technical Assistance Conference Call: There will be an opportunity for prospective applicants to participate in a technical assistance conference call to be held within one month after posting this announcement in www.Grants.gov and www.Grantsolutions.gov. For more information regarding this opportunity, including date, registration information, and how to join the call, please consult the OPA Web site at <http://hhs.gov/opa>.

Interested parties may sign up to be alerted through [www.Twitter/opa1](https://twitter.com/opa1) or by RSS feed to receive direct updates to date and time of this conference call, as well as other OPA news.

II. AWARD INFORMATION

OPA intends to make available approximately \$500,000– \$700,000 in funding per year, inclusive of indirect costs, to support one national family planning clinical training center. The clinical training center will be responsible for the design, development, implementation and evaluation of the two program components described in this announcement. The cooperative agreement will be funded in annual increments (budget periods), and may be approved for a project period of up to five years. Indirect costs may not exceed eight percent of the annual award. Funding for all budget periods beyond the first year of the cooperative agreement is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

The entity that receives a Federal cooperative agreement assumes the legal and financial responsibility for the awarded funds and performance of the activities approved for funding, and is held to all requirements for Federal grants. The successful applicant will have lead responsibilities in all aspects of the project, including any modifications to the project, conduct of the project, and preparation of any publications related to the project. Approval from the OPA-OFP project officer will be required prior to modifications of the project, and initiation of documents performed under the award.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any public or nonprofit private entity located in a State (which includes one of the 50 United States, the District of Columbia, Commonwealth of Puerto Rico, Guam, U.S.

Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands) is eligible to apply for a cooperative agreement under this announcement. Faith-based organizations and American Indian/Alaskan Native/Native American (AI/AN/NA) organizations are eligible to apply for this Title X family planning clinical training cooperative agreement. Nonprofit private entities must provide proof of nonprofit status. See Section IV.2 for information regarding proof of nonprofit status.

Successful applicant organizations must demonstrate significant experience at the national level in the design, development, implementation and evaluation of clinical training activities relevant to the delivery of quality Title X family planning clinical services. In addition, the successful applicant must demonstrate experience with the design, development, implementation, and evaluation of a training program for preparing health care practitioners to be family planning clinical preceptors. The successful applicant will provide evidence of familiarity with the Title X Family Planning program, national professional standards of care relevant to Title X clinical service delivery, and the ability to translate evidence-based information into training activities.

The award will be made only to an organization or agency which has met all applicable requirements and which demonstrates the capability of providing the proposed services.

2. *Cost Sharing*: None required.

IV. APPLICATION AND SUBMISSION

Letter of Intent (LOI)

Prospective applicants are asked to submit a letter of intent as early as possible but by no later than two weeks prior to the application deadline indicated in the “DATES” section of this announcement. The LOI should include the following information:

- name and location (city and state) of the applicant organization;
- name, address, and telephone number of the Project Director;
- names of other key personnel; and
- name and title of this funding opportunity.

Although a letter of intent is not required, is not binding and does not enter into the review of a subsequent application, the information that it contains allows OPA staff to estimate the potential review workload and plan the review. The letter of intent should be sent to Betty Chern-Hughes, at the address listed under the “Agency Contacts” section below.

1. Address to Request Application Package

Application kits may be obtained electronically by accessing the government-wide grants system, Grants.gov at <http://www.grants.gov>, or GrantSolutions at <http://www.grantsolutions.gov>. Application kit requests may also be made through the OPHS Office of Grants Management (OGM), 1101 Wootton Parkway, Suite 550, Rockville, MD 20852; telephone 240-453-8822 or fax 240-453-8823. Application requests may be submitted to OGM by fax at 240-453-8823. Instructions for use of the

GrantSolutions system can be found on the OPA website at <http://hhs.gov/opa> or requested from the OPHS Office of Grants Management.

2. Content and Form of Application Submission

Applications must be submitted on the Form OPHS–1 and in the manner prescribed in the application kit. The application narrative should be limited to 60 double-spaced pages using an easily readable serif typeface such as Times Roman, Courier, or GC Times, 12 point font. The page limit does not include project abstract; budget; budget justification; required forms, assurances, and certifications as part of the OPHS–1 version 3; or appendices. All pages, charts, figures and tables should be numbered, and a table of contents should be provided.

The application narrative should be numbered separately and clearly show the 60 page limit. If the application narrative exceeds 60 pages, only the first 60 pages of the application narrative will be reviewed. Appendices may provide curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. However, appendices are for supportive information only. All information that is critical to the proposed project should be included in the body of the application. Appendices should be clearly labeled. A checklist of all required elements is included as part of the application kit.

Applications must include a one-page abstract of the proposed training center, which is not included within the 60-page limit. The abstract will be used to provide reviewers

with an overview of the application and will form the basis for the application summary in grants management documents.

For all non-governmental applicants, documentation of non-profit status must be submitted as part of the application. Any of the following constitutes acceptable proof of such status:

- a. A reference to the Applicant organization's listing the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
- b. A copy of a currently valid IRS tax exemption certificate;
- c. A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals;
- d. A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status;
- e. For local, nonprofit affiliates of State or national organizations, a statement signed by the parent organization indicating that the applicant organization is a local nonprofit affiliate must be provided in addition to any one of the above acceptable proof of nonprofit status.

A Dun and Bradstreet Universal Numbering System (DUNS) number is required for all applications for Federal assistance. Organizations should verify that they have a DUNS number or take the steps needed to obtain one. Instructions for obtaining a DUNS number

are included in the application package, or can be downloaded from the Grants.gov website.

Application Requirements and Content

General Requirements

Successful applicants must provide evidence of familiarity with, and ability to provide training on, the following: (1) Family planning and related preventive health issues; (2) a process for objectively assessing the knowledge, skills, and attitudes of health care practitioners; (3) the clinical preceptor role; (4) current, recognized national standards of care related to family planning, reproductive health, and general preventive health measures; and (5) strategies for developing collaborations, referral resources, and linkages with health and social service providers within a community.

Organizational Capacity

In addition, the successful applicant will demonstrate the following: (1) Significant experience in the design, development, implementation, successful completion, and evaluation of clinical training activities, including clinical preceptor training; (2) the ability to ensure that information is current, medically accurate, and consistent with nationally recognized standards of care; (3) the ability to translate evidence-based information into training activities; (4) experience with managing a clinical training program on a national level; (5) the ability to successfully plan and conduct large, national meetings; (6) knowledge of evidence-based learning theory and adult learning behavior, and the applicability to proposed training activities; and (7) experience

successfully implementing a nationwide clinical preceptor training program, including development and testing of a curriculum for training of preceptors, recruitment of experienced clinical providers from publicly-funded family planning clinics, and providing training, support, and ongoing monitoring of the outcome of training on the quality of the family planning services provided. If the applicant does not have experience as described in this section, other relevant experience should be fully described.

Training program components, including all curricula, materials, and topic content, must be consistent with Title X statute, regulations, and legislative mandates, and should be consistent with program guidelines and program priorities. The preceptor training course should include mechanisms necessary to evaluate the knowledge, skills, and attitudes of potential preceptors related to the requirements of this announcement, as well as techniques for ensuring that needs that are identified are incorporated in the preceptor training course.

The applicant should describe the approach that will be used to ensure that preceptor training is appropriate for various levels of professional preparation, *e.g.*, physicians, advanced practice nurses, and physician assistants. In addition, the applicant should describe how professional licensure and insurance issues for preceptor training program participants will be addressed. It is expected that the applicant will provide detailed information regarding organizational capacity, including, but not limited to, the expertise of existing or proposed faculty and staff. The applicant should propose a staffing pattern

that includes sufficient detail for reviewers to assess the adequacy related to the proposed work plan and expertise required to carry out the project. The proposed budget should be consistent with the requirements of the family planning clinical training program, and proposed project activities should be tied directly to budgeted costs. The final project plan and plan for utilization of funds will be negotiated with the OPA-OFP project officer within 90 days of the cooperative agreement award.

Component requirements: Applicants should be specific in describing their approach to each of the following components:

Component I: Develop, Implement, and Evaluate a Clinical Preceptor Training Program

The successful applicant is expected to describe a clinical preceptor training course for experienced health care practitioners to prepare them to serve in the role of clinical preceptor in Title X service delivery sites. Clinical preceptor candidates will be recruited from Title X-funded service delivery sites, and will return to the site in the preceptor role. Health care practitioners trained as clinical preceptors are expected to utilize knowledge and skills gained to ensure that health care practitioners providing direct service in Title X-funded sites have the knowledge, skills, and attitudes to provide effective, high quality family planning clinical services. Experienced, skilled health care practitioners will be identified jointly by local Title X service delivery sites and the training program as potential clinical preceptors.

The preceptor training course, including the curriculum, should be described, including the process for verifying the knowledge, attitude, and skill level of proposed participants related to the topics identified under *General Requirements* upon beginning and after completion of the course. In addition, the applicant should include a description of the process that will be used for validating the knowledge, attitude, and skills of experienced clinical preceptors or clinical educators working as preceptors in Title X service provider agencies as they relate to the requirements listed under *Purpose* and *General Requirements*.

The applicant should develop the program work plan based on providing at least three preceptor training courses in year one. Plans for future years will be negotiated during year one. The work plan for year one should propose the application process, criteria for selecting participants, number of health care practitioners to be trained, outline of proposed course curriculum, and proposed locations for training. It is anticipated that the preceptor training course will occur on-site at a location or locations with access to clinical training facilities, and that efficiency will be demonstrated in the time spent on-site at the training facility. Direct observation and assessment of preceptor students is expected. Although it is possible that participants will have reading assignments prior to attending the course, or that there may be ancillary uses for on-line learning, it is expected that most aspects of the preceptor training course will be provided on-site at the selected location(s).

The successful applicant is expected to describe a strategy for ongoing assessment and refresher training for trained and/or experienced preceptors. This should include a description of any site visits planned to trained preceptors. In addition, the applicant should describe the planned or existing refresher training course, including how often the course will be offered. It is expected that a refresher course will be offered at least once every other year of the project period.

Applicants are expected to propose a strategy for all aspects of the clinical preceptor training component. However, the final work plan for year one, including training strategies will not be finalized until after funding. The successful applicant will work closely with the OPA-OFPP project officer to determine the time line, number of preceptor training courses, length of courses, recruitment strategies, class sizes, and final plans for clinical preceptor training. In addition, final plans for the clinical preceptor refresher course (to be held every other year of the project); as well as plans for preceptor training in subsequent years, will be negotiated with the OPA-OFPP project officer. It is expected that an assessment of the training needs of clinical preceptors will be included in the planning process for the refresher course. All aspects of the preceptor course and the preceptor refresher course, including faculty, must be approved by the OPA-OFPP project officer prior to implementation. Applicants should clearly explain the proposed approach to the following aspects of the preceptor training component:

A. Describe Strategy for Training Clinical Preceptors

1. Identify core knowledge and skills for clinical family planning preceptors;

2. Describe clinical preceptor training course, including:
 - a. Proposed didactic and clinical content
 - (1) Clinical knowledge, skills, and attitude,
 - (2) Preceptor role, peer assessment, technical assistance/training techniques, and
 - (3) Other topics identified in *General Requirements*;
 - b. Methodology to ensure that course content is current, evidence-based, and updated on an ongoing basis;
 - c. Number/frequency/length/location(s) of preceptor training;
 - d. Anticipated number of preceptor students to be trained (total per year and per class).
3. Describe proposed recruitment strategy (final to be negotiated with OFP Central and Regional Offices, and Title X service grantees). It is expected that recruitment visits will be made to several of the regions each year. The number and locations will be negotiated with the OPA-OFP project officer and Regional Office program staff following funding;
4. Identify proposed selection criteria for potential preceptor participants, including:
 - a. Health care practitioner,
 - b. Experience delivering family planning services in Title X-funded sites,
 - c. Academic preparation/experience,
 - d. Commitment from the sponsoring Title X-funded entity that the trainee will be utilized in the preceptor role upon return,

- e. Commitment of medical director or other physician to act as resource person for clinical questions at local clinic site(s),
 - f. Other criteria as proposed by applicant;
5. Coordinate or facilitate preceptor trainee commitment agreement to work as a preceptor following training;
 6. Identify/resolve health care practitioner licensure and insurance issues around clinical training at selected training site(s);
 7. Describe the process to verify clinical knowledge, skills, and attitudes of preceptor trainees before and after training;
 8. Describe a process to assess/verify knowledge, skills, and attitude of those experienced in the role of clinical preceptor or with experience as a health care practitioner clinical educator;
 9. Make arrangements for clinical training site(s) for preceptor training;
 10. Provide for continuing education credits for preceptor trainees (based on continuing education credit requirements for advanced practice nurses, physician assistants, and physicians).

B. Provide for Preceptor Training

1. Make arrangements/provide for all aspects of preceptor training (classroom, curriculum; materials, faculty, clinical sites, etc.);
2. Make arrangements/provide for lodging for preceptor trainees (transportation and per diem will be paid by sponsoring agency; however, it is expected that the

family planning clinical training program will set aside funds to assist in defraying lodging expenses for preceptor training participants).

C. Describe Ongoing Assessment and Clinical Preceptor Update Process

1. Identify process for ongoing assessment of trained clinical preceptors, and their effectiveness at precepting at local work site(s) – this should include periodic site visits. Site visits should include observation of clinical practice and preceptor activities; documentation of number of clinicians precepted and nature of assessment/training/technical assistance provided by preceptor; on-site technical assistance as appropriate; issues identification; discussion with Title X clinic/project manager; other as appropriate;
2. Describe clinical refresher/ quality assessment course, including updates on methods of objective assessment, clinical training/technical assistance, and mentoring.
 - a. Content—evidence-based, current information related to family planning, related preventive health issues and standards, and other issues and topics as identified during course of the project;
 - b. Length/location(s);
 - c. Feasibility of using electronic technologies for providing refresher training;
 - d. Arrange for and assist with costs of lodging for trained preceptor participants.

- D. Evaluate Training—Preceptor Training and Preceptor Refresher Training
1. Process
 - a. Planning
 - b. Implementation
 - c. Participation/utilization
 - d. Output
 2. Impact, including improved ability of health care practitioners to provide quality family planning services, and other as identified by applicant and OPA-OFP project officer.

Component II: Conduct National Clinical Training Meetings

Beginning in year two of the project period, the successful applicant will plan and conduct a national clinical training meeting for approximately 300 participants. It is expected that a clinical training meeting will be held every other year of the project period, and will provide current, relevant, evidence-based information on clinical topics related to family planning and related reproductive and preventive health issues for men and women for the purpose of maintaining and improving the quality of family planning services in Title X-funded service projects. The successful applicant will begin planning for this meeting during the first year of the project period.

It is expected that the primary participants at these meetings will be health care practitioners and registered professional nurses working in Title X-funded family

planning service sites. Others may participate as space allows. It is expected that persons working in Title X-funded agencies will attend at nominal or no charge, and that non-Title X participants will be charged an appropriate registration fee. Continuing education credits, appropriate to the educational preparation of health care practitioners and registered professional nurses, should be provided. The successful applicant will be responsible for all costs associated with planning and conducting the meeting, not including personal participant expenses such as travel, lodging, or per diem. In close collaboration with the OPA-OFP project officer, the successful applicant will be responsible for all aspects of planning, producing, and evaluating the national clinical training meeting. All aspects of the meeting, including, but not limited to, agenda, speakers, and meeting location, will be approved by the OPA-OFP project officer prior to implementation. At a minimum, the successful applicant will be responsible for the following, and should provide a description of how this will be accomplished in the project proposal:

A. Plan Meeting

1. Develop meeting budget;
2. Planning committee;
3. Meeting logistics (hotel, location, set-up, all meeting arrangements, etc. - hotel sleeping rooms should not exceed most current Federal lodging rates);
4. Arrange for/communicate with speakers/moderators, including travel (all travel/per diem should not exceed Federal government rates; cost per

speaker should not exceed \$2,000 for travel expenses and consultant fees, unless prior approval by Project Officer);

5. Prepare for AV needs;
6. Develop invitation list of Title X grantees, sub-recipient agencies, and others;
7. Design and disseminate meeting information/registration/etc. (including save the date announcements);
8. Coordinate agenda development;
9. Produce meeting materials (signage, packets, notebooks, name tags, etc.); and
10. Any other activities/ responsibilities for planning the meeting, working with collaborators and speakers, and disseminating meeting information.

B. Manage Meeting On-site

1. Assess set-up/modify as needed (including AV);
2. Coordinate with hotel/meeting site throughout meeting;
3. Manage registration and materials dissemination;
4. Staff registration table throughout meeting;
5. Coordinate speaker arrival/address needs (speaker ready-room);
6. Identify and appropriately address issues that arise throughout meeting;
7. Manage all on-site meeting issues (financial, logistics, etc.);
8. Any other issues related to managing the meeting on-site.

C. Follow-up

1. Evaluate meeting
 - a. Process of planning and conducting meeting,
 - b. Outcome, including meeting participation and participant evaluation which includes assessment of anticipated impact on provision of quality family planning services;
2. Produce/disseminate meeting proceedings, in a format and manner agreed upon by the successful applicant and project officer;
3. Compile/disseminate information or materials identified/developed as a result of the meeting;
4. In collaboration with project officer, produce/disseminate speaker/ moderator thank-you letters/other correspondence as necessary;
5. Ensure all meeting expenses are finalized and paid;
6. Produce and submit final meeting accounting and evaluation report;
7. Any other meeting follow-up identified and agreed upon by the OPA-OFP project officer and the successful applicant.

Schedule of Cooperative Agreement Activities — The following represents an overview of general activities for the first two years of the project. The activities for the remaining years of the project period will be negotiated with the successful applicant during year two of the project period. The list is not intended to be exhaustive, but rather to provide a general outline of expectations throughout the project period. It is expected that the successful applicant will have ongoing communication with the OPA-OFP project officer, and will meet with the project officer, Director, OFP, and others identified by the

OFP at least two times during years one and two, and at least one time per year in the subsequent years of the project period. Unless otherwise negotiated, the applicant should plan for these meetings to occur at the OFP office in Rockville, MD. It is expected that the successful applicant will maintain flexibility in schedule and resource planning in order to respond to emerging needs, lessons learned, and annual Title X program priorities. Budgets should reflect required communication and required meetings.

Year One

- 1) Within 30 days of date of Notice of Grant Award (NGA)—Meet with OFP in Rockville, MD; plan for another meeting during year one;
- 2) Develop detailed time line for years one and two of project period;
- 3) Establish Clinical Training Center operations, including finalizing faculty and staff;
- 4) Finalize admissions criteria for selection of health care practitioners to attend the preceptor course;
- 5) Develop assessment process for experienced preceptors and/or clinical educators;
- 6) Finalize basic preceptor course curriculum;
- 7) Finalize location(s) for preceptor training course;
- 8) Conduct at least three preceptor training courses;
- 9) Arrange for and conduct recruitment meetings to Regional Offices;
- 10) Begin planning National Clinical Training Meeting;
- 11) Finalize preceptor refresher course;
- 12) Submit continuation application for year two.

Year Two

- 1) Meet with OFP to finalize plans for year two; plan for additional meeting during year two;
- 2) Continue planning/evaluating/revising/conducting preceptor training course;
- 3) Finalize planning/refining the process for ongoing assessment of trained clinical preceptors;
- 4) Conduct preceptor refresher training course;
- 5) Conduct/Evaluate/Report on National Clinical Training Meeting;
- 6) Develop detailed time line for subsequent years of the family planning clinical training project;
- 7) Submit continuation application for year three.

3. Submission Dates and Times

The Office of Public Health and Science (OPHS) provides multiple mechanisms for submission of applications, as described in the following sections. Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review. Applications which do not conform to the requirements of the grant announcement will not be accepted for review and will be returned to the applicant.

While applications are accepted in hard-copy, the use of the electronic application submission capabilities provided by the Grants.gov and GrantSolutions.gov systems is encouraged. Applications may be submitted electronically only via the electronic submission mechanisms specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

In order to apply for new funding opportunities which are open to the public for competition, you may access the Grants.gov website portal at <http://www.grants.gov>. All OPHS funding opportunities and application kits are made available on Grants.gov. If your organization has/had a grantee business relationship with a grant program serviced by the OPHS Office of Grants Management, and you are applying as part of ongoing grantee related activities, please access <http://www.GrantSolutions.gov>.

Hard-Copy application submissions must be received no later than 5:00 P.M. Eastern Time on the deadline specified in the Dates section of this announcement. Electronic grant application submissions must be submitted no later than 11:00 P.M. Eastern Time on the deadline date specified in the DATES section of the announcement using one of the electronic submission mechanisms specified. All required hard-copy original signatures and mail-in items must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA

22209, no later than 5:00 P.M. Eastern Time on the next business day after the deadline date specified in the DATES section of this announcement.

Applications will not be considered valid until all electronic application components, hardcopy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible. Applicants are encouraged to initiate electronic applications early in the application development process, and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

Electronic Submissions via the Grants.gov Website Portal

The Grants.gov Website Portal provides organizations with the ability to submit applications for OPHS grant opportunities. Organizations must successfully complete the necessary registration processes in order to submit an application. Information about this system is available on the Grants.gov website, <http://www.grants.gov>.

In addition to electronically submitted materials, applicants may be required to submit hard-copy signatures for certain program-related forms, or original materials as required by the announcement. It is imperative that the applicant review both the grant announcement, as well as the application guidance provided within the Grants.gov application package, to determine such requirements. Any required hard-copy materials,

or documents that require a signature, must be submitted separately via mail to the Office of Grants Management at the address specified above, and if required, must contain the original signature of an individual authorized to act for the applicant agency or organization on the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard-copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the Grants.gov Website Portal must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative, and any appendices or exhibits. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Corel WordPerfect, ASCII Text, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach any file format as part of their application, OPHS restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process.

All required mail-in items must be received by the due date requirements specified above. Mail-In items may only include publications, resumes, or organizational documentation. When submitting the required forms, do not send the entire application. Complete hard-

copy applications submitted after the electronic submission will not be considered for review.

Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package.

All applications submitted via the Grants.gov Website Portal will be validated by Grants.gov. Any applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to the GrantSolutions system, and OPHS has no responsibility for any application that is not validated and transferred to OPHS from the Grants.gov Website Portal. Grants.gov will notify the applicant regarding the application validation status.

Once the application is successfully validated by the Grants.gov Website Portal, the applicant should immediately mail all required hard-copy materials to the OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, no later than 5:00 P.M. Eastern Time on the next business day after the deadline date specified in the DATES section of this announcement.

It is critical that the applicant clearly identify the Organization name and Grants.gov Application Receipt Number on all hard- copy materials.

Once the application is validated by Grants.gov, it will be electronically transferred to the GrantSolutions system for processing. Upon receipt of both the electronic application from the Grants.gov Website Portal, and the required hardcopy mail-in items, applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of the application submitted using the Grants.gov Website Portal. Applicants should contact Grants.gov regarding any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

Electronic Submissions via the GrantSolutions System

OPHS is a managing partner of the GrantSolutions.gov system. GrantSolutions is a full life-cycle grants management system managed by the Administration for Children and Families (ACF), Department of Health and Human Services (HHS), and is designated by the Office of Management and Budget (OMB) as one of the three Government-wide grants management systems under the Grants Management Line of Business initiative (GMLoB). OPHS uses GrantSolutions for the electronic processing of all grant applications, as well as the electronic management of its entire Grant portfolio.

When submitting applications via the GrantSolutions system, applicants are still required to submit a hard-copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. If required, applicants will also need to submit a hard-copy of the Standard Form LLL and/or certain Program-related forms (e.g., Program Certifications) with the original signature of an

individual authorized to act for the applicant agency. When submitting the required hard-copy forms, do not send the entire application. Complete hard-copy applications submitted after the electronic submission will not be considered for review. Hard-copy materials should be submitted to the OPHS Office of Grants Management at the address specified above.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative and any appendices or exhibits. The applicant may identify specific mail-in items to be sent to the Office of Grants Management (see mailing address above) separate from the electronic submission; however, these mail-in items must be entered on the GrantSolutions Application Checklist at the time of electronic submission, and must be received by the due date requirements specified above. Mail-in items may only include publications, resumes, or organizational documentation.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hardcopy original signatures, and mail-in items. Once the application is successfully validated by the Grants.gov Website Portal, the applicant should immediately mail all required hard-copy materials to the OPHS Office of Grants Management, c/o Grant Application Center, 1515 Wilson Blvd., Suite

100, Arlington, VA 22209, no later than 5:00 P.M. Eastern Time on the next business day after the deadline date specified in the DATES section of this announcement. As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization on the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS), c/o Grant Application Center, 1515 Wilson Blvd., Suite 100, Arlington, VA 22209, on or before 5:00 P.M.

Eastern Time on the deadline date specified in the DATES section of the announcement. The application deadline date requirement specified in this announcement supersedes the instructions in the OPHS-1. Applications that do not meet the deadline will be returned to the applicant unread.

4. Intergovernmental Review

Review under Executive Order 12372: Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The application kit contains the currently available listing of the SPOCs that have elected to be informed of the submission of applications. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the OPHS Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, Maryland 20852. The SPOC has 60 days from the due date as listed in the **DATES** section of this announcement to submit any comments. For further information, contact the OPHS Office of Grants Management at 240-453-8822.

5. Funding Restrictions

The allowability, allocability, reasonableness and necessity of direct and indirect costs that may be charged to OPHS grants are outlined in the following documents: 2 CFR § 220 (OMB Circular A- 21, for Institutions of Higher Education); 2 CFR § 225 (OMB Circular A-87, for State, Local, and Indian Tribal Governments); 2 CFR § 230 (OMB Circular A-122, for Nonprofit Organizations); and 45 CFR part 74, Appendix E

(Hospitals). Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at <http://www.whitehouse.gov/omb/circulars/html>.

Indirect costs are limited to eight percent (8%) of modified total direct costs as a flat amount for reimbursement under training grants (Grants Policy Directive Part 3.01: Post-Award Indirect Cost and other Cost Policies, HHS transmittal 98.01).

6. Other Submission Requirements

Applicants should include a one-page abstract of the proposed project.

V. APPLICATION REVIEW INFORMATION

1. *Criteria:* Eligible cooperative agreement applications will be reviewed according to the following criteria, as set out in the Title X family planning training regulations at 42 CFR §59.206:

- (1) The degree to which the project plan adequately provides for the requirements set forth in the Title X regulations at 42 CFR §59.205 (25 points);
- (2) The capacity of the applicant to make rapid and effective use of the grant assistance, including evidence of effectively managing a national clinical training program that has carried out the two components as described in this announcement; (25 points);
- (3) The administrative and management capability and competence of the applicant and the competence of the applicant project staff in relation to the services to be provided, including demonstration of academic, clinical, and teaching competence of proposed faculty (25 points);

- (4) The extent to which the training program promises to fulfill the family planning services delivery needs of the area to be served, which may include among other things:
- (a) Development of a capability within family planning service projects to provide pre- and in-service training to their staff;
 - (b) Improvement of the family planning services delivery skills of family planning and health services personnel;
 - (c) Expansion of family planning services, particularly in rural areas, through new or improved approaches to program planning and deployment of resources, including clinicians; (15 points total for this section)
- (5) The extent to which the training program will increase the delivery of services to people, particularly low-income groups, with a high percentage of unmet need for family planning services (10 points).

2. Review and Selection Process

The Office of Family Planning/Office of Population Affairs is responsible for evaluating applications and setting funding levels according to the requirements set out in 42 CFR § 59.206. Eligible applications will be reviewed by a panel of independent reviewers and will be evaluated based on the criteria listed above. Final award decisions will be made by the Deputy Assistant Secretary for Population Affairs (DASPA). In making award decisions, one cooperative agreement will be awarded which best promotes the purposes of sections 1001 (family planning services) and 1003 (family planning training) of the Public Health Service Act, and the requirements of the cooperative agreement as

described in this announcement. The decision will take into account the reasonableness of the estimated cost considering available funding, and the likelihood that the project activities will result in the benefits expected.

VI. Award Administration Information

1. Award Notices

The OPA does not release information about individual applications during the review process. When final funding decisions have been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a project application has been approved for funding is the Notice of Grant Award (NGA), signed by the Director of the OPHS Office of Grants Management. This document specifies to the successful applicant the amount of money awarded, the purposes of the cooperative agreement, the length of the project period, and the terms and conditions of the cooperative agreement award. In addition, the NGA identifies the OPHS OGM grants specialist and OPA-OFP project officer assigned to the cooperative agreement.

This cooperative agreement will be awarded for a project period of up to five years, and will be funded in annual increments (budget periods). Funding for all approved budget periods beyond the first year of the cooperative agreement is contingent upon submission and approval of a non-competing continuation application, satisfactory progress of the project, efficient and effective use of cooperative agreement funds, and the continued availability of funds.

2. Administrative and National Policy Requirements

In accepting this award, the cooperative agreement grant recipient stipulates that the award and any activities there under are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the cooperative agreement.

The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan, and will be required to work closely with the OPA-OFP project officer. The project officer will review and approve all aspects of the planning, implementation, and evaluation of the project components, as well as plans for the use of resources as part of this cooperative agreement.

Within 30 days of Notice of Grant Award, the successful applicant is expected to meet with the OPA-OFP project officer; Director, OFP; and others at the OFP Central Office in Rockville, MD to finalize a time line and schedule for activities for years one and two of the project. Planning for subsequent years of the project, will be developed and approved during year two of the project.

The OPHS requires all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the OPHS mission to protect and advance the physical and mental health of the American people.

When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal

money, grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money, and the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Federal support must be acknowledged in any publication developed or training provided using Title X funds. All publications developed or purchased with Title X funds must be consistent with the requirements of the program. The cooperative agreement grantee will be expected to make available all materials developed with Title X funds as requested by the OPA-OFPP project officer or other Title X projects.

3. Reporting

Each year of the project period, the cooperative agreement grantee is required to submit a non-competing application which includes an annual progress report, project work plan, budget, and budget justification for the upcoming year. The progress report must contain, at a minimum, a report on the evaluation of the training program as a whole, as well as the following data related to all training activities supported with cooperative agreement funds:

For preceptor training and preceptor refresher courses: (a) Training curriculum; (b) location(s); (c) hours of didactic/hours of clinical training; (d) faculty; (e) number of participants; (f) educational background of participants; (g) agencies sponsoring participants; (h) evaluation summary; (i) credit hours or continuing education units (CEUs) available.

The cooperative agreement grantee is required to submit an annual Financial Status Report (FSR) within 90 days after the end of each budget period. Agencies that receive a total of \$500,000 or greater of Federal funds must undergo an independent audit in accordance with OMB Circular A–133. Required reports may be submitted either electronically or in hard copy.

VII. Agency Contacts

Administrative and Budgetary Requirements

For questions related to administrative and budgetary requirements, please contact OPHS Office of Grants Management by phone at (240) 453-8822.

Program Requirements

For questions related to family planning program requirements, contact Betty Chern-Hughes, by email at Betty.Chern-Hughes@hhs.gov or by phone at (240) 453–2888.

VIII. Other Information

Definitions: For the purposes of this announcement, the following definitions apply:

Application—A request for financial support of a project submitted to OPA on specified forms and in accordance with instructions provided.

Cooperative Agreement—An award instrument of financial assistance where “substantial involvement” is anticipated between the HHS awarding agency and the recipient during performance of the contemplated project or activity. “Substantial involvement” means that the recipient can expect Federal programmatic collaboration or participation in

managing the award. The entity that receives a Federal cooperative agreement assumes the legal and financial responsibility and accountability for the awarded funds and performance of activities approved for funding, and is held to all requirements for Federal grants.

Evidence-based—Relevant scientific evidence that has undergone comprehensive review and rigorous analysis.

Family planning training—Job-specific skill development, the purpose of which is to promote and improve the delivery of family planning services. Further description of family planning services may be found in the authorizing legislation, implementing regulations, and program guidelines. These are provided as part of this application package.

Family planning clinical training— Specialized, evidence-based family planning training, the purpose of which is to promote and improve the knowledge, skills, and attitudes of persons delivering hands-on clinical family planning services.

Health care practitioner—An advanced practice nurse (certified nurse practitioner or certified nurse-midwife), physician’s assistant, Doctor of Medicine or Doctor of Osteopathy who is recognized by a state to practice within the scope of the applicable state practice act or law.

Project—Those activities described in the cooperative agreement application and supported under the approved budget.

_____/S/_____
Susan B. Moskosky
Acting Director, Office of Population Affairs