

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

Bureau of Health Professions

Division of Public Health and Interdisciplinary Education

Comprehensive Geriatric Education Program (CGEP)

Announcement Type: New and Competing Continuations

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: March 26, 2012

***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: February 16, 2012

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Modified on 3/6: Modification to Section V.1. Review Criteria. The last bullet of Criterion 4: Impact was modified.

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Authority: Section 865 of the PHS Act (42 U.S.C. 298), as amended by section 5305 of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148

Executive Summary

Section 865 of the Public Health Service Act (42 U.S.C. 298) as amended by section 5305 of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148, authorizes the Comprehensive Geriatric Education Program (CGEP) to award grants to eligible entities to develop and implement, in coordination with programs under Title VII, section 753 (Education and Training Relating to Geriatrics) programs to train and educate individuals in providing geriatric care for the elderly.

Grants are awarded to:

- 1) Provide training to individuals who will provide geriatric care for the elderly;
- 2) Develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;
- 3) Train faculty members in geriatrics;
- 4) Provide continuing education to individuals who provide geriatric care; or
- 5) Establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population.

Eligible applicants are an accredited school of nursing, a health care facility, a program leading to a certification as a certified nurse assistant, a partnership of such a school and facility, or a partnership of such a program and facility.

Funding will be provided in the form of a new or a competing continuation grant. Applications may be submitted for three (3) years of support, from July 1, 2012 through June 30, 2015. Approximately \$4,220,000 is expected to be available to fund approximately 16 grantees. Applicants may request a maximum of \$172,800 including indirect costs for each year of support to address one or more of the first four statutory purposes. Applicants may request a maximum of \$270,000 including indirect costs for each year of support if they address one or more of the first four statutory purposes and statutory purpose five (traineeship support). Traineeship support includes funds for tuition, books, fees, and reasonable living expenses. For traineeship support, the institution may award no more than \$30,000 per year for each full-time student and \$15,000 per year for each part-time student preparing for an advanced education nursing degree in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population for no more than two years of support. In order to address the shortage of advanced practice nurses in geriatrics specialties, applicants are encouraged to support full-time study when requesting funds for traineeship support.

The CGEP has a statutory funding preference. As provided in section 805 of the Public Health Service Act, a funding preference will be applied to approved applications with projects that substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments.

Technical Assistance

Technical assistance calls to help applicants understand, prepare and submit a grant application for the program are scheduled on March 6, 2012 at 2:00 PM and March 15, 2012 at 1:00 PM. Further information on accessing the call can be found under Section VIII. Other Information.

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I. Funding Opportunity Description

1. Purpose

Section 865 of the Public Health Service Act (42 U.S.C. 298) as amended by section 5305 of the Patient Protection and Affordable Care Act of 2010, P.L. 111-148, authorizes grants, in coordination with programs under PHS Act section 753 (Education and Training Relating to Geriatrics) to meet the costs of projects that train and educate individuals in providing geriatric care for the elderly. This legislation authorized the establishment of traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, geropsychiatric nursing or other nursing areas that specialize in the care of the elderly population.

Grants to support development of individuals in geriatric education may be used to:

- 1) Provide training to individuals who will provide geriatric care for the elderly;
- 2) Develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;
- 3) Train faculty members in geriatrics;
- 4) Provide continuing education to individuals who provide geriatric care; or
- 5) Establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, geropsychiatric nursing or other nursing areas that specialize in the care of the elderly population.

Projects must provide education and training for individuals providing geriatric care. Applicants are encouraged to use or adapt existing curricula as appropriate to the proposed project rather than expend resources to develop new curricula. Geriatric educational resources are available through entities such as the Hartford Institute for Geriatric Nursing (<http://www.hartfordign.org/>), Hartford Centers of Excellence in Geriatric Nursing Education (<http://www.geriatricnursing.org/centers/>), the Administration on Aging (<http://www.aoa.gov>), and The Long-Term Services and Supports Workforce Competency Model at: <http://web.bc.edu/libtools/details.php?entryid=273> and the Veterans Administration (<http://www.va.gov>). The National Association of Geriatric Education Centers website at <http://www.nagec.org/> also provides resources and other useful information.

Other Program Requirements:

The grantee must provide evidence of continued/ongoing accreditation by the appropriate national nurse education accrediting agency recognized by the Secretary of the Department of Education within 30 days of its decisions, if the accreditation is expected to expire during the project period. Schools of Nursing must be accredited by a national nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education for graduate education. For FY 2012 the only recognized agencies are the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC). Projects leading to certification as a certified nursing assistant must offer a state-approved training program.

Guidelines for Advanced Nursing Education Programs

The *National Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (LACE) defines advanced practice registered nurses (APRNs) and standardized requirements for each of the four APRN regulatory components included in LACE. Under this regulatory model the certified nurse practitioner and clinical nurse specialist (CNS), two of the four defined APRN roles, must be prepared with the core APRN and role competencies in addition to national consensus-based competencies for one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psychiatric/mental health. Information about the consensus model can be found at: <https://www.ncsbn.org/2276.htm>.

Programs requesting traineeship funds should prepare graduates to be eligible for national certification in an area of geriatrics nursing practice. As indicated in Section IV.2.x, applicants should indicate the guidelines and competencies used by the programs for which support is requested. The national consensus-based competencies for the Adult-Gerontology Certified Nurse Practitioner and Adult Gerontology Clinical Nurse Specialist are delineated in Adult-Gerontology Primary Care Nurse Practitioner Competencies (2010) and Adult-Gerontology Clinical Nurse Specialist Competencies (2010) respectively. The documents can be accessed at: <http://www.aacn.nche.edu/education-resources/competencies-older-adults>

Applicants should also refer to applicable documents available at national organization websites, including but not limited to the following:

- 1) American Association of Colleges of Nursing (AACN) at <http://www.aacn.nche.edu>
- 2) Commission on Collegiate Nursing Education (CCNE) at <http://www.aacn.nche.edu/ccne-accreditation>
- 3) National League for Nursing (NLN) at <http://www.nln.org/facultydevelopment/pdf/corecompetencies.pdf>
- 4) National League for Nursing Accrediting Commission (NLNAC) at <http://www.nlnac.org>
- 5) National Organization of Nurse Practitioner Faculties (NONPF) at <http://nonpf.com> for documents such as the *Criteria for Evaluation of Nurse Practitioner programs, A Report of the National Task Force on Quality Nurse Practitioner Education*.
- 6) National Association of Clinical Nurse Specialists (NACNS) at <http://nacns.org>.

Linkages

Projects should be developed and implemented in coordination with programs under Title VII, section 753 (Education and Training Relating to Geriatrics). These programs are the Geriatric Education Centers, the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professions and/or the Geriatric Academic Career Award Programs.

Contact information for the Geriatric Programs can be found at <http://bhpr.hrsa.gov/grants/geriatrics/index.html> and active grantees can be found at "Active Grants."

2. Background

This program was first authorized by the Nurse Reinvestment Act of 2002 and implemented in

2003.

In 2009, 39.6 million persons aged sixty-five and older accounted for 13 percent of the total U.S. population. Projections indicate that this subset will increase to 19 percent of the population by 2050. This significant increase would undoubtedly present major challenges to the U.S. health care system, both in the quality of health care provided and the number of health care providers trained in geriatrics who are available to meet the demands of a burgeoning system. (Institute of Medicine (IOM), The National Academies Press: 2008, *Retooling for an aging America: Building the health care workforce*).

Older adults need access to a full range of services across the care continuum. Advanced Practice Nurses (APNs) with knowledge of geriatrics will help to meet the healthcare needs of the aging population.

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

The Comprehensive Geriatric Education Program addresses the need for a workforce to care for our aging population, consistent with the mission of the HRSA's Bureau of Health Professions (BHP). This mission includes attention to programs focused on increasing diversity, encouraging clinicians to practice in underserved areas, and preparing health care providers who are equipped to meet the needs of the aging population.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2012 -2014. Approximately \$4,220,000 is expected to be available annually to fund up to sixteen (16) grantees. Applicants may request a maximum of \$172,800 including indirect costs for each year of support to address one or more of the first four statutory purposes. Applicants may request a maximum of \$270,000 including indirect costs for each year of support if they address one or more of the first four statutory purposes and statutory purpose five (traineeship support). In order to address the shortage of advanced practice nurses in geriatrics specialties, applicants are encouraged to support full-time study when requesting funds for traineeship support. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated

funds for the Comprehensive Geriatric Education Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are an accredited school of nursing, a health care facility, a program leading to certification as a certified nurse assistant, a partnership of such a school and facility, or a partnership of such a program and facility.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for the CGEP program.

3. Other

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

Ceilings: Applicants that exceed the ceiling amount of \$172,800 including indirect costs for each year of support to address one or more of the first four statutory purposes or the ceiling amount of \$270,000 for applicants addressing one or more of the first four statutory purposes and statutory purpose five will be considered non-responsive and will not be considered for funding under this announcement.

Applicants that exceed the ceiling amount of \$30,000 per full-time student each year or \$15,000 per part-time student each year will be considered non-responsive and will not be considered for funding under this announcement. An individual student is eligible for no more than two years of support.

Proof of Accreditation: Applications that fail to provide proof of accreditation will be considered non-responsive, and the application will not be considered for funding under this announcement.

Deadline: 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.

Traineeship Eligibility:

Eligible Students – To be eligible for the CGEP Program traineeship support, the student must be:

- Enrolled at the institution in a Master’s nursing program, a combined RN to Master’s degree program, or a student entering a Doctor of Nursing Practice (DNP) program with a major in a geriatric nursing specialty.
- Enrolled full-time or part-time in a geriatrics advanced education nursing program for geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population for preparation as:
 - Gero-psychiatric Nursing (NP or CNS),
 - Adult and Geriatric/Nurse Practitioner,
 - Adult and Geriatric Clinical Nurse Specialist, or
 - students entering a Doctor of Nursing Practice Program with an emphasis on geriatric nursing.
- A citizen of the United States, a non-citizen national, or foreign national who possesses a visa permitting permanent residence in the United States (individuals on temporary or student visas are NOT eligible to receive CGEP support).
- Eligible to sit for national nursing certification in the nursing specialty or field of study (as applicable) following graduation.

Appointment of Trainees – The grantee is responsible for the appointment of eligible students for traineeship support following the receipt of the Notice of Award (NoA).

- 1) A trainee must be enrolled in a program specializing in advanced geriatrics nursing such as CNS, NP, at the Master’s or a student entering into Doctor of Nursing Practice Program.
- 2) A trainee may be appointed at the beginning of any academic period, including a summer session, which falls within the budget period specified by the current NoA.
- 3) The training period supported by a traineeship may extend beyond the budget period only if the training is continuous.
- 4) Each new appointment or reappointment must be made for a period of not less than 9 months, except to complete the required program of study.
- 5) Only students in the graduate component of a RN to Master’s degree program are eligible for appointment.

Trainees must agree to provide the institution with the necessary information to complete the required **Statement of Appointment form**. **The most recent Statement of Appointment form may be accessed via the following link (<http://grants.nih.gov/grants/forms.htm>)**. The completed form must be uploaded in the Electronic Handbook (EHB) after receiving an award, with a copy being maintained at the institution, and a copy given to the student.

Termination of Trainees – The grantee is responsible for monitoring the academic success or failure of each trainee and for the termination of a traineeship if the student:

- 1) is unable to complete the program of study for which the traineeship was awarded;

- 2) withdraws from the institution prior to the scheduled completion of the program;
- 3) fails to meet the predetermined academic standards of the institution; or
- 4) requests to terminate CGEP support.

The grantee is responsible for the disbursement of grant funds to eligible students.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

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

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

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

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

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

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

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Format

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

SF-424 R&R – Table of Contents

 **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**

 **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.

 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		location(s).	
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required	Filename should be the name of the organization and unique. Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		by the program funding opportunity announcement. Supports up to 10.	
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Required; Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required; Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple attachments.	Not Applicable to HRSA; Do not use.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
 - 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
 - 🔔 Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. Table of Contents page will not be counted in the page limit.
 - 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Project Specific Courses
Attachment 2	Students' Status (projected CGEP full-time and part-time students, tuition, fees and stipends)
Attachment 3	Professional Nursing Organization Accreditation: e.g. NLNAC, CCNE (indicating when re-accreditation is due.)
Attachment 4	Letters of Support
Attachment 5	Letters of Agreement
Attachment 6	Project organizational chart
Attachment 7	Job descriptions and staffing plan
Attachment 8	Request for statutory funding preference
Attachment 9	Summary Progress Report/Accomplishment Summary (FOR COMPETING CONTINUATIONS ONLY) - Four pages maximum.
Attachment 10	Institution Diversity Statement
Attachment 11	Maintenance of Effort documentation
Attachment 12-15	Other relevant documents.

Application Format

i. Application Face Page

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance (CFDA), the CFDA Number is 93.256.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in form 424 R&R – item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

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

iii. Budget

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

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

Salary Limitation:

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

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

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

iv. Budget Justification

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

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a

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

Applicants may request a maximum of \$172,800 including indirect costs for each year of support to address one or more of the first four statutory purposes. Applicants may request a maximum of \$270,000 including indirect costs for each year of support if they address one or more of the first four statutory purposes and statutory purpose five (traineeship support). Each applicant is limited to providing full support not to exceed \$30,000 per student per year for full-time students and \$15,000 per student per year for part-time students for a maximum of up to two years of support. In order to address the shortage of advanced practice nurses in geriatrics specialties, applicants are encouraged to support full-time study when requesting funds for traineeship support.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. The sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100%. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

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

*Actual annual salary = \$350,000

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

Consultant Costs: Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be

performed. Include expected rate of compensation and total fees, travel, per diem, or Other related costs for each consultant.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Prior approval from grants management is required for support of any trainee travel.

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

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

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

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

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

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative

salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

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

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 7.

vi. *Assurances*

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

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 11.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include:

- 1) A four or five sentence project summary;
- 2) Specific, measurable objectives which the project will accomplish;
- 3) How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

Include the number of project participants predicted to enroll for each year of the project period by professional level. Also, if you are requesting a statutory funding preference for the project that substantially benefits rural or underserved populations, or helps meet public health nursing needs in state or local Health Departments, indicate it in the abstract.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable
- Projected Number of Full-Time Traineeship Students
- Projected Number of Part-Time Traineeship Students

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

ix. *Project Narrative*

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

Include a statement in the Project Narrative that identifies the national nursing certification examination graduates will be eligible to sit for upon completion of the program.

Use the following section headers for the Narrative:

- ***INTRODUCTION***

This section should briefly describe the purpose of the proposed project.

- ***NEEDS ASSESSMENT***

This section outlines the needs of your community and/or organization. The target population and its unmet health needs must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served and unmet. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project intends to overcome. This section should help reviewers understand the community and/or organization that will be served by the proposed project. As appropriate, this section should include, but not be limited to, a discussion of:

- National, regional, state and local health status indicators of the elderly including morbidity and mortality statistics;

- A documented needs assessment, **conducted within the past two years**, of the status of geriatrics training in the institutions to be assisted and/or the geographic area to be served;
- Current training activities (for existing programs) or current planning activities (for new or developing programs);
- Differences between current and proposed activities, if appropriate;
- Gaps the project is intended to fill;
- The improvement of the project specific advanced geriatric nursing workforce, its effect on the population(s) served by the graduates, and actual and/or potential employment opportunities;
- Document the contribution of the project to meeting the national and local shortage of geriatric trained advance practice nurses.
- The student traineeship applicant pool including applicants from under-represented minority groups.
- Other geriatric activity in the geographic area, including programs supported by the Administration on Aging, the National Institute on Aging, the National Institute of Mental Health, the Department of Veterans Affairs, other HRSA programs, the John A. Hartford Foundation, or other organizations.

▪ **METHODOLOGY**

Propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. Clearly explain how the proposed objectives and sub-objectives will be implemented.

- Objectives
Address objectives and any sub-objectives which will be accomplished through support of the proposed project. State objectives and sub-objectives in measurable terms with specific outcomes identified. The objectives and sub-objectives should:
 - Relate to the statutory purposes and identified needs and problems;
 - Relate to evidence-based patient-centered clinical practice and address the direct impact on patient health status outcomes;
 - Describe how the project coordinates with a program(s) funded under PHS Act Title VII, section 753 and describe linkages and interprofessional education and training activities;
 - As appropriate, describe the relationship of the project to the recommendations directed to geriatric education and training in the Institute of Medicine's 2008 report, "Retooling for an Aging America: Building the Healthcare Workforce";
 - Address the Healthy People 2020, Community Based Linkages especially with Title VII, section 753 grant programs, and the CMS funded Quality Improvement Organizations (see Section VI. 2. "Administrative and National Policy Requirements" for description);

- Address HRSA’s Cultural and Linguistic Competence Related Objectives (see Section VI. 2. “Administrative and National Policy Requirements-Cultural and Linguistic Competence” for description);
- Address the BHPPr Diversity Guiding Principles (see Section VI. 2. “Administrative and National Policy Requirements” for description); and
- Describe the plan for traineeship support, including recruitment, retention, and graduation rates for full-time and part-time students in geriatric nursing specialties, monitoring student progress, and tracking student employment after graduation, if applicable. In order to address the shortage of advanced practice nurses in geriatrics specialties, applicants are encouraged to support full-time study. Applicants should indicate the guidelines and competencies used by the programs for which support is requested.

▪ **DISSEMINATION**

Describe a plan for dissemination of project outcomes or products, such as conferences, presentations, publications, videotapes, CDs, web-based publishing, etc. Include in the plan a methodology for providing copies of materials to the Division of Public Health and Interdisciplinary Education. If a grant award is made, copies of any materials disseminated should include the following acknowledgement and disclaimer:

“This project is/was supported by funds from the Department of Health and Human Services (DHHS), Health Resources and Services Administration, the Bureau of Health Professions (BHPPr), Division of Public Health and Interdisciplinary Education (DPHIE), under grant number and title for \$(specify grant number, title and total award amount). The information or content, and conclusions are those of the author and should not be construed as an endorsement of or the official position or policy of the U.S. Government, DHHS, BHPPr or the DPHIE.”

The applicant is to include a statement that they will use the above disclaimer in all dissemination activities and products. It is not necessary to include the entire disclaimer verbatim in the application.

▪ **WORK PLAN**

Describe the activities or steps that will be used to achieve each of the objectives proposed during the entire project period in the Methodology section. Provide activities for each objective specific to each year. Use a time line that includes each objective and activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

▪ **RESOLUTION OF CHALLENGES**

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes with different cultural groups (e.g. race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.

Program evaluation will demonstrate if the program is functioning according to program purpose and objectives. Applicants must present an evaluation plan that addresses the following elements:

- Evaluation Technical Capacity: describe current evaluation experience, including skills and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
- Logic Model: demonstrate the relationship among resources, activities, outputs, target population, short-and long-term outcomes;
- Performance Measures: provide detailed description of how the required BHPr performance measures for this program will be collected;
- Evaluation Methods: provide examples of the evaluation questions; instruments/tools used; primary/secondary data sources; include milestones, timeline, and indicators;
- Quality Assurance Plan: explain the process to validate data collection and results;
- Evaluation Report: describe how the evaluation activities, results, challenges, and recommendations will be analyzed and reported. And describe how results will be used to enhance the program.

When current awardees apply for competing continuation funding, summary evaluation information for the entire previous project period must be submitted as part of the application.

▪ ***ORGANIZATIONAL INFORMATION***

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

▪ ***SUSTAINABILITY***

Provide specific information that describes the extent and means by which your program plans to become self-sufficient. This should include other sources of income and the nature of income, future funding initiatives and strategies, and a timetable for becoming self-sufficient. Describe challenges that would need to be overcome in sustaining the project beyond the period of federal funding.

■ **REPLICABILITY**

Describe how the project can be replicated or adapted to the needs of similar populations.

ADDITIONAL NARRATIVE GUIDANCE

This table provides a bridge between the narrative language and where each section falls within the review criteria.

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

x. Attachments

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

Attachment 1: Project Specific Courses

Provide information on project specific courses. Include the following information:

- Education course offerings projected to be offered during the project.
- Number of academic credit hours or continuing education contact hours for each course.
- Number of times the course offerings are projected to be offered during the project period.
- Personnel anticipated to participate in the courses.
- Number of lay and family caregivers.
- Number and type of nursing personnel (e.g. Registered Nurse, Advanced Practice Registered Nurse, CNS.)
- Level of other health professions.

Attachment 2: Students' Status

Provide information on students' status (full-time and part-time). This should include how the applicant institution defines full-time graduate study (indicate the number of credit hours or units required per term) and part-time graduate study (indicate the number of credit hours or units required per term).

Provide the in-state and out-of-state tuition costs for full-time students per year and part-time students per credit hour. Also include the cost of books, fees, and stipends in the total costs.

Attachment 3: Accreditation Documentation

Provide accreditation documentation for the program (CCNE, NLNAC, letter or certificate).

Attachment 4: Letters of Support

Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, budget/dollars, staff, space, equipment, etc). Letters of support must be dated.

For letters that do not fit within the page limit, please list those that provide significant contribution to the project in the narrative and identify significant contributions or statements.

Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific).

Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated.

Attachment 6: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, and the relationship to significant collaborators.

Attachment 7: Job Descriptions and Staffing Plan

Provide relevant job descriptions and a staffing plan.

Attachment 8: Documentation for Statutory Funding Preference

Include your request for the statutory funding preference.

Attachment 9: Documentation for Competing Continuations

Summary Progress Report/Accomplishment Summary (**for competing continuations only**)

All currently funded awardees and applicants that have received funding in the last three years must include a brief (4 page maximum) accomplishment summary as

Attachment 9. A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The Accomplishment Summary is for the purpose of peer review only and does not replace the need for currently funded grantees to submit their annual progress report.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the training program during the current project period. (This should be a four (4) page maximum limit). The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 10: Institution Diversity Statement

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

Attachment 11: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURES

Non-Federal Expenditures	Non- Federal Expenditures
<p style="text-align: center;">FY 2011 (Actual)</p> <p>Actual FY 2011 non-Federal funds including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.</p> <p>Amount: \$ _____</p>	<p style="text-align: center;">FY 2012 (Estimated)</p> <p>Estimated FY 2012 non-Federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

Attachments 12 – 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 *March 26, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization’s Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

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

Late applications:

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

4. Intergovernmental Review

The Comprehensive Geriatric Education Program (CGEP) is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants may request a maximum of \$172,800 including indirect costs for each year of support in the three (3) year project period to address one or more of the first four statutory purposes. Applicants may request a maximum of \$270,000 including indirect costs for each year of support in the three (3) year project period if they address one or more of the first four statutory purposes and statutory purpose five (traineeship support). Applicants may request traineeship support (tuition, books, fees and reasonable living expenses) totaling no more than \$30,000 per year for each full-time student and \$15,000 per year for each part-time student preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population. An individual student is eligible for no more than two years of support. In order to address the shortage of advanced practice nurses in geriatrics specialties, applicants are encouraged to support full-time study when requesting funds for traineeship support.

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.

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

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive

branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

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

6. Other Submission Requirements

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

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

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

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

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

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov

before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

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

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

V. Application Review Information

1. Review Criteria

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

Applicants should pay strict attention to addressing all of the seven review criteria, as they are the basis upon which the reviewers will evaluate the application. The summary progress report for competing continuation reports will be evaluated under Criteria 4: Impact.

Review Criteria are used to review and rank applications. The Comprehensive Geriatric Education Program (CGEP) has seven (7) review criteria:

Criterion 1: NEED (10 points)

The extent to which the application demonstrates the problem and associated contributing factors to the problem. The extent to which the purpose is clearly stated and consistent with the statutory purposes. The extent to which the proposed project documents need as outlined in the project narrative.

Criterion 2: RESPONSE (35 points)

The extent to which the objectives and sub-objectives are specific, measurable, and time framed consistent with the identified project purpose. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. The extent to which the objectives and sub-objectives:

- Relate to the statutory purposes and identified needs and problems;
- For applicants addressing the traineeship statutory purpose, the extent to which the applicant will support only full-time advanced practice nurse study;
- Relate to evidence-based patient-centered clinical practice and address the direct impact on patient health status outcomes;
- Describe how the project coordinates with a program(s) funded under PHS Act Title VII, section 753;
- Describe the relationship of the project to the recommendations directed to geriatric education and training in the Institute of Medicine's (2008) report, "Retooling for an Aging America: Building the Healthcare Workforce";
- Address the plan for traineeship support, if applicable;
- Address the Healthy People 2020, and Community Based Linkages especially with Title VII, section 753 grants programs and the CMS funded Quality Improvement Organizations (see section VI, Part 2 "Administrative and National Policy Requirements" for description);
- Address the BHPPr Diversity Guiding Principles; and
- Address HRSA's Cultural and Linguistic Competence Related Objectives (See section VI, Part 2 "Administrative and National Policy Requirements Cultural and Linguistic Competence" for description).

Criterion 3: EVALUATIVE MEASURES (25 points)

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. The extent to which the evaluation plan addresses the following elements:

- Evaluation Technical Capacity: describe current evaluation experience, including skills and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
- Logic Model: demonstrate the relationship among resources, activities, outputs, target population, short-and long-term outcomes;
- Performance Measures: provide detailed description of how the required BHPPr performance measures for this program will be collected;
- Evaluation Methods: provide examples of the evaluation questions; instruments/tools used; primary/secondary data sources; include milestones; timeline; indicators;
- Quality Assurance Plan: explain the process to validate data collection and results;
- Evaluation Report: describe how the evaluation activities, results, challenges, and recommendations will be analyzed and reported and describe how results will be used to enhance the program.

Criterion 4: IMPACT (5 Points)

- The feasibility and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond

- federal funding. The extent to which the potential exists for the project to continue on a self-sustaining basis after the period of federal support;
- The extent to which project activities are replicable;
 - For competing continuation applications, the extent to which the Summary Progress Report provides specific information on accomplishments and need for additional support (3 points of the 5 points).

Criterion 5: RESOURCES/CAPABILITIES (10 Points)

- The extent to which project personnel are qualified by education and experience to implement and carry out the project.
- The extent to which the applicant organization demonstrates capability, quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The extent to which the applicant addresses cultural and linguistically competent and health literate services and education.
- For competing continuations, past performance will also be considered.

Criterion 6: SUPPORT REQUESTED (10 Points)

The extent to which the proposed budget is reasonable for each year of the project period in relation to the objectives, the complexity of the objectives and work plan, and the anticipated results.

- The effectiveness of the plan for the use of grant funds and resources to carry out the project;
- The effectiveness of the plan for the use of grant funds in supporting graduate students with traineeships;
- The reasonableness of the proposed budget which links to the objectives, the scope and complexity of the activities, and the anticipated results;
- The degree to which the line items in the budget are justified; and
- The extent to which time allocated by key personnel is appropriate to achieve project objectives.

Criterion 7: INTERPROFESSIONAL GERIATRIC EDUCATION AND TRAINING (5 Points)

The extent to which the applicant addresses interprofessional geriatric education and training activities.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent peer review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the

balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

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

Funding Factors:

Funding Preference

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 requests the preference and meets the criteria for the preference as follows:

Statutory Funding Preference

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

To meet the Statutory Funding Preference, the applicant **must specifically request the preference** by providing a statement that the preference is being requested as Attachment 8. The statement must delineate which one of the three areas identified above will substantially benefit from the project. It is only necessary to address one of the areas. The applicant must provide a specific rationale to justify how the funding preference will be met through the proposed activities and outcomes. (Refer to Section IV.2.ix Project Narrative).

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and

weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2012.

2. Administrative and National Policy Requirements

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

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

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

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

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic

status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Diversity

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

All health professions programs should aspire to --

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

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

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about

Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

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

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

Health IT

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

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

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

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report

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

c. **Status Reports**

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
- 2) **Progress Report(s).** The awardee must submit a progress report to HRSA on an annual basis. For multi-year awards: 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 award notice.
- 3) **The BHPPr Performance Report.** All BHPPr awardees are required to submit a performance report to HRSA on an annual basis. They are due in August each year and must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. The *BHPPr Performance Report for Grants and Cooperative Agreements* is designed to provide the Bureau of Health Professions (BHPPr) with information about grantee activities. As such, it is an important management tool, contributing to data BHPPr uses to report success achieving programmatic and crosscutting goals and in setting new goals for the future. The report also gives program officers information that helps them provide technical assistance to individual projects.

The *BHPPr Performance Report for Grants and Cooperative Agreements* contains two components, as follows:

- Part I - Program-Specific Information: Collects data on activities specific to your project.
- Part II – Core Measures Information: Collects data on overall project performance related to the BHPPr’s strategic goals, objectives, outcomes and indicators. The purpose is to incorporate accountability and measurable outcomes into BHPPr’s programs, and to develop a framework that encourages quality improvement in its programs and projects.

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

- 4) **Final Report(s).** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the

grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

d. Transparency Act Reporting Requirements

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

VII. Agency Contacts

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

Sapphire Marc-Harris
Attn: Comprehensive Geriatric Education Program
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2628
Fax: (301) 443-6343
Email: SMarc-Harris@hrsa.gov

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

LCDR Carol Corbie
U.S. Public Health Service
Division of Public Health and Interdisciplinary Education
Attn: Comprehensive Geriatric Education Program
Parklawn Building, Room 9C-26
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7762
Fax: (301) 443-0157

Email: ccorbie@hrsa.gov

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

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

VIII. Other Information

Technical Assistance

Two technical assistance calls are scheduled. All applicants are encouraged to participate in a technical assistance call for this funding opportunity.

The technical assistance conference calls information is:

- A. 2:00 PM – 3:00 PM EST on March 6, 2012.
Toll-free number: 877-601-3555
Pass code: 1962800
Taped replays will be available one hour after the call ends through
March 6, 2013 10:59 PM (CT)
Toll-free number for taped replay: 866-380-8128

- B. 1:00 PM – 2:00 PM EST on March 15, 2012.
Toll-free number: 888-323-2713
Pass code: 5954107
Taped replays will be available one hour after the call ends through
March 14, 2013 10:59PM (CT)
Toll-free number for taped replay: 888-567-0495

To accommodate prospective applicants in time zones outside of the continental United States, i.e., Alaska and the Pacific Basin, please email LCDR Carol Corbie at ccorbie@hrsa.gov to schedule an appointment for individual technical assistance.

Program Definitions

The following definitions shall apply to the **Comprehensive Geriatric Education Grant Program** for Fiscal Year 2012:

Accredited: means a program accredited by a 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. The Secretary of Education publishes a list of recognized accrediting bodies, and of state agencies, which the Secretary of Education determines to be a reliable authority as to the quality of education offered at <http://ope.ed.gov/accreditation/>.

Assistive Nursing Personnel: refers to unlicensed individuals who assist nursing staff in the provision of basic care to clients and who work under the supervision of licensed nursing personnel. Included in this category are nurses' aides, nursing assistants, orderlies, attendants, personal care aides, home health aides, and technicians.

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 master's 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(4) 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 functional or clinical area of nursing.

Certified Nursing Assistants: is defined as an individual regardless of title, who routinely performs nursing tasks delegated by a registered nurse or a licensed practical nurse for compensation; and does not include a medication assistant or an individual who merely provides assistance with activities of daily living, unless the client's needs are such that adverse health consequences are predictable.

Collegiate School of Nursing: means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or

to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited, as defined in section 801(3) of the PHS Act.

Combined RN/Master's Degree Program: means a program of instruction when completed results in a master's degree in nursing and licensure as a RN at or prior to the time of graduation.

Continuing Education Program: means a formal, post-licensure education program designed to increase knowledge or skills of health professions. 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.

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

Cultural Competence: refers to a set of academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities within, as well as among and between groups. This requires willingness and ability to draw on values, traditions, and customs of the population served and the ability to develop culturally sensitive interventions.

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

Diploma School of Nursing: means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited, as defined in section 801(6) of the PHS Act.

Doctoral Program in Nursing: means a program of instruction beyond the baccalaureate and master's degrees in nursing (e.g. PhD, DNS, DSN, DNSc, DNP). Doctoral programs in nursing fall into two principal types: research focus and practice focus.

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 FOR 2012*

Size of Parent's Family	Income Level
1.....	\$11,170
2.....	15,130
3.....	19,090
4.....	23,050
5.....	27,010
6.....	30,970
7.....	34,930
8.....	38,890

*Includes only dependents listed on federal income tax forms

Source: Federal Register: January 26, 2012 (Volume 77, Number 17) pg. 14417

*Note: Separate low-income levels for Alaska and Hawaii are published, reflecting the Office of Economic Opportunity administrative practice beginning in 1966-1970. For low-income guidelines related to Alaska and Hawaii please see the above referenced Federal Register Notice.

** Note: For a family with more than 8 persons, add \$3, 960 for each additional person.

Disadvantaged: means an individual who (1) educationally comes from an environment that has inhibited the individual from obtaining knowledge, skills and abilities required to enroll in and graduate from a health professions school or (2) economically 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 the Census, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary for use in all health professions programs.

Examples of criteria for educationally disadvantaged are below:

Examples:

- 1) The individual graduated from (or last attended) a high school with low SAT score based on most recent data available.
- 2) The individual graduated from (or last attended) a high school from which, based on recent data available(a) low percentage of seniors receive a high school diploma; or(b) low percentage of graduates go to college during the first year after graduation.
- 3) The individual graduated from (or last attended) a high school with low per capita funding.
- 4) The individual graduated from (or last attended) a high school at which based on most recent data available, many of the enrolled students are eligible for free or reduced price lunches.
- 5) The individual comes from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing).
- 6) The individual comes from a family that lives in an area that is designated under section 332 of the Act as a health professional shortage area.
- 7) The individual would be the first generation in a family to attend college.

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.

Ethnicity: refers to two categories: “Hispanic” or “Latino” and “Not Hispanic and Not Latino. “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

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

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

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

Graduate: refers to a trainee who has successfully completed all educational requirements necessary for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.

Health Care Facility (HCF): means an Indian Health Service health center, a Native Hawaiian health center, a hospital, a federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a state or local department of health, a skilled nursing facility, an ambulatory surgical center, or any other facility designated by the Secretary.

Health 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 Aide: means an individual who provides routine, personal health care such as bathing, dressing or grooming, to elderly, convalescent, or disabled persons in the patient’s home or in a residential care facility.

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 (referred to in paragraph (1) which it provides, and provides for supervision of such services by a physician or 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 such 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 1395bbb(a) of this title 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 with a surety bond—
 - (A) effective for a period of 4 years (as specified by the Secretary) or in the case of a change in the ownership or control of the agency (as determined by the Secretary) during or after such 4-year period, an additional period of time that the Secretary determines appropriate, such additional period not to exceed 4 years from the date of such change in ownership or control;
 - (B) in a form specified by the Secretary; and
 - (C) for a year in the period described in subparagraph (A) in an amount that is equal to the lesser of \$50,000 or 10 percent of the aggregate amount of payments to the agency under this subchapter and subchapter XIX of this chapter [[42 U.S.C.A. § 1396 et seq.](#)] for that year, as estimated by the Secretary that the Secretary determines is commensurate with the volume of the billing of the home health agency; and
- 8) meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary find necessary for the financial security of the program) as the Secretary find necessary for the effective and efficient operation of the program; except that for purposes of part A of this subchapter 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.

Individuals: mean health professionals, paraprofessionals, professionals, certified nursing assistants, direct service workers, formal caregivers, informal caregivers, and lay persons.

Informatics: means nursing informatics and is defined as combining nursing science, information management science, and computer science to manage and process nursing data, information, and knowledge to deliver quality care to the public.

Licensed Practical Nurse: means an individual who holds a current license to practice as a practical or vocational nurse in at least one jurisdiction in the United States.

In-service Education: learning experiences provided in the work setting for the purpose of assisting staff in performing their assigned functions in that particular agency.

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

Medically Underserved Community: Section 799B (6) of the Public Health Service (PHS) Act, a “medically underserved community” means an urban or rural area or population that:

- (A) is eligible for designation under Section 332 of the PHS Act as a health professional shortage area (HPSA);
- (B) is eligible to be served by a migrant health center under Section 329 [now 330(g)] of the PHS Act, a community health center 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);
- (C) 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
- (D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

Examples of work settings that serve medically underserved communities include the following: Community Health Centers, Migrant Health Centers, Health Care for the Homeless grantees, Public Housing Primary Care grantees, Federally Designated Rural Health Clinics, National Health Service Corps sites, Indian Health Service sites, Federally Qualified Health Centers, Primary Medical Care and Dental HPSAs, City or County Health Departments. Additional information is available on the BHPr or the Bureau of Primary Health Care website: <http://bhpr.hrsa.gov> or <http://bhpc.hrsa.gov> (select “Key Program Areas” and “Resources”).

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 (See Section 801(7) of the PHS Act).

Part-time Student: means an individual enrolled in an advanced education nursing program, carrying less than the full-time credit load in a term, as defined by the institution.

Personal or Home Care Aide means an individual who helps individuals who are elderly, disabled, ill, or mentally disabled (including an individual with Alzheimer’s disease or other dementia) to live in their own home or a residential care facility (such as a nursing home, assisted living facility, or any other facility the Secretary determines appropriate) by

providing routine personal care services and other appropriate services to the individual. See Section 2008(b)(6)(C) of the Social Security Act.

Post-Nursing Master's Certificate Program: means a formal, post-graduate program that admits RNs with Master's degrees in nursing and, at completion, awards a certificate and academic credit.

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 or for continuing education, the sum of which provides the required competence (ies) to practice.

Program Completer: means an individual who has met the didactic and/or clinical requirements or a structured educational program which does not confer a degree (e.g., continuing education fellowship) designed to improve their knowledge or skills. Program completers are further grouped by the length of the program completed: Programs ≤ 39 hours; Programs 40-160 hours; Programs ≥ 161 hours including fellowships and residencies of 1 year or more. For data reporting purposes, the preventive medicine program will be reporting on program completers (not graduates).

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

Quality of Care: is the degree to which health services for individuals and population increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Race: 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.

- 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 maintain 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, Malaysian, Pakistan, the Philippines Island, 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

Racial and ethnic minority group: means American Indians (including Alaskan Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

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: describes all counties that are not part of a Metropolitan Statistical Area (MSA). The White House's Office of Management and Budget (OMB) designate counties as Metropolitan, Micropolitan, or Neither. Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metro or Micro. For more information on Metro areas, see: <http://www.census.gov/population/www/estimates/metroarea.html>.

There is an additional method of determining rurality that HRSA uses called the Rural-Urban Commuting Area (RUCA) codes. Like the MSAs, these are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 60,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population.

In response to these concerns, HRSA's Office of Rural Health Policy has designated 132 large census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people.

For more information on RUCAs, see <http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/>. The HRSA website has page where you can search for eligible counties, or eligible Census tracts inside Metro counties, at <http://datawarehouse.hrsa.gov/Rural/Advisor/>. The complete list of eligible areas can be downloaded.

School of Nursing: means an accredited collegiate, associate degree, or diploma school of nursing as defined in Section 801(2) of the PHS Act.

State Government: means the government of any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States, or any agency or instrumentality of a state exclusive of local governments. For purposes of PHS grants, federally recognized Indian Tribes are treated the same way as state governments. State institutions of higher education and state hospitals are considered non-governmental organizations for purposes of this program.

Stipend: means a subsistence allowance for trainees/fellows to help defray living expenses during the training experience. It is not provided as a condition of employment with either the

Federal Government or the sponsoring organization. Stipends must be paid in accordance with stipend levels established by the HHS Operating Division (OPDIV), which are based on a 12-month full-time training appointment. In the event of early termination, the stipend will be prorated according to the amount of time spent in training, and the OPDIV will issue a revised Notice of Grant Award. No departure from the standard stipend provided by the OPDIV under the traineeship/fellowship may be negotiated by the sponsoring institution with the fellow. Stipend levels are usually updated every year. When increases are approved, they are published and posted on the OPDIV website. The awarding office will adjust traineeship/fellowship awards on their anniversary dates to include the currently applicable stipend amount.

Underserved area/population includes:

- The elderly, individuals with HIV/AIDS, substance users, and survivors of domestic violence
- Homeless populations
- Health professional shortage areas/populations
- Medically underserved areas/populations
- Migrant and seasonal farm worker
- Nurse shortage areas
- Residents of public housing
- Rural communities
- Rural health clinic
- Certified Areas; now defined with additional entities listed below:
 - 1) Ambulatory Surgical Center – An entity that provides surgical services to individuals on an outpatient basis and is not owned or operated by a hospital.
 - 2) Disproportionate Share Hospital (DSH) – A hospital as certified under 1886(d) of the Social Security Act that 1) has a disproportionately large share of low-income patients and 2) receives a) an augmented payment from the States under Medicaid or b) a payment adjustment from Medicare. Hospital-based outpatient services are included under this definition.
 - 3) Federal Hospital – Any Federal institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.
 - 4) Home Health Agency – A public agency or private organization as certified under section 1861(o) of Social Security Act that is primarily engaged in providing skilled nursing care and other therapeutic services.
 - 5) Hospice Program – A public agency or private organization as certified under section 1861 (dd)(2) of the Social Security Act that provides 24-hour care and treatment services (as needed) to terminally ill individuals and their families. This care is provided in individuals’ homes on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization.
 - 6) Native Hawaiian Health Center – An entity (a) which is organized under the laws of the State of Hawaii: (b) which provides or arranges for health care

services through practitioners licensed by the State of Hawaii, where licensure requirements are applicable; (c) which is a public or nonprofit private entity; and (d) in which Native Hawaiian health practitioners significantly participate in planning, management, monitoring, and evaluation of health services. See the Native Hawaiian Health Care Act of 1988 (Public Law 100-579), as amended by Public Law 102-396.

- 7) Non-Federal Non-Disproportionate Share Hospital – Any public or private institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.
- 8) Nursing Home – An institution (or a distinct part of an institution) as certified under section 1919 (a) of the Social Security Act, that is primarily engaged in providing, on a regular basis, health-related care and service to individuals who because of their mental or physical condition require care and service (above the level of room and board) that can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.
- 9) Skilled Nursing Facility – An institution (or a distinct part of an institution) as certified under section 1819 (a) of the Social Security Act, that is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation or nursing care and is not primarily for the care and treatment of mental diseases.

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.