

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

Bureau of Health Professions
Division of Public Health and Interdisciplinary Education

Centers of Excellence Program (COE)

Announcement Type: New and Competing Continuation Applications
Announcement Number: HRSA-12-008

Catalog of Federal Domestic Assistance (CFDA) No. 93.157

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: April 2, 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 10, 2012

Issuance Date: February 10, 2012

Modified on 2/23: Language added to Section IV. 2. Application Requirements and IV. 5. Funding Restrictions regarding the salary rate limitation and other general provisions applicable to this program per the Consolidated Appropriations Act, 2012 (P.L. 112-74). Modified on 2/29 to include eligibility clarification.

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Authority: Public Health Service Act, Title VII, Section 736, as amended by the Patient Protection and Affordable Care Act of 2010, Public Law 111-148, Section 5401

EXECUTIVE SUMMARY

The nation's population is rapidly becoming more racially and ethnically diverse and reflects changing needs. However, there continues to be a significant underrepresentation of the minority health professionals throughout America. In 2010, Hispanic/Latino, African American, and Native Americans comprised approximately 28 percent of the total population of the United States, but represented less than 15 percent of U.S. physicians. Studies have shown that underrepresented minority (URM) individuals seek health care from providers of their own race. Thus, a significant and substantial increase in a diverse and culturally competent health professions workforce will contribute to effectively and efficiently address the health care needs of URM populations. The Centers of Excellence program addresses this need.

Title VII of the Public Health Service (PHS) Act, Section 736, authorizes funding for education and training enhancement programs to increase opportunities for underrepresented minority individuals to enter and successfully complete a health professions academic program.

With the exception of Centers of Excellence programs at four designated Historically Black Colleges and Universities, eligible entities are accredited schools of allopathic medicine, osteopathic medicine, dentistry, and pharmacy, or graduate programs in behavioral or mental health that meet the requirements of Section 736(c) of the PHS Act. These eligible entities have been effective in assisting Hispanic, Native American, and "Other" URM students to successfully complete an academic program and receive a health profession's degree.

The applicants are required to address seven legislative requirements: 1) increase the competitive applicant pool; 2) enhance student performance; 3) improve the capacity for faculty development; 4) improve information resources and cultural competency; 5) facilitate faculty and student research; 6) carry out student training in providing health care services; and 7) provide stipends.

Two technical assistance calls to help applicants understand, prepare and submit a grant application for the program have been scheduled. The first call will occur on February 16, 2012 and the second on February 22, 2012. The calls will offer applicants an opportunity to ask questions. The details for participation are included in this document.

An estimated \$20.5 million will be available to fund 14 new COE awards.

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I. Funding Opportunity Description

1. Purpose

The Centers of Excellence program, hereafter referred to as COE, is authorized by Title VII, Section 736 of the Public Health Service Act, as amended by the Patient Protection and Affordable Care Act (P.L. 111-148). The amended legislation expands the funding allocation formula by identifying a methodology to distribute appropriations in excess of \$40M among awarded health professions schools serving underrepresented minority (URM) individuals. This funding opportunity announcement solicits new and competitive continuation applications for the COE grant program.

The COE program grantees serve as innovative resource and education centers to recruit, train, and retain URM students and faculty at health professions schools. Programs are implemented to improve information resources, clinical education, curricula, and cultural competence as they relate to minority health issues. These grantees also focus on facilitating faculty and student research on health issues particularly affecting URM groups. The ultimate goal of the program is to strengthen the national capacity to produce quality healthcare workforce whose racial and ethnic diversity is representative of the U.S. population.

COE Program Legislative Requirements

The COE program applicants must address **each** of the following seven legislative requirements in their application:

- (1) **Competitive Applicant Pool:** Develop a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an educational pipeline for health professions careers.
- (2) **Student Performance:** Establish, strengthen, or expand programs to enhance the academic performance of URM students attending the school.
- (3) **Faculty Development:** Improve the capacity of such schools to train, recruit, and retain URM faculty including payment of such stipends and fellowships as the Secretary may determine is appropriate.
- (4) **Information Resources, Clinical Education, Curricula, and Cultural Competence:** Carry out activities to improve the information resources, clinical education, curricula and cultural competence of the graduates as they relate to minority health issues.
- (5) **Faculty/Student Research:** Facilitate faculty and student research on health issues particularly affecting URM groups, including research on issues relating to the delivery of health care.
- (6) **Student Training in Providing Health Care Services:** Carry out a program that trains students of the school in providing health care services to a significant number of URM

individuals at community-based health facilities that provide such health care services and are located at a site away from the main teaching facilities of the school.

- (7) **Stipends:** Provide stipends as the Secretary determines are appropriate, in amounts the Secretary determines appropriate.

2. Background

The Bureau of Health Professions (BHP) is a component in the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. For more than twenty years, BHP has supported programs which recruit and train health professionals. The mission of the HRSA's BHP is to increase the U.S. 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 Bureau of Health Professions and its programs is available at <http://bhpr.hrsa.gov/>.

The COE program was established to be a catalyst for institutionalizing a commitment to URM students and faculty by providing resources in the form of educational and training opportunities whose focus in part is diversity in the health professions and minority health issues.

Established in 1987 (Excellence in Minority Health Education and Care Act, P.L. 100-97), the COE grant program is designed to support programs of excellence in health professions education for URM individuals in designated health professions schools. The Centers of Excellence grant program is authorized to provide a funding opportunity to four designated Historically Black Colleges and Universities (HBCU) and accredited health professions schools who have been effective in assisting Hispanic, Native American, and "Other" URM students to successfully complete an academic program and receive a health profession's degree. Underrepresented minorities, with respect to a health profession and in accordance with the authorizing statute, mean racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. For the Centers of Excellence program, this includes Blacks or African-Americans, American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai).

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 – 2016. An estimated \$20.5 million is expected to be available annually, of which \$12 million will be available to the designated HBCUs. Approximately 14 grants will be awarded. The four designated HBCUs

may apply for a ceiling amount of \$12,000,000. All other applicants may apply for a ceiling amount no greater than \$700,000 for single applicants (including both direct and indirect costs) per budget year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the COE program in 2013 and subsequent fiscal years, grantee satisfactory performance, and a determination that continued funding is in the best interest of the government.

III. Eligibility Information

1. Eligible Applicants

With the exception of Centers of Excellence programs at four designated Historically Black Colleges and Universities, eligible applicants are accredited allopathic schools of medicine, osteopathic medicine, dentistry, pharmacy, or graduate programs in behavioral or mental health¹ that meet the requirements of Section 736(c) of the PHS Act. With respect to COE programs at the four designated HBCUs, eligible applicants are schools described in Section 799B(1) of the PHS Act which received a contract under Section 788B of the PHS Act (Advanced Financial Distress Assistance) for Fiscal Year 1987 (see “Four Designated Historically Black Colleges and Universities”).

Designations of Centers of Excellence: Specific Conditions

Below are the specific eligibility requirements for designation as a COE in each of the COE categories:

A. Four Designated Historically Black Colleges and Universities COEs:

Designated health professions schools eligible for designation as a HBCU COE are limited by statute to schools described in Section 799B(1) of the PHS Act which received a contract under Section 788B of the PHS Act (Advanced Financial Distress Assistance) for Fiscal Year 1987 as such section was in effect for such fiscal year. The four designated schools are: Meharry Medical College School of Dentistry; Meharry Medical College School of Medicine; Tuskegee University College of Veterinary Medicine; and Xavier University of Louisiana College of Pharmacy.

In addition to carrying out the seven statutory requirements for use of the grant funds listed earlier in Section I.1, these designated institutions also may utilize the funds awarded for the following purposes:

- develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for URM individuals; and
- provide improved access to the library and informational resources of the school.

¹ “Graduate Program in behavioral health or mental health” refers to a graduate program in clinical psychology, clinical social work, professional counseling, or marriage and family therapy.

While not required, these four designated HBCUs are encouraged to form linkages, such as partnerships, with other entities. The purpose of the linkages is to identify URM students who are interested in a health professions career and to facilitate the educational preparation of students who participated in enhancement programs at the undergraduate level or other pre-admission programs.

B. Hispanic Centers of Excellence Programs:

To be eligible for designation as a Hispanic COE, the designated health professions school must meet the following conditions with respect to Hispanic individuals: (1) have a significant number of Hispanic individuals enrolled in the school of discipline; (2) have been effective in assisting Hispanic students of the school to complete the program of education and receive the health professional degree involved; (3) have been effective in recruiting Hispanic individuals to enroll in and graduate from the school of discipline, including providing scholarships and other financial assistance to such individuals and encouraging Hispanic students from all levels of the educational pipeline to pursue health professions careers; and (4) have made significant recruitment efforts to increase the number of Hispanic individuals serving in faculty or administrative positions at the school.

The following table specifies the minimum graduation percentage of Hispanic students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health to qualify as a Hispanic COE applicant.

Health Professions School’s Eligibility for Hispanic Centers of Excellence

Health Professions School and Degree	Minimum Percentage (%) of Hispanic Student Graduates*
Schools of Dentistry (D.D.S., D.M.D.)	7.1
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	6.3
Schools of Pharmacy (Pharm.D.)	3.5
Behavioral or Mental Health²	7.7

*These numbers are derived from an analysis of national health professions schools. Eligible Hispanic Centers of Excellence are those entities that meet or exceed the 75 percentile of Hispanics graduating with an M.D., D.O., D.D.S., D.M.D., Pharm.D., or graduate degree in Behavioral or Mental Health, from the school of discipline.

Further, an eligible Hispanic Centers of Excellence must:

- (1) agree that it will give **priority to Hispanic individuals** in carrying out the seven legislative requirements listed earlier in Section I.1

² “Graduate Program in behavioral health or mental health” refers to a graduate program in clinical psychology, clinical social work, professional counseling, or marriage and family therapy.

- (2) establish an arrangement with one or more public or nonprofit community-based Hispanic-serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, to help carry out the program to:
 - a. identify Hispanic students who are interested in a career in the health professions involved;
 - b. facilitate the educational preparation these students to enter the health professions school; and
- (3) recruit Hispanic students including students who have participated in enhancement programs at the undergraduate level or other matriculation programs carried out under arrangements established by the school and assist Hispanic students in completing the educational requirements for a degree from a designated health professions school.

C. Native American Centers of Excellence Program:

To be eligible for designation as a Native American COE, the designated health professions school involved must meet the following conditions with respect to Native Americans: (1) have a significant number of Native American individuals enrolled in the schools; (2) have been effective in assisting Native American students of the schools to complete the program of education and receive the degree involved; (3) have been effective in recruiting Native American individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging underrepresented minority students from all levels of the educational pipeline to pursue health professions careers; and (4) have made significant recruitment efforts to increase the number of Native American individuals serving in faculty or administrative positions at the school.

Further, an eligible Native American Centers of Excellence must

- (1) agree that it will give priority to Native Americans in carrying out the seven legislative duties described in Section I.1;
- (2) establish an arrangement with one or more public or nonprofit community-based Native American-serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native American individuals, to help carry out the program to:
 - a. identify Native American students who are interested in a career in the health professions involved, and
 - b. facilitate the educational preparation for these students to enter the health professions school; and
- (3) recruit Native American students including students who have participated in enhancement programs at the undergraduate level or other matriculation programs, and assist Native American students regarding the completion of the educational requirements for a degree from a designated health professions school.

Because of the limited data regarding the number of Native American enrollment and graduates in a health professions school, a health professions school may be eligible to receive a grant to support a Native American COE program if it meets the following

conditions: (1) forms a consortium in accordance with the criteria of designated HBCU COEs or with the criteria of eligible “Other” COEs to carry out the seven legislative purposes at the schools of the consortium; and (2) the schools of the consortium collectively meet the eligible Native American COE program conditions, without regard as to whether the schools individually meet such conditions.

The following table specifies the minimum graduation percentage of Native American students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health, to qualify as a Native American COE program applicant.

Health Professions School’s Eligibility for Native American Center of Excellence

Health Professions School and Degree	Minimum Percentage (%) of Native American Student Graduates*
Schools of Dentistry (D.D.S., D.M.D.)	1.4
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	1.0
Schools of Pharmacy (Pharm.D.)	0.5**
Behavioral or Mental Health	0.66**

* These numbers are derived from an analysis of national health professions schools. Eligible Native American Centers of Excellence are those entities that meet or exceed the 75 percentile of Native Americans graduating with an M.D., D.O., D.D.S., or D.M.D. from the school of discipline..

** Due to the limited number of Native Americans graduating with a Pharm.D. or a graduate degree in Behavioral or Mental Health from the school of discipline, the threshold for these two disciplines is based on the mean percentage and not on the 75 percentile of Native Americans graduating with the required degree. These programs are encouraged to address building a competitive applicant pool by linking with other pertinent Native American institutions.

D. “Other” Centers of Excellence Program:

To be eligible for designation as an “Other” COE, the health professions school involved must meet the following conditions: (1) have a significant number of URM individuals enrolled in the schools; (2) have been effective in assisting URM students of the schools to complete the program of education and receive the degree involved; (3) have been effective in recruiting URM individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging URM students from all levels of the educational pipeline to pursue health professions careers; and (4) have made significant recruitment efforts to increase the number of URM individuals serving in faculty or administrative positions at the school.

The following table specifies the minimum graduation percentage of URM students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health, to qualify as an “Other” COE applicant.

Health Professions Schools Eligibility for “Other” Center of Excellence

Health Professions School and Degree	Minimum Percentage (%) of URM Student Graduates*
Schools of Dentistry (D.D.S., D.M.D.)	13.5
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	14.1
Schools of Pharmacy (Pharm.D.)	10
Behavioral or Mental Health	26.1

*These numbers are derived from an analysis of national health professions schools. Eligible URM Centers of Excellence are those entities that meet or exceed the 75 percentile of URM students graduating with an M.D., D.O., D.D.S., D.M.D., Pharm.D., or graduate degree in Behavioral or Mental Health from the school of discipline.

E. Calculation of Graduation Threshold

Each school’s graduation rate percentage will be compared to the thresholds established through the methodology described above. If a school meets or exceeds the threshold, it will meet the graduation eligibility criterion for the COE program.

To calculate their URM graduation percentage, health professions schools would:

1. Sum the appropriate URM (Hispanic, Native American, or “Other”) population that completed and successfully graduated from the health professions school with degrees across the most recent three years (A).
2. Sum the total student population that completed and successfully graduated from the health professions school with degrees across the most recent three years (B).
3. Divide A by B to arrive at the average designated URM percentage of successful graduates from the health professions schools with degrees across the past three years.

To be eligible for the COE program, Hispanic, Native American and “Other” applicants must meet or exceed the proposed graduation thresholds.

2. Cost Sharing/Matching

There is no cost sharing or matching requirement for the Centers of Excellence 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.

Ceiling Amount: Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement. Therefore, applications which request greater than \$700,000 for a single application (including indirect costs) per budget year will not be considered for funding under this funding opportunity announcement.

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

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 form contains additional general information and instructions for applications, proposal narratives, and budgets. The form and instructions may be obtained by:

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

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted 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 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 location(s).	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. 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 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.
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.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
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 by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Not required; Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Not required; Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Not required; 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.	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	COE Purpose Reference Table. This must be labeled in the COE application as Attachment 1. The Purpose Reference Table will be counted in the page limit.
Attachment 2	Organizational Chart. Attach a one-page figure that depicts the organizational structure of the project staff, including any collaborating partners. This must be labeled in the COE application as Attachment 2. The organizational chart will be counted in the page limit.
Attachment 3	Job Descriptions for Key Personnel. Keep each description to one page or less in length. This must be labeled in the COE application as Attachment 3. Each page of the job description will be counted in the page limit.
Attachment 4	URM Student Enrollment and Graduation Tables. This table is not required but may be used to assist the applicant in ensuring that all the required information is provided. If used, label this as Attachment 4 and it will be counted in the page limit.
Attachment 5	Student Clinical Training in Health Care Services. (Required of competing continuation applicants only.). This table is not required but may be used to assist the applicant in ensuring that all the required information is provided. If used, label this as Attachment 5 and it will be counted in the page limit.
Attachment 6	Under-represented Minority Full-Time and Part-Time Faculty. This table is not required but may be used to assist the applicant in ensuring that all the required information is provided. If used, label this as Attachment 6 and it will be counted in the page limit.
Attachment 7	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts/Subcontract (project specific), if applicable. Provide any documents that describe working relationships between the applicant organization, other agencies, and entities cited in the proposal, including partners in a consortium. Letters of Agreement from key organizations/individuals must document their willingness and capability to perform in accordance with the plan presented in the application. A Letter of Agreement must be dated and signed within 12 months of the COE application deadline and must be labeled in the COE application as Attachment 7. A Letter of Agreement is not a Letter of Support. Documents that confirm actual or pending contractual agreements should clearly describe the roles and any deliverable. Each Letter of Agreement will be counted in the page limit.
Attachment 8	Letters of Support. Include only Letters of Support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) A Letter of Support must be dated and signed within 12 months of the COE application deadline and must be labeled in the COE application as Attachment 8. A Letter of Support is not a Letter of Agreement. Each Letter of Support should be no more than one page and each will be counted in the page limit.
Attachment 9	Accomplishment Summary (Required of competing continuation applicants and former COE grantees only): All currently funded grantees, and applicants that have received funding in the last four years, must include a brief (3 pages maximum) accomplishment summary if the application is for

Attachment Number	Attachment Description (Program Guidelines)
	the same program area and same discipline as currently or previously funded. Counted in the page limit.
Attachment 10	Maintenance of Effort Information. Counted in the page limit.
Attachment 11	Other Optional Material, if applicable. Counted in the page limit.

Application Format

i. Application Face Page

Complete the Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.157.

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 a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the 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

Complete the required Research and Related (R&R) Budget, adhering to the instructions provided for that specific form. Complete all sections and provide a line item budget for each award year using the budget categories in the R&R budget.

Please complete Sections A – J and the Cumulative Budget for each budget period. Upload the Budget Justification Narrative for the entire five-year 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, 4, and 5.

The Cumulative Budget is automatically generated and provides the total budget information for the five-year grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, 3, 4, or 5; corrections cannot be made to the Cumulative Budget itself.

Detail any COE program activities that have been institutionalized by the applicant organization.

The Centers of Excellence Program request for support may not exceed five (5) years.

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 Federal Executive Level II. The Executive Level II salary of the Federal Executive Pay scale currently 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 year of the five-year project period. 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 five (5) years. Awards, on a competitive basis, will be for a one-year budget period although the project period may be for up to five (5) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the grantee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

A. Non-Trainee Costs

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported with award funds: name (if possible), position title, percentage of full-time equivalency, and annual salary. [Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Federal 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; that is, for those individuals with a base salary that exceeds the legislative salary cap, please adjust the fringe benefit rate accordingly.

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

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.

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 the Central Contractor Registry (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 literacy print materials in alternate formats (including Braille, large print, etc.); and cultural and linguistic competency modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives 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 American 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 subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

B. Trainee Costs

Faculty Fellowships and Stipends – Faculty fellowships are to be incorporated into a formal URM faculty development program. Selection criteria will be established in concert with the sponsoring Chair and the institutional COE program director. It is anticipated that institutional commitment will be addressed in retention efforts to hire fellows in training as full-time faculty after successful completion of fellowship training program. Fellowship support awarded will be limited to the amount of \$45,048 or 50% of salary (whichever is less) for a maximum of 2 years. Activities to be included are training in pedagogical and research methods, and mentoring by senior faculty. The institution may request tuition and fees, including appropriate health insurance, only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported fellows. A maximum amount of \$5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support.

Student Stipends - Stipends for student participants may be awarded only to URM individuals to assure participation and provide support needed to participate in structured programs of the COE Program. Such stipends shall be an amount deemed appropriate and must be justified. In addition to a comprehensive justification, include the following: 1) a description of the method for determining student need, and 2) documentation of record keeping practices including the role of the Financial Aid Office, as appropriate. It is the responsibility of the grantee to document the basis for grant expenditures related to trainee stipends. Stipends to individual participants may be provided **only** when a determination has been made that no other Federal financial assistance program is authorized to provide this support. Please refer to the Grants Policy Statement at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf> for further information on stipends.

Post-Baccalaureate Conditional Acceptance Program stipends should be done according to the COE Post-Baccalaureate program requirements.

Grant funds will provide stipends to the cohort for both summer sessions and during the academic year (not to exceed 12 months). Additionally, COE Post-Baccalaureate programs should include an initial diagnostic summer session, post-baccalaureate level academic year, pre-matriculation summer session, academic counseling, tutoring, and psychosocial support.

Tuition and Fees - Except for the faculty fellowship component of COE, tuition and fees are not allowable.

All requests for trainee costs should be entered in the “Participant/Trainee Support Costs” section of the SF-424 R&R budget form. For example, stipends should be entered in the “Stipends” line. Trainee travel for students should be entered as a separate item on the “Travel” line. All trainee costs should be totaled in the “Total Participant/Trainee Support Costs” line.

Consolidated Budget

As stated in Section 736 of the PHS Act, with respect to any Federal funds received by a Center of Excellence and available for carrying out activities under the grant, the applicant agrees that they will, before expending COE grant funds, expend Federal funds obtained from sources other than this grant, unless given prior approval from the HHS Secretary.

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 3. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project are required as part of the Research and Related application kit. When applicable, biographical sketches should include training, language fluency, and experience working with the URM and cultural and linguistically diverse populations that are served by their programs.

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. The abstract should provide the following:

- 1) A brief overview of the project as a whole, and its special focus, including the COE program's eligibility, purpose, disciplines, and number of students involved;
- 2) Specific, measurable objectives which the project will accomplish; and
- 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.

The abstract might be best prepared after the completion of the program narrative.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Name of School and Discipline of COE project
- Project Director's Name, contact phone number and e-mail address
- Target URM: African American, Hispanic, Native American, or Other (list)
- Target Audience (Students, Faculty, or Both)

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. Provide information on the applicant organization (and consortium partners when applicable) and describe how these collectively contribute to the ability of the organization to conduct the Centers of Excellence grant program. This information will be evaluated using review criteria outlined in the Application Review Information (Section V.1.).

This table provides a bridge between the narrative language and where each section falls within the review criteria. It may be helpful to refer to the Review Criteria while addressing the Program Narrative.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response & (5) Cultural Competency
Work Plan	(2) Response & (4) Impact & (5) Cultural Competency
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (6) Resources/Capabilities
Organizational Information	(6) Resources/Capabilities
	(7) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

Use the following section headers for the Narrative:

A. INTRODUCTION

This section should briefly describe the purpose of the proposed project that is consistent with the statutory requirements of the COE grant program.

B. NEEDS ASSESSMENT

This section outlines the needs of your community and/or organization. The needs assessment must have been completed no later than two years prior to July 1, 2012. The target population, its unmet health needs, and need for diverse and culturally competent health

professionals must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served. Current demographic data should be used and cited to support the information provided.

The application should address the following elements:

- Demographics of health professionals in the geographic area;
- Diversity of the specific health professions workforce in the geographic area of the proposed COE project and need for targeted discipline;
- Support data including information on the academic performance and socio-economic needs of the students in the targeted area;
- Exemplify applicant's trends in reaching and providing appropriate training to URM students: (a) The targeted participants in recruitment, training and retaining URM students; (b) the five-year trend in the number and percentage distribution of total school enrollment and graduation of URM students in the health discipline program; and (c) student clinical training in health care services;
- Barriers that exist, at any point along the educational pipeline, that ultimately affect a student's competitiveness to successfully enter and graduate from a health profession school;
- Academic difficulties that URM students encounter in taking academic and standardized exams such as the United States Medical Licensing Examination (USMLE); and
- Deficiencies in preceptor/mentor programs for URM students.

Faculty Development:

- Barriers to building capacity to train, recruit, and retain URM faculty;
- The five-year trend, including successes and challenges in promoting and retaining URM faculty, reporting the number and percentage distribution of total full-time and part-time URM faculty in the health discipline school/college;
- Difficulties in developing an effective URM Faculty Development Plan that clearly shows the progression of junior and clinical faculty;
- Obstacles that preclude the institution from providing professional support in activities that prepare URM faculty for research, grant/publication writing, leadership, and community service; and
- Deficiencies in preceptor/mentor programs for URM faculty.

C. 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.

**Please refer to Section VI.2., Administrative and National Policy Requirements, regarding National Standards for Culturally and Linguistically Appropriate Services in Health Care published by HHS for more information. The document is available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>*

Methods to address cultural competence development may include, but are not limited to, resources listed in the following chart:

<i>Cultural Competency Training</i>	<i>Activity (describe activity and its key components)</i>	<i>Objectives (must be measurable and attainable)</i>	<i>Outcomes (include qualitative and quantitative outcome measures)</i>	<i>Goals</i>
Teaching Delivery Methods	<i>Model Curriculum</i> - A model cultural competence curriculum either as a required course, elective, or unit in an established course, including didactic teaching, problem based/ small group learning, e-learning, videotapes/DVD, simulated activities, health literacy training, and cultural/community immersion	Improve knowledge of cultures/ethnic backgrounds, and socio economic status through various teaching methods	Equip students/faculty with the knowledge and tools needed to provide quality and cultural competent health care services	
	<i>Clinical Clerkships/Field Placement</i> – Program participants are placed in clinical clerkships/field placements in community-based settings with diverse ethnic populations or language groups, or with populations that have been traditionally medically underserved. Program participants may also be placed in clerkships/field placements in community-based settings with populations groups with special needs	Expose students to the community in which they will be working Gain knowledge of the community epidemiology, community resources, and role of preventative health care	Increased efficacy in delivering health services to diverse ethnic populations by integrating cultural diversity training into clinical practice Increased understanding of community and cultural perspectives	-Culturally competent health care workforce that will improve access, quality, and patient adherence to medical advice/treatment -Reduce healthcare disparities -Ultimately

<i>Cultural Competency Training</i>	<i>Activity (describe activity and its key components)</i>	<i>Objectives (must be measurable and attainable)</i>	<i>Outcomes (include qualitative and quantitative outcome measures)</i>	<i>Goals</i>
	<i>Seminars/Workshops</i> – Program participants and faculty will attend seminars/workshops related to cultural competence	Supplemental training in cultural competence	Enhanced learning experience in cultural competence	eliminate health care disparities
	<i>Cross/Cultural Communication</i> – Program participants will learn how to properly communicate with different cultural/ ethnic populations (e.g. Medical Spanish course, interpreter issues, health literacy, and cultural communication regarding cultural cues/behaviors)	Increase knowledge of various cultural cues and behaviors specific to different cultural/ethnic groups Improve skill in communicating to wide array of patients	Improved skill in dealing with cross-cultural communication in health care setting	
Non-Teaching Delivery Methods	<i>Research/Scholarly Activities Pertaining to People of Color</i> – Academic or community-based research about minorities and health disparity issues	Exposure to different ethnic/ cultural group experiences	Increased efficacy in confronting health issues specific to different cultural/ethnic groups	
	<i>Resource Center</i> – A clearinghouse of minority health information, including print, video, and audio media, computer resources, and access to national minority health and health disparity information Example: http://www.hrsa.gov/publichealth/healthliteracy/index.html	Increase availability of data on health issues specific to various cultural/ethnic groups in community	Comprehensive data base on health issues specific to various cultural/ethnic groups in community	
	<i>Community Partnerships</i> - Engaging community members and other university departments in the development of cultural competence curriculum; serving as simulated patients, coaches/instructors for community immersion programs, and participation in community cultural activities	Participatory process of curriculum development and cultural competence education	Development of partnerships with academic institutions and community to promote cultural competence Enhanced cultural competence training through interdisciplinary collaboration with other disciplines	

D. WORKPLAN

Describe the activities or steps that will be used to achieve each of the activities proposed in the Methodology section. Use a time line that includes each activity and identifies responsible staff. Applicants are encouraged to use a chart that includes project objectives, activities, resources, personnel, timeframes, and evaluation outcome measures, using the suggested format below. Insert this as Attachment 1. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, and the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

Objectives/ Sub Objectives Listed in Measurable Terms	Methodology/ Activities	COE Legislative Purpose(s)	Resources Personnel Responsible For Program Activity	Time/ Milestones	Evaluation Measure/ Process Outcome
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E. RESOLUTION OF CHALLENGES

Discuss challenges and barriers 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 and barriers.

F. EVALUATIVE AND TECHNICAL SUPPORT ACTIVITY

Program evaluation will demonstrate if the program is functioning according to program purpose and objectives. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes. Such measures should differential cultural groups (e.g., ethnicity, race, language, areas of clinical training, and population served) and explain how the data will be used to inform program development and service delivery. This should reflect the proposed project’s commitment to educating a culturally competent and diverse student and faculty population through a variety of methods and activities.

Applicants must present an evaluation plan that at a minimum addresses the following elements:

- Evaluation technical capacity: current evaluation experience, skills, and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
- Logic Model: relationship among resources, activities, outputs, target population, short- and long-term outcomes;
- Performance Measures: how the required BHPPr performance measures for this program will be collected;
- Evaluation Methods: evaluation questions; instruments/tools used; primary/secondary data sources, milestones, timeline, etc.;
- Quality assurance plan: process to validate data collection and results; and
- Evaluation Report: written description of evaluation activities, results, challenges, and recommendations.

Applicants are required to include a plan for how they will track and report on individual trainee-level data and the field experiences of trainees. These data will be reported annually in performance reports. The plan should also address the collection of longitudinal follow-up data (e.g. graduates' employment, future education and training, certifications, and publications).

HRSA requires programs to follow trainees for five years after program completion in order to evaluate the effectiveness of their program to successfully graduate underrepresented minority health professionals who will provide culturally competent health services to underserved populations. HRSA anticipates establishing guidelines for program evaluations in the coming year and will provide additional information at a later date.

G. 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. This includes URM students and faculty, key staff and their relevant training and experience, as well as the capabilities of the applicant organization and their available facilities. An organizational chart is required as Attachment 2.

Applications will be reviewed on the extent to which the applicant responds to the above sections and indicates how the applicant will contribute to the reduction of the identified barrier(s). The review criteria for this program can be found in Section V.1. Review Criteria. Applicants should read the review criteria to make sure they have included all the appropriate information in their applications.

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.**

- 1) **Attachment 1: COE Purpose Reference Table** - Identify which objectives and/or grant related activity addresses each of the corresponding COE Legislative Requirements and Review Criteria. The table format in Section viii.(D) is not required but may be used to assist the applicant in ensuring that all the required information is provided. Also list the page(s) where the information is located.
- 2) **Attachment 2: Organizational Chart** – Provide a one-page figure that depicts the organizational structure of the project staff, including any collaborating partners, with title.
- 3) **Attachment 3: Job Descriptions for Key Personnel** – Describe the specific job title, responsibilities, percent FTE, and geographic location of personnel, and where this person is in the organizational chart.
- 4) **Attachment 4: URM Student Enrollment and Graduation Tables** – Indicate the number and percent distribution of URM students by race/ethnicity and academic year, including the number of URM graduates. Indicate the number and percent distribution

of the total school enrollment of URM students by race/ethnicity and academic year. This table is not required but may be used to assist the applicant in ensuring that all the required information is provided. The required information will be used by the review committee. See Appendix A for a sample format.

- 5) **Attachment 5: Student Clinical Training In Health Care Services** – This should only be completed by competing continuation applicants. List the number of COE students who participated in health services training at sites located in community based health facilities in the last three years. This table is not required but may be used to assist the applicant in ensuring that all the required information is provided. The required information will be used by the review committee. See Appendix A for a sample format.
- 6) **Attachment 6: Under-represented Minority Full-Time and Part-Time Faculty and Administrative Positions** - Provide the information regarding the positions currently held by URM faculty. This table is not required but may be used to assist the applicant in ensuring that all the required information is provided. The required information will be used by the review committee. See Appendix A for a sample format.
- 7) **Attachment 7: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts/Subcontract (project specific), if applicable** - Provide any documents that describe working relationships between the applicant organization, other agencies, and entities cited in the proposal, including partners in a consortium. Letters of Agreement from key organizations/individuals must document their willingness and capability to perform in accordance with the plan presented in the application. A Letter of Agreement must be dated and signed within 12 months of the COE application deadline. A Letter of Agreement is not a Letter of Support.
- 8) **Attachment 8: Letters of Support** - Include only Letters of Support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). A Letter of Support must be dated and signed within 12 months of the COE application deadline.
- 9) **Attachment 9: Accomplishment Summary** -This should only be completed by competing continuation applicants and former grantees only. All currently funded grantees, and applicants that have received funding in the last four years, must include a brief (3 pages maximum) accomplishment summary if the application is for the same program area and discipline as currently or previously funded. A well-presented accomplishment summary provides a description of the degree to which the applicant met previous project objectives.

It should identify the period covered (dates). It should present the quantitative and qualitative measures used to evaluate the project in the context of each funded objective and the results obtained for each, including the number of trainees. It should address how performance and evaluation information was used to develop the project for which funding is being requested. It should include a list of articles published in peer-reviewed journals presenting the outcomes of activities supported by grant funds.

Because the Accomplishment Summary is considered when applications are reviewed and scored, **applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The impact of current or previous grant-supported activities will be considered in Review Criterion 6 – Resources/

Capabilities. (See Section V, “Application Review Information,” for an explanation of review criteria.)

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

10) Attachment 10: Maintenance of Effort Information

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

NON-FEDERAL EXPENDITURE

FY 2011 (Actual)	FY 2012 (Estimated)
Actual FY 2011 non-Federal funds, including in-kind, expended for activities proposed in the application. If proposed activities are not currently funded by the institution, enter \$0.	Estimated FY 2012 non-Federal funds, including in-kind, designated for activities proposed in the application.
Amount: \$ _____	Amount: \$ _____

11) Attachment 11: Other Optional Material, if applicable.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **April 2, 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 CGMO or designee will determine the affected geographical area(s).

Late applications:

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

4. Intergovernmental Review

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

5. Funding Restrictions

Fellowship support awarded will be limited to the amount of \$45,048 or 50 percent of salary (whichever is less) for a maximum of 2 years. A maximum amount of \$5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support.

Stipends for student participants may be awarded only to URM individuals to assure participation and provide support needed to participate in structured programs of the COE Program.

Except for the faculty fellowship component of COE, tuition and fees are not allowable.

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.

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

6. Other Submission Requirements

As stated in Section IV.1, except in 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 the 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/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The Centers of Excellence program has seven review criteria:

<i>Review Criteria</i>	<i>Review Criteria Points</i>
Needs Assessment	14
Response	25
Evaluative Measures	20
Impact	13
Cultural Competency	13
Resources and Capabilities	10
Support Requested	5

Criteria 1. Need (14 points)

The extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem as evidenced by the following:

- A purpose that is consistent with the statutory requirements of the COE program;
- Diversity of the specific health professions workforce in the geographic area of the proposed COE project and targeted discipline mirrors the health professions workforce needs of the geographic area to be served;
- Support data that includes information on the academic performance and socio-economic needs of the students in the targeted area; and

- (a) The targeted participants in recruitment, training and retaining URM students; (b) the five-year trend in the number and percentage distribution of total school graduation of URM student in the health discipline program; and (c) student clinical training in health care services.

Faculty Development:

- Barriers to building capacity to recruit, train, and retain URM faculty;
- The five-year trend, including successes and challenges in promoting and retaining URM faculty, in the number and percentage distribution of total full-time and part-time URM faculty in the health discipline school; and
- Difficulties in developing an effective URM Faculty Development Plan that clearly shows the progression of junior and clinical faculty;

Criterion 2. Response (25 points)

The extent to which the proposed project responds to the “Purpose” included in the program description and the strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives, which includes:

- The proposed plan is effective and well-delineated to carry out the COE purposes that is consistent with all seven programmatic requirements;
- The plan is clearly written on how the institution effectively meets the required eligibility criteria of the Hispanic, Native American, or “Other” URM graduation;
- For Native American COE applicants applying as consortium, the project collectively meets the COE legislative purposes and requirements;
- As appropriate, the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear and comprehensive communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, racial and ethnic, and geographically diverse backgrounds if applicable, is demonstrated;
- The extent to which the proposed project will address Healthy People 2020 and National HIV/AIDS Strategy (NHAS) objectives;
- The proposed objectives are realistic and timely;
- The objectives are measurable (using baseline data) with specific outcomes for each budget period of the project, outcome data is in quantitative and qualitative terms using actual numbers and percentages, and objectives and baselines by which outcomes (results) are measured are identified;
- Deficiencies in preceptor/mentor programs for URM students are clearly presented;
- The applicant clearly describes approaches to resolving challenges that are likely to be encountered in designing and implementing the project;
- Barriers that exist, at any point along the educational pipeline, that ultimately affect a URM student’s competitiveness to successfully enter and graduate from a health profession school are identified with plans for resolution;
- Strategies to overcome academic difficulties that URM students encounter in taking academic and standardized exams such as the United States Medical Licensing Examination (USMLE) is clear;

- Strategies to overcome obstacles that preclude the institution from providing professional support in activities that prepare URM faculty for research, grant/publication writing, leadership, and community service is clear;
- Strategies to overcome deficiencies in preceptor/mentor programs for URM faculty is well planned and measureable;
- Targeted students and/or faculty (number and demographics) are identified for each objective, where applicable;
- Meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including extent to which these reflect and/or enhance the cultural and linguistic diversity of the populations and communities served are clearly identified;
- The plan includes a succinct description of how the proposed project will address linkages with institutions of higher education, local school districts, and other community-based entities and establish an educational pipeline for health professions careers; and
- A clear description of a collaboration with Health Careers Opportunity Program grant project's activities and how such collaboration has separate and non-duplicative measures (if applicable) in meeting the COE objectives is clear.

Criterion 3. Evaluative Measures (20 points)

The effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures are able to assess to what extent 1) the project objectives have been met; and 2) these measures can be attributed to the COE project. Strength of the evaluative measures as evidenced by the following:

- The project objectives are tied to the proposed performance outcomes;
- The evaluation plan provides a clear and logical evaluation plan for the overall program goals and objectives;
- A data collection methodology and analysis, and which personnel will be involved with these activities, is well described;
- The program has skilled and experienced evaluation staff, including previous work of a similar nature and related publications, and describes the responsibilities of key personnel and the amount of time and effort proposed to perform the project evaluation activities;
- A clear description of the system by which URM students and faculty will be tracked from entry into the proposed COE program through the end of the project period, including enhanced academic performance, successful pass-rate on standardized exams, successful graduation with a health professions degree from the health professions school and subsequent practice, particularly in a health professions shortage area, if applicable, as well as retention and promotion of URM faculty;
- The work plan includes a descriptive infrastructure for data collection, if not already in place. Applicant includes a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data, and how such data (a) displays cultural competence with the population at the community-based health facilities; (b) displays program development or delays; and (c) contributes to accessibility to culturally competent health care services; and
- The evaluation plan reflects a level of overall quality.

Criterion 4. Impact (13 points)

The extent and effectiveness of the dissemination plans, the extent to which the project results may be regional or national in scope, and degree to which the project activities are replicable, and the sustainability of the program extends beyond the Federal funding.

- The strength of the plan for disseminating and implementing COE project outcomes and results to the health professions education and/or health professions workforce and the community, regionally and/or nationally, including specific venues, media, and timelines;
- The extent to which the activities are replicable and sustainable, such as successful recruitment, training, and retention of URM students and faculty, and successful graduation of culturally competent URM health professionals and faculty;
- The extent to which the program, or significant components of the program, will be maintained beyond Federal COE grant funding, including other potential sources of income, future funding initiatives and strategies, and a proposed timetable for becoming self-sufficient; and
- Resolutions to barriers to reach self-sufficiency.

Criterion 5. Cultural Competency Development (13 points)

The extent to which the project's cultural competency is being developed and implemented at the individual and group levels in order to enhance the participants' cultural awareness, knowledge, and skills over time:

- The extent to which the application demonstrates COE specific courses, clinical training, and/or activities which develop students' and faculty knowledge and appreciation of how culture impacts health and the delivery of quality healthcare services;
- The extent to which COE cultural competence activities enhance key tools and skills that improve the ability of program participants (future URM health professionals and faculty) to effectively communicate, provide services to patients from diverse social and cultural backgrounds, and increase self-awareness about multicultural issues; and
- The extent to which the applicant describes specific qualitative and quantitative outcome measures for each cultural competency objective and activity.

Criterion 6. Resources and Capabilities (10 points):

The extent to which personnel are qualified by training and/or experience to implement and carry out the COE program. The capabilities of the applicant organization, quality of health professions education, and availability of facilities and personnel to fulfill the needs and requirements of the proposed program and demonstrated commitment to developing a culturally and linguistically competent health professions workforce by establishing a system that values the importance of culture in the delivery of health care services to all segments of the population.

Performance will be considered, along with the extent to which the proposed program has:

- Evidence of demonstrated commitment to URM students and/or URM faculty and minority health issues;
- Documentation evidencing utilization of institutional resources and activities aimed at developing, training, and strengthening the academic performance and cultural competence of URM students;
- Evidence of institutional resources and activities to improve the capacity to train, recruit, and retain URM faculty at health professions school;

- Evidence that key personnel meet the job descriptions and are qualified by training and/or experience to implement and carry out the proposed project, and Attachment 3 is included; and
- Activities and outcomes, related to project objectives, are appropriate given the qualifications of the project director and the proposed level of staff, resources available, length of the project period, adequacy of the facilities available to the applicant, and institutional eligibility.
- For **Competing Continuing Applications** only: the extent to which the program specific accomplishments, successful outcomes, and other relevant information demonstrate the history of achieving COE requirements; the extent to which the sustainability plan presented in the previous grant application was reasonable and acted upon during the previous project period.

Criterion 7. Support Requested (5 points)

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, complexity of the activities and the anticipated results. The extent to which the Fiscal Plan addresses the following:

- Clear description of the administrative and managerial capability to carry out the project;
- The assurance of the effective use of grant funds and resources to carry out the project as evidenced by a reasonable proposed budget that reflects effective use of the funds requested and a detailed justification for each line item;
- Clear justification on the level of financial assistance provided to URM students and/or URM faculty participating in the proposed project, including the eligibility criteria, type (\$), award date, and months of award.

2. Review and Selection Process

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

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in 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.

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).

Human Subjects Protection

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the DHHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

Financial Conflict of Interest

HHS requires awardees and investigators to comply with the requirements of 42 CFR part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS

Funding is Sought." A Final Rule amending this PHS regulation (and the companion regulation at 45 CFR part 94, "Responsible Prospective Contractors," imposing similar requirements for research contracts) was published on August 25, 2011 in the Federal Register (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). An Institution applying for or receiving PHS funding from a grant or cooperative agreement that is covered by the rule must be in full compliance with all of the revised regulatory requirements no later than August 24, 2012, and immediately upon making its institutional Financial Conflict of Interest (FCOI) policy publicly accessible as described in the regulation.

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>.

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPr) is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. In FY 2011, BHPr 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 BHPPr 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

- **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.
- **Progress Report(s).** The awardee must submit a progress report, which is also referred to as the Non-Competing Continuation 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. Applicants will be required to submit a budget report and justification for the remaining years of the project, a performance narrative, project abstract, position descriptions and biographical sketches for new project staff, and an optional work plan.
- **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 BHP 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 *BHP 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 BHP’s strategic goals, objectives, outcomes and indicators. The purpose is to incorporate accountability and measurable outcomes into BHP’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/>.

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

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

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

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 (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:

William Weisenberg, Grants Officer
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8056
Fax: (301) 443-6343
Email: wweisenberg@hrsa.gov

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

Sadie Silcott, MBA, MPH
Program Officer
Attn: Centers of Excellence
Bureau, HRSA
Parklawn Building, Room 9-36
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0133
Fax: (301) 443-0157
Email: ssilcott@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

Pre-submission technical assistance is provided by the COE Public Health Analyst, Sadie Silcott. All applicants are encouraged to participate in a technical assistance (TA) call for this funding opportunity. Two calls covering the funding opportunity announcement will be provided. In an attempt to most effectively utilize our limited TA conference call time, if you have questions about the funding opportunity announcement please send them via email to Sadie Silcott at ssilcott@hrsa.gov. We will compile and address these questions on each of the two calls.

The technical assistance conference call for information regarding this funding opportunity announcement is as follows:

Date: Thursday, February 16, 2012
Time: 2:30 pm (Eastern Standard Time)
Call-in Number: 1-888-946-7302
Participant Pass Code: 6618506
Webinar: <https://hrsa.connectsolutions.com/coefoa2012/>

This technical assistance call will be recorded and available for playback through the application due date. The playback number is 800-839-3141 and the pass code is 1832.

Date: Monday, February 22, 2012
Time: 12:00 pm/noon (Eastern Standard Time)
Call-in Number: 1-888-843-9985
Participant Pass Code: 5770539
Webinar: <https://hrsa.connectsolutions.com/coefoa2012/>

This technical assistance call will be recorded and available for playback through the application due date. The playback number is 1- 866-430-8793 and the pass code is 1379.

DEFINITIONS

Administrative Positions - Key personnel who are responsible for management at certain levels of the health professions school. Administrative positions do not include clerical/secretarial positions or graduate student or teaching assistant positions.

Clinical training – The patient-care component of health professions education, including but not limited to clinical rotations, preceptorships, and clerkships. For purposes of BHP reporting, include hands-on field training with patient encounters (not didactic or observations).

Community-Based Health Facilities - An entity that provides delivery of health services in a community and may include a community hospital, community or public health center, outpatient medical facility, rehabilitation facility, facility for long-term care, community mental health center, migrant health center, and a facility operated by a city or county health department that serves and supports clinical training. These facilities usually serve a catchment area that is not reasonably accessible to an adequately served area or a population with special health needs.

Consortium – The designated health professions school involved has with other health profession schools (designated or otherwise) formed a consortium to collectively carry out the seven legislative purposes of the awarded Centers of Excellence program during the project period.

Cultural Competency - The knowledge and interpersonal skills that allow health professions educators and practitioners to understand, appreciate, and respect cultural differences and similarities within and between cultures other than their own. Cultural competency acknowledges these variances in customs, values, beliefs, and communication patterns by incorporating these variables in the assessments and treatment of individuals and in the training of all health professionals.

Curricula (COE) - A set of courses offered constituting an area of specialization that emphasizes or has an impact on minority health issues.

Designated Health Professions School - A school of dentistry, allopathic or osteopathic medicine, pharmacy or a graduate program in behavioral or mental health as defined in section 736(g)(1) of the PHS Act. The designated school must have met the general conditions and consortium as defined in the PHS Act, Section 736(c)(1)(B) & (C), as well as the conditions specified for the applicable COE in Section 736(c)(2)(A), (c)(3), (c)(4), or (c)(5), respectively.

Designated Historically Black Colleges and Universities - The four schools, which are schools as described in section 799B(1) of the PHS Act, that received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year. In addition to the generally required expenditures, a HBCU COE grant may be expended to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for URM individuals and to provide improved access to the library and informational resources of the school (PHS Act, Section 736 (c)(2)(B)).

Diversity – as defined by BHP: Diversity is most often viewed as the proportion and number of individuals from groups underrepresented among students, faculty, administrators, and staff (i.e., structural diversity). Diversity, however, can also be conceptualized as the diversity of interactions that take place on campus (e.g., the quality and quantity of interactions across diverse groups and the exchange of diverse ideas), as well as campus diversity-related initiatives and pedagogy (e.g., the range and quality of curricula and programming pertaining to diversity, such as cultural activities and cultural awareness workshops).

Faculty - Appointed individuals who have the qualifications for teaching, administrating, or conducting research at a health professions institution. They serve as a resource to counsel, advise and implement changes in curricula, research, and other educational areas. For COE purposes, the emphasis will be on teaching faculty (full-time and part-time clinical and junior faculty) and to a lesser degree on full-time research faculty.

General Conditions of Supported Centers of Excellence Programs by Designated Health Professions Schools: PHS Act, Section 736 (c)(1)(B) - The conditions specified are that a designated health professions school: (a) has a significant number of URM individuals enrolled in the school, including individuals accepted for enrollment in the school; (b) has been effective in assisting URM students of the school to complete the program of education and receive the degree involved; (c) has been effective in recruiting URM individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging URM students from all levels of the educational pipeline to pursue

health professions careers; and (d) has made significant recruitment efforts to increase the number of URM individuals serving in faculty or administrative positions at the school.

Graduate Programs in Behavioral or Mental Health - A graduate program in clinical psychology, clinical social work, marriage and family therapy, or professional counseling (defined as mental health counseling, gerontological counseling, and rehabilitation counseling).

a) Clinical Psychology - This specialty comprises psychologists who are trained and experienced in the delivery of preventive, assessment, diagnostic, and intervention services relative to the psychological and physical health of patients based on: (1) having completed scientific and professional training resulting in a doctoral degree in psychology; (2) having completed an internship and supervised experience in health care settings; and (3) having been licensed or certified in their state as psychologists at the independent practice level.

b) Clinical Social Work - This is a practice specialty of the social work profession. Its purposes are to: (1) diagnose and treat bio-psychological disability and impairment, including mental and emotional disorders and developmental disabilities; (2) achieve optimal prevention of bio-psychosocial dysfunction; and (3) support and enhance bio-psychosocial strengths and functioning. Its practice includes interventions that are not limited to assessment and diagnosis, crisis intervention, psychosocial and psycho-educational interventions, and brief and long-term psychotherapies. Individuals in this profession hold a graduate (Master's or Doctoral) degree in social work and have the appropriate clinical experience to become licensed for practice in their state.

Health Careers Opportunity Program - A grant program, authorized under PHS Act, Section 739, that provides an opportunity for educationally and economically disadvantaged individuals to enhance and develop the skills needed to successfully compete for, enter graduate from health or allied health professions schools.

Health Professional Shortage Area - An area in an urban or rural area which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services which the Secretary determines has a health manpower shortage.

A population group that the Secretary determines has such a shortage, or a public or nonprofit private medical facility or other public facility that the Secretary determines has such a shortage (PHS Act, Sec.332(a)(1)).

Hispanic - Individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country (PHS Act, Section 1707(g)).

Hispanic Centers of Excellence - Any designated health professions school that gives priority to identifying and facilitating the educational preparation and entry of Hispanic students into the health professions. The school will establish an arrangement with one or more public or nonprofit community based Hispanic serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals to carry out a program and identify Hispanic students who are interested in a career in the health profession involved, and facilitate the educational preparation of such students to enter the designated health professions

school. The school will make efforts to recruit Hispanic students, including students who have participated in the undergraduate or other matriculation programs carried out under arrangements established by the school and will assist Hispanic students regarding the completion of the educational requirements for a degree from the designated health professions school (PHS Act, Section 736(c)(3)). See definition for “Hispanic”.

Informational Resources -The collection of materials (e.g., books, journals, newsletters, library references, and Internet upgrades) acquired for the institution that will facilitate knowledge that will benefit faculty and students, with special emphasis in minority health issues.

Medically Underserved Community - 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;

(B) Is eligible to be served by a migrant health center under section 330, a community health center under Section 330, a grantee under Section 330 (relating to homeless individuals), or a grantee under Section 330 (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 under-served community (PHS Act, Section 799B(6)).

Minority Health Issues - Culturally related health factors that identify with the incidence and prevalence of diseases that impact on racial and ethnic populations and the provision of quality health care to such populations.

Native American Centers of Excellence - Any designated health professions school or consortium of such schools that gives priority to identifying and facilitating the educational preparation and entry of Native American students into the health professions. The school will establish an arrangement with one or more public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native Americans to: identify Native American students, from the institutions of higher education who are interested in health professions careers; and facilitate the educational preparation of such students to enter the designated health professions school. The designated health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school and will assist Native American students regarding the completion of the educational requirements for a degree from the designated health professions school (PHS Act, Section 736(c)(4)).

Native Americans - “Native Americans” includes American Indians, Alaska Natives, Aleuts, and Native Hawaiians (PHS Act, Section 736(g)(3)).

“Other” Centers of Excellence - Any designated health professions school that has a significant number of under-represented minority individuals enrolled in the school, been effective in

assistant under-represented minority students to complete the program of education and receive the degree involved, been effective in recruiting under-represented minority individuals to enroll in and graduate from the school, and made significant recruitment efforts to increase the number of under-represented minority individuals serving in faculty or administrative positions at the school and the school involved has an enrollment of URM students above the national average for such school's enrollment of health professions schools (PHS Act, Section 736(c)(5)).

Post-Baccalaureate Conditional Admissions Program- The purpose of these programs is to provide an avenue for eligible URM students to gain admission into designated health professions schools. To be eligible for the program, a student should have an undergraduate degree and have applied and been denied admission to a health professions school. Each program must select a cohort of at least seven students for health professions schools, who--providing they meet the program's requirements--will be guaranteed admission into the health professions school, or admission into another health professions or allied health professions school.

Pre-matriculation Program - A 4- to 8-week summer program designed to prepare COE matriculants for the rigors of the first year professional school and to ease their transit into the health professions curriculum.

Racial and Ethnic Categories - The basic racial and ethnic categories for federal statistics and program administrative reporting are defined as follows:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race. The term Spanish Origin can be used in addition to Hispanic or Latino.

Native Hawaiian or Other Pacific Islander: 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, North Africa, or the Middle East.

Saturday Academies - Educational enrichment and career support activities conducted on the weekend during the academic year for participating students. These activities may include but are not limited to field trips to health professions schools or health care delivery facilities, group study sessions, preparation for pre-requisite examinations, shadowing, tutorial assistance, improving test taking skills, career clubs, volunteer efforts at health care delivery sites, etc.

Structured Program - A formal training of a specified length with a specially designed curriculum or set of activities in which designated COE students participate to enhance their academic performance.

Under-represented Minority - Racial and ethnic populations that are under-represented in the designated health profession discipline relative to the number of individuals who are members of the population involved. (PHS Act, Section 799B(10)).

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>.

APPENDIX A: Sample Format for Guidance in Providing All Required Information in COE Application

ATTACHMENT 4

Applicants may use any format to submit this information; however, the information must be submitted as Attachment 4. Please refer to the sample below to ensure that whatever format utilized contains all the required information and is submitted as Attachment 4.

URM Student Enrollment and Graduation Tables

Institution: _____ **School of:** _____

Table 1: Number of URM Students and Graduates in Health Professions School of Selected Discipline for COE

	Total Number Students in Entering Class of					Total Number of Students in Graduating Class of				
	Class 2007	Class 2008	Class 2009	Class 2010	Class 2011	Class 2007	Class 2008	Class 2009	Class 2010	Class 2011
Hispanic and Black or African American										
Hispanic and Native American ³										
Hispanic and Other Pacific Islands										
Hispanic and Asian, Under-represented										
Hispanic and Asian, Non-under-represented										
Non-Hispanic and Black or African American										
Non-Hispanic and Native American										

³ In COE legislation, “Native American” is defined as American Indians, Alaska Natives, Aleuts, and Native Hawaiians.

ATTACHMENT 5

Applicants may use any format to submit this information; however, the information must be submitted as Attachment 5. Please refer to the sample below to ensure that the format utilized contains all the required information and is submitted as Attachment 5.

Table 1: STUDENT CLINICAL TRAINING IN HEALTH CARE SERVICES (Required of competing continuation applicants only):

How many COE Students participated in Health Services Clinical Training at sites located in Community-based Health Facilities in the past 3 years? Identify if it is a Health Professional Shortage Area (HPSA) with an asterisk (*).

Please fill in the number of students, the name and location of the training site and the average number of days per student.

Number of Students	Name/Location of Clinical Training Site	Average # of days per student

ATTACHMENT 6

Full-Time and Part-Time Faculty in the Health Profession School for One Discipline (not restricted to COE Faculty)

Applicants may use any format to submit this information; however, the information must be submitted as Attachment 6. Please refer to the sample below to ensure that the format utilized contains all the required information and is submitted as Attachment 6.

Table 1a: Number of Hispanic Faculty in School⁴

	Total Number of Full-time Faculty Academic Year 2009 - 2010						Total Number of Full-time Faculty Academic Year 2010 to 2011						Total Number of Part-time Faculty Academic Year 2009 - 2010						Total Number of Part-time Faculty Academic Year 2010 - 2011											
	Osteo	All	Dentist	Pharm	Vet	B/M Health ⁵	Osteo	All	Dentist	Pharm	Vet	B/M Health	Osteo	All	Dentist	Pharm	Vet	B/M Health	Osteo	All	Dentist	Pharm	Vet	B/M Health						
African American																														
Native American ⁶																														
Asian																														
Caucasian																														
Unknown																														
>1 race																														
Total Faculty																														
Number of Vacancies																														

⁴ Choose only 1 discipline within the School applying and implementing the COE program for the students: Osteopathic, Allopathic, Dentistry, Pharmacy, Veterinary, or graduate program in Behavioral or Mental Health.

⁶ In the COE grant program, “Native American” is defined as American Indians, Alaskan Natives, Aleuts and Native Hawaiians.

Table 1b: Number of Non-Hispanic Faculty in School

	Total Number of Full-time Faculty Academic Year 2009 - 2010						Total Number of Full-time Faculty Academic Year 2010 to 2011						Total Number of Part-time Faculty Academic Year 2009 - 2010						Total Number of Part-time Faculty Academic Year 2010 - 2011					
	Osteo	All	Dentist	Pharm	Ve	B/M Health	Osteo	All	Dentist	Pharm	Ve	B/M Health	Osteo	All	Dentist	Pharm	Ve	B/M Health	Osteo	All	Dentist	Pharm	Ve	B/M Health
African American																								
Native American																								
Asian																								
Caucasian																								
Unknown																								
>1 race																								
Total Faculty																								
Number of Vacancies																								