

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

Bureau of Health Professions
Division of Medicine and Dentistry

***Primary Care Training and Enhancement
Interdisciplinary and Interprofessional Joint Graduate Degree Program***

Announcement Type: New
Announcement Number: HRSA-12-025

Catalog of Federal Domestic Assistance (CFDA) No. 93.884

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: April 19, 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: March 16, 2012
Issuance Date: March 16, 2012

Modified on 3/22: Start date changed to August 1, 2012, as noted in Section V.3 and Section VI.1.

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Authority: Title VII, Section 747(a), Public Health Service Act, as amended by section 5301 of the Patient Protection and Affordable Care Act (P. L. 111-148)

Executive Summary

Primary care is the foundation of a successful healthcare system and the key to a healthy nation. People are more likely to receive recommended preventive health services and more timely care for medical conditions if they have regular access to primary care.¹ Furthermore, evidence shows that primary care is associated with more equitable distribution of health and lower mortality after controlling for socio-demographic and lifestyle factors.²

Nonetheless our primary care system is severely challenged. Too few trainees are entering primary care to build an adequate workforce that will meet the nation's growing needs. Current practice models are not sustainable and quality of care is below expectations. The success of primary care is further encumbered because of the continued separation of primary care and public health. The health of populations and communities must be addressed to help individuals attain maximal health. Enhanced integration of public health training and medical education will help produce future primary care providers with population health skills that will inform their clinical practices and lead to improved health for their patients.

Calls for comprehensive integration of clinical practice and public health date back at least as far as the Welch-Rose Report in 1915.³ Although personal wellness cannot be achieved outside a healthy community, physicians receive little public health training and have limited experience working with public health partners. In 2007, physicians formally trained in public health accounted for only 1.25% of all U.S. physicians, compared to 1% in 2000.^{4,5}

In 2007 the Institute of Medicine Committee on Training Physicians for Public Health Careers called for the development of innovative models which infuse public health training throughout the medical school curriculum. Training physicians in population-based as well as clinical medicine holds promise for augmenting the quality and effectiveness of clinical and community practice. The integration of public health content areas into an already crowded clinical curriculum necessitates creative approaches to curriculum development and infrastructure to

¹ The Commonwealth Fund Realizing Health Reform's Potential – How the Affordable Care Act Will Strengthen Primary Care and Benefit Patients, Providers, and Payers; New York: The Commonwealth Fund, January 2011. (Authors: Abrams M, Nuzum S, Lawlor G.)

² Starfield B, Shi L, Macinko J. Contributions of primary care to health systems and health. *Millbank Quarterly* 2005;83:457-502

³ Welch WH, Rose W Institute of Hygiene: a report to the General Education Board of Rockefeller Foundation. New York: The Rockefeller Foundation; 1915.

⁴ Institute of Medicine. *Training Physicians for Public Health Careers*. Washington, DC: National Academies, 2007.

⁵ Beitsch, Brooks, Glasser, Coble. "The Medicine and Public Health Initiative Ten Years Later". *American Journal of Preventive Medicine*. 2005. 29(2):149-153.

support medicine-public health partnerships. Additionally, implementation will require interprofessional team-based experiences with and within communities.⁶

This announcement solicits applications for Fiscal Year (FY) 2012 for the Primary Care Training and Enhancement (PCTE) Interdisciplinary and Interprofessional Joint Graduate Degree Program. The purpose of this program is to increase the number of qualified physicians and physician assistants that are providing superior primary care by incorporating population health into their clinical practice model.

To receive grant funds for the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program, the primary applicant must be a graduate health profession school accredited by the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), or the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

The PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program will provide funding for FY 2012 to FY 2016. Approximately \$2.5 million is expected to be available to support approximately 8 grant awards. Grants will have a five-year project period.

Technical Assistance Calls:

The Primary Care Medical Education Branch (PCMEB) in the Bureau of Health Professions' Division of Medicine and Dentistry will conduct two technical assistance (TA) calls for this funding opportunity announcement. The calls will include information important for preparing an application and an opportunity to ask questions. Taped replays will be available one hour after each call ends, through the closing date of the funding opportunity.

Date: March 27, 2012

Time: 2:00 – 3:30 PM EST

Telephone Number: 800-619-4610

Pass code: 5209848

Play-back telephone number: 888-567-0422 (no pass code necessary)

Date: April 12, 2012

Time: 2:00 – 3:30 PM EST

Telephone Number: 800-619-4610

Pass code: 5209848

Play-back telephone number: 800-925-4993 (no pass code necessary)

In addition, frequently asked questions and answers will be posted at <http://bhpr.hrsa.gov/grants/medicine/index.html>.

⁶ Institute on Medicine (IOM). Committee on Training Physicians for Public Health Careers. Ed: Hernandez, Munthali. *Training Physicians for Public Health Careers*. The National Academies Press. Washington, D.C. 2007.

TABLE OF CONTENTS

I. FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE	1
2. BACKGROUND.....	2
II. AWARD INFORMATION.....	4
1. TYPE OF AWARD	4
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION	4
1. ELIGIBLE APPLICANTS	4
2. COST SHARING/MATCHING.....	4
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION	5
1. ADDRESS TO REQUEST APPLICATION PACKAGE	5
2. CONTENT AND FORM OF APPLICATION SUBMISSION	7
i. <i>Application Face Page</i>	12
ii. <i>Table of Contents</i>	12
iii. <i>Budget</i>	12
iv. <i>Staffing Plan and Personnel Requirements</i>	17
v. <i>Assurances</i>	18
vi. <i>Certifications</i>	18
vii. <i>Project Abstract</i>	18
viii. <i>Project Narrative</i>	19
ix. <i>Attachments</i>	23
3. SUBMISSION DATES AND TIMES	25
4. INTERGOVERNMENTAL REVIEW	26
5. FUNDING RESTRICTIONS	26
6. OTHER SUBMISSION REQUIREMENTS.....	27
V. APPLICATION REVIEW INFORMATION.....	29
1. REVIEW CRITERIA	29
2. REVIEW AND SELECTION PROCESS	32
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES.....	37
VI. AWARD ADMINISTRATION INFORMATION.....	37
1. AWARD NOTICES.....	37
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	38
3. REPORTING.....	41
VII. AGENCY CONTACTS.....	44
VIII. OTHER INFORMATION	45
IX. TIPS FOR WRITING A STRONG APPLICATION.....	45
APPENDIX A	46
APPENDIX B: ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS	59

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Fiscal Year (FY) 2012 Primary Care Training and Enhancement (PCTE) Interdisciplinary and Interprofessional Joint Graduate Degree Program. The purpose of the PCTE programs is to develop and enrich the education of future primary care clinicians, teachers, and researchers. The Interdisciplinary and Interprofessional Joint Graduate Degree Program supports the integration of public health and primary care graduate education.

Funds may be used to plan, develop, and operate joint degree programs that provide interdisciplinary and interprofessional graduate training in public health and other health professions and include training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control. Proposals should support the integration of public health into primary care training through two required approaches and must address both activities:

- 1) The development or enhancement of a program for students enrolled in schools of allopathic or osteopathic medicine or physician assistant (PA) education that confers a graduate degree in public health that provides training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies, and injury control; and
- 2) Enhanced integration of public health content and experiences into longitudinal primary care curricula in allopathic and osteopathic medical schools and academically affiliated PA education programs.

Improved access to quality health care can be achieved through appropriate preparation, composition and distribution of the health professions workforce. The PCTE grant program emphasizes diversity, distribution, and the quality of the health professions workforce as a means of improving access to care.

PHS Act section 791(a)(1) provides for three funding preferences that apply to section 747 programs:

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

Refer to Section V for detailed information on funding preferences.

Guidance for Applications with Partnering Entities

Applicants are encouraged to partner with other entities to maximize training resources and opportunities and to increase the quality and success of the proposed project. Partners include

but are not limited to other health profession training programs, public health training programs, community organizations, community based practice sites, and public health entities.

Applicants must provide a memorandum of understanding for each partner in Attachment 5. Applicants can submit one memorandum signed by multiple partners if the entities share the same arrangement with the applicant. See Section IV.2. iv Budget for more details.

2. Background

This program is authorized by title VII, section 747(a) of the Public Health Service Act, as amended by the Patient Protection and Affordable Care Act (P. L. 111-148).

As health challenges facing our nation have become more complex, the call for primary care medical education to be more interprofessional, collaborative, and integrated with public health has intensified.⁷ Yet, the movement to integrate primary care medical education and public health is not a new one. As early as 1915, the Welch-Rose Report argued the need for collaborative public health and medical practice.⁸ The 1988 Institute of Medicine Report, *The Future of Public Health*, helped launch contemporary medical education reform by proposing that health profession education should be grounded in “real world” public health.^{9,10} A decade later, the Institute of Medicine published *Training Physicians for Public Health Careers*, advancing the call for developing innovative models that infuse public health training throughout the medical school curriculum.¹¹ Most recently, the 2010 Lancet Commission on the Education of Health Professionals for the 21st Century recommended innovation across all health professions and included interprofessional and practice-based education, academic-community partnerships, competency-based instruction, team-based learning, and leadership development.¹² The report resulted in a series of funded educational collaborations between medicine and public health, many of them in community settings.

Despite these attempts at reform, serious institutional barriers continue to challenge the full integration of medical education, primary care, and public health, including the mismatch of

⁷ McCloskey, Lois DrPH, MPH; Condon, Rebecca MPH; Shanahan, Christopher W. MD, MPH; Wolff, James MD, MPH, MAT; Culler, Corinna DrPH, RDH; Kalish, Richard MD, MPH, MS. Public Health, Medicine, and Dentistry as Partners in Community Health: A Pioneering Initiative in Interprofessional, Practice-Based Education. *Journal of Public Health Management & Practice*: July/August 2011 - Volume 17 - Issue 4 - p 298–307.

⁸ Welch WH, Rose W Institute of Hygiene: a report to the General Education Board of Rockefeller Foundation. New York: The Rockefeller Foundation; 1915.

⁹ Committee on Assuring the Health of the Public in the 21st Century, Institute of Medicine. *The Future of the Public's Health in the 21st Century*. Washington, DC: National Academies Press; 2002.

¹⁰ McCloskey, Condon, Shanahan, Wolff, Culler, Kalish. “Public Health, Medicine, and Dentistry as Partners in Community Health: A Pioneering Initiative in Interprofessional, Practice-Based Education”. *Journal of Public Health Management & Practice*. July/August 2011 - Volume 17 - Issue 4 - p 298–307.

¹¹ Institute of Medicine. *Training Physicians for Public Health Careers*. Washington, DC: National Academies, 2007.

¹² Frenk J, Chen L, Bhutta Z, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet*. 2010; 376(9756):1923–1958.

competencies for patient and population health, poor interprofessional teamwork, a narrow contextual understanding of public health, increasing emphasis on specialization, and the need for stronger leadership.⁷ While medical education focuses primarily on biological factors and the physician-patient relationship, public health relies heavily on epidemiology and population health, prevention and its effect on communities as measured by health status and socio-economic determinants.¹³ Moreover, few medical students receive the formal training in public health they need to practice in today's demanding, diverse, and changing health care environment. Data from the 1997 Association of American Medical Colleges (AAMC) Medical School Graduation Questionnaire showed that nearly one fourth of graduating medical students felt the curricular time devoted to health promotion and disease prevention was not adequate. Approximately 37% of students reported that exposure to public health and community medicine was inadequate.¹⁴ In 2007, physicians trained in public health accounted for only 1.25 % of all U.S. physicians.¹⁵ The successful integration of public health and primary care will require academic medical centers to reconnect and form alliances with community groups and programs that focus on prevention. Full integration will necessitate a shift from the paradigm of healing to the paradigm of health.¹⁶

The health challenges of the 21st century demand that medical and public health communities work in concert to effect educational reform and health systems change. A robust primary care system, which works actively and collaboratively with patients, communities, and populations to address existing and emerging health issues, is vital to ensuring the health of the nation. Training medical and physician assistant (PA) students, physicians, and PAs in clinical medicine and public health holds the promise for improving the quality and effectiveness of healthcare. The integration of public health content areas into already crowded medical or PA clinical curricula will necessitate creative curriculum development and enhanced infrastructure to support these advancements, including increased community-based training opportunities.⁷

The mission of the Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) is to increase the nation's access to healthcare by providing national leadership in the development, distribution, and retention of a diverse, culturally competent healthcare workforce that can adapt to communities' changing healthcare needs and provide the highest quality of care for all.

¹³ Beitsch, L. M., Brooks, R. G., Glasser, J. H., Coble, Y. D. (2005). The medicine and public health initiative ten years later. *American Journal of Preventive Medicine*, 29(2), 149-153.

¹⁴ Stine, Curtis MD; Kohrs, Francis P. MD, MSPH; Little, David N. MD; Kaprielian, Victoria MD; Gatipon, Betty B. PhD; Haq, Cynthia MD. Integrating Prevention Education into the Medical School Curriculum: The Role of Departments of Family Medicine. *Academic Medicine*: July 2000 - Volume 75 - Issue 7; pp S55-S59.

¹⁵ Beitsch, L. M., Brooks, R. G., Glasser, J. H., Coble, Y. D. (2005). The medicine and public health initiative ten years later. *American Journal of Preventive Medicine*, 29(2), 149-153.

¹⁶ Stine, Curtis MD; Kohrs, Francis P. MD, MSPH; Little, David N. MD; Kaprielian, Victoria MD; Gatipon, Betty B. PhD; Haq, Cynthia MD. Integrating Prevention Education into the Medical School Curriculum: The Role of Departments of Family Medicine. *Academic Medicine*: July 2000 - Volume 75 - Issue 7; pp S55-S59.

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 for Federal fiscal years 2012 to 2016. Approximately \$2.5 million is expected to be available annually to fund approximately eight (8) grantees. Applicants may apply for a ceiling amount of up to \$320,000 per year. The five year budget may not exceed \$1.5 million. The project period of is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Interdisciplinary and Interprofessional Joint Graduate Degree Program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic medicine or osteopathic medicine, academically affiliated PA training programs, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants.

Schools of medicine or osteopathic medicine must be public or nonprofit private institutions. A public entity is a governmental body, such as a state or local government. Academic affiliation is a formal relationship with an institution of higher education. To receive grant funds for the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program, an applicant must be from an organization accredited by the Liaison Committee on Medical Education (LCME), American Osteopathic Association (AOA), or the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

The applicant organization must provide a statement that they are accredited, name their accrediting body, and state the date of accreditation for verification purposes (as Attachment 1). The full letter of accreditation is not required or encouraged. Grantees must immediately inform the HRSA program officer of any change in accreditation status. Provisional accreditation is acceptable for new programs. An applicant with provisional accreditation must demonstrate that full accreditation is expected during the grant's project period.

Applications that do not clearly demonstrate that eligibility requirements are met will be considered non-responsive and will not be considered for funding under this announcement.

2. Cost Sharing/Matching

Cost sharing or matching is not required.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

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

Maintenance of Effort

Grant funds shall not be used to take the place of current funding for activities described in the application. The grantee must agree to maintain expenditures of non-Federal amounts for grant activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the grant. **The applicant must include this statement in the budget narrative, “Federal grant funds will not replace current levels of non-Federal support for proposed grant activities.”**

An eligible entity may submit only one application to the FY 2012 PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program competition. If an entity holds an active PCTE Interdisciplinary and Interprofessional Joint Graduate Degree award at the time of application it is not eligible to compete in the FY 2012 competition. However, an entity with an active grant may apply if:

- The existing grant has a no cost extension that ends before July 1, 2012; and
- The existing grant objectives are fulfilled prior to July 1, 2012.

If multiple applications or an application from a current grantee are received and the above conditions are not met, the application will be deemed ineligible.

Individuals receiving support from grant funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States. Trainees receiving support must plan to complete the grant-supported program and work as a physician.

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 an application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. 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, and 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 under 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 the 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.hrta.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA’s Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

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

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

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

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 the SF-424 R&R appear in the “Application Format Requirements” section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The total file size may not exceed 10 MB. The 65 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 65-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 65-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 Research & Related (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/PI + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch.	Counted in the page limit. Each biosketch should be no more than 2 pages in length. Please limit to 4 biosketches.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Not Applicable; Do not use.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Locations	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.

Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Locations form. Single document with all additional site locations.	Not counted in the page limit.
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. One page in length. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	Required attachment. Counted in the page limit. Refer to the 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 budget 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 budget 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 the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.

Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium, contractual, or subaward budget as required by the funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. 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.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	As applicable. 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 funding opportunity announcement.
- Merge similar documents into a single document. Where several documents are expected in one attachment, 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	Eligibility Documentation – Required. Counted in the page limit.
Attachment 2	Documentation of Public or Non-Profit Status – Required. Not counted in the page limit.
Attachment 3	Staffing Plan and Position Descriptions – Required. Counted in the page limit.
Attachment 4	Organizational Project Chart – Required. Counted in the page limit.
Attachment 5	Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts with partnering entities – As applicable. Counted in the page limit.
Attachment 6	Letters of Support – As applicable. Counted in the page limit
Attachment 7	Request and Documentation for Funding Preferences – As applicable. Counted in the page limit.
Attachment 8	Tables, Charts, etc. – Optional. Counted in the page limit.
Attachment 9	Institution Diversity Statement – Required. Counted in the page limit.
Attachment 10	Maintenance of Effort documentation – Required. Not counted in the page limit.
Attachments 11-15	Any Other Relevant Documents. As Applicable. Counted in the page limit.

Application Format

i. *Application Face Page*

Complete Standard Form 424 Research and Related (SF-424 R&R), provided with the application package. Prepare according to instructions provided on the form itself. For information pertaining to the Catalog of Federal Domestic Assistance (CFDA), the CFDA number is 93.884.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications *will not* be reviewed without a DUNS number. Note: a missing or incorrect DUNS number is the most common reason for applicants 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 into 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 that your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. *Table of Contents*

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

iii. *Budget*

Please complete the Research & Related Budget Form included with the application kit (Sections A – J and the Cumulative Budget) for each of the five budget periods. Upload the Budget Justification for all five budget periods in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Periods 3, 4 and 5.

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

Salary Limitation:

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

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

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

Subaward Budgets

Subaward budgets must be completed for partnering entities with Federal tax identification numbers that differ from the applicant’s. Justification of these expenses should be incorporated into the appropriate section of the comprehensive Budget Justification (see Section v: Budget Justification).

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification must specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (five years) at the time of application. Line item information must be provided to explain the costs entered in the Research and Related budget form. The applicant must show 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. Upload the Budget Justification for the entire project period (all five one-year budget periods) in Section K of the R&R Budget Form.

The following statement of maintenance of effort must be included in the budget justification, “Federal grant funds will not replace current levels of non-Federal support for proposed grant activities.”

Approved costs for the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program include shared public health-primary care infrastructure development, faculty time, consultants, administrative support and activities, costs of establishing and maintaining a mentorship program, faculty development to support new curricula implementation, registration fees for participation at meetings and trainings, software, books, reproduction of materials, and development of primary care research infrastructure. Trainee stipends are allowable, but limited. (Please refer to *Trainee Expenses* in this section below.)

Substantial infrastructure development, particularly in the first year of the project period, is necessary to achieve the purpose of this funding opportunity. Each budget year’s objectives, outcome measures, and requested funds must align with the planned grant activities for each budget period.

Applicants may request funding to support annual reporting requirements, i.e., software, personnel time, etc.

Ensure adequate resources are requested to conduct an evaluation that meets the requirements outlined in Section x below. A comprehensive evaluation will yield process outcome data the grantee and HRSA can use throughout the project period to ensure the success of the project. Meaningful and accurate endpoint data will demonstrate the success of the funding opportunity, inform quality improvement activities, and demonstrate accountability to stakeholders.

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 the availability of funds, satisfactory progress of awardee, and a determination that continued funding is in the best interest of the Federal Government.

Include the following in the Budget Justification:

Personnel Costs: Personnel costs should be explained by listing each salaried staff member who will be supported by funds, their name (if possible), position title, number of full-time equivalency devoted to grant activities, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may

be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

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

*Actual annual salary = \$350,000

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

Consultant Cost: Give names, affiliations, and qualifications of each consultant, and indicate the nature and extent of the consultant service to be performed. If the consultant is not yet identified, provide the desired expertise and the scope of work of the proposed consultant. Include the expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Travel: List travel costs according to local and long distance travel. Travel costs for consultants should be listed under consultant costs. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Include travel support for the project director to attend up to two grantee meetings, the first in budget period 2 and the second in budget period 4, to be held over two days in the Washington, DC area.

Equipment: List equipment costs and provide justification for need for the equipment to carry out the project's goals and objectives. 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, etc. Justifications for the purchase of medical supplies, such as syringes, examination gloves, etc., must describe how they will be used to specifically meet the objectives of the proposed project and that these resources are not otherwise available. Educational supplies may include pamphlets and educational videotapes. Remember, each category must be listed separately. Applicants must include justification as to how major types of supplies to be purchased with grant funds support achieving the project's objectives.

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

Note: Contractual budgets and justifications should follow the same format and categories as described above and found on the budget form.

Other: List and justify all remaining budgeted items that do not fit into any other cost category into this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate. Place items in this category into logical groupings. Do not include items that properly belong in one of the predefined cost categories listed in the “Other” category.

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary for the operation of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

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

Trainee Expenses: Although trainee support including tuition, books, program fees, and reasonable living expenses during the period of training are allowable, applications should emphasize building infrastructure, enhancing public health content and experiences in curricula, providing community based experiences, and strengthening education on the full breadth of primary care practice and public health for medical and PA students. Applicants may request funds for courses that supplement the core curriculum or provide faculty

development necessary to achieve project objectives, including associated fees, travel, and living expenses.

Expenses to reimburse teachers for lost clinical productivity while supervising a student or performing other grant related activities are not allowable.

Trainee stipends are allowed only for trainees enrolled in both clinical and public health graduate degree programs and are full time public health students during the budget year in which the stipend support is provided. Stipends may only be used for cost of living expenses during the budget year in which the trainee is a full time public health student. Other educational expenses (such as tuition, travel, and conference fees) should be itemized and justified apart from any planned stipend allotment.

Enter the number and total stipend amount for each trainee as appropriate. Stipends are set at the discretion of the applicant, taking into consideration the current rates at their institution. Trainees receiving stipend support may receive health insurance benefits only if this benefit is available to all students in the applicant institution. Single and family health insurance benefits are acceptable. Stipends must be paid in accordance with the grantee's usual payment schedule and procedures.

Requests for stipend support must fully document that 1) trainees are in need of the support, 2) alternative sources of financial support are not available, and 3) grant funds will not be used to supplant other available funds. Each individual receiving stipend support from grant funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States. Stipend recipients must work toward both graduate clinical and public health degrees and plan to work as a health professional.

Applicants must indicate the percentage of support (if any) covered by other sources, including Medicaid or Medicare Graduate Medical Education payments, State grants, institutional support, and/or other sources including Federal education awards (fellowships, traineeships, etc.) except for educational assistance under the Veterans Readjustment Benefits Act ("GI Bill").

The recommended stipend rate for predoctoral students is \$22,032 per year according to the National Institutes of Health 2012 stipend guidelines. (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-033.html>). Applicants may determine their own stipend rates.

iv. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification that includes education, 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 the proposed project staff must be included as Attachment 3. Please limit the number of Senior Key Personnel Biographical Sketches that are submitted as part of the R&R application kit to four. The lead evaluator's biographical sketch must be included. When applicable, biographical

sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

v. Assurances

Use Application Form SF-424B Assurances – Non Construction Programs provided with the application package. Also see Appendix B.

vi. Certifications

Use the Certifications and Disclosure of Lobbying Activities 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.

vii. Project Abstract

Provide a summary of the application. The abstract is often distributed to provide information to the public and Congress, so it should be clear, accurate, concise, and without reference to other parts of the application. It must include:

- 1) A project summary
- 2) Specific, measurable objectives the project will accomplish;
- 3) How the proposed project will be accomplished, *i.e.*, the "who, what, when, where, why and how".

Please place the following at the top of the abstract:

- Project Title
- Health Profession School Type (allopathic or osteopathic school of medicine, PA school)
- Institution (Applicant Organization Name)
- Address
- Project Director Name
- Contact Phone Number (Voice, Fax)
- Email Address
- Website Address, if applicable
- Number of Students Pursuing Clinical and Public Health Graduate Degrees per Year of Proposal
___ / ___ / ___ / ___ / ___
- Number of Students Participating in the Integrated Primary Care-Public Health Curriculum per Year of Proposal
___ / ___ / ___ / ___ / ___

The body of the abstract will include the following sections:

- (1) Statement of need
- (2) Specific, measurable objectives the project will accomplish
- (3) Methodology
- (4) Evaluation plan with process and endpoint outcome measures
- (5) Funding preference, if requested

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

viii. 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 peer reviewers can easily understand the proposed project's setting, needs to be addressed, purpose, methodology, expected outcomes, evaluation strategy, anticipated challenges, and how each challenge will be addressed. Applicants are encouraged to use an established theoretical framework to build their project and to summarize their objectives and outcomes in a logic model.

Projects must 1) establish or enhance a program in which trainees obtain both a graduate health profession degree and a graduate degree in public health and 2) integrate public health into the longitudinal primary care curriculum in the health profession training program. Health profession students should have practice based experiences in public health and shared learning experiences with public health peers. Joint degree students should have both primary care and public health mentors. Please describe the mentor program in the Work Plan. Recruitment of under-represented and disadvantaged students and faculty is encouraged.

Curricula and practice based experiences should teach primary care and public health. The public health disciplines of environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies, and injury control should be included. Population health skills such as community assessment and development, implementation, and evaluation of interventions are encouraged. Additional appropriate content areas include cultural competency, vulnerable populations, underserved communities, public health leadership, research skills, organizational change theory, management, and clinical-public health partnerships.

Innovative teaching strategies are strongly encouraged and may include adult learning theories, self directed learning, reflective learning, peer to peer teaching, train the trainer models, interprofessional education, internet-based training, longitudinal full time or episodic programs, seminars and workshops that are organized by physician assistant, medical school, or public health faculty.

Activities to prepare teachers, (clinical, public health, academic, and community-based), to develop and implement the curriculum changes are allowed. Infrastructure development to support the partnership between the health profession school and the school of public health, as well as the expanded public health curricular content and field experiences is encouraged.

Use the following section headers for the Project Narrative:

INTRODUCTION

In this section, provide an overview of the proposed project, including its purpose.

ORGANIZATIONAL INFORMATION

In this section, provide information including, but not limited to:

- (1) Include an organization chart as Attachment 4
- (2) Evidence of applicant organization's commitment to improving access to primary care, such as describing existing support for primary care training and trends of graduates entering primary care practice and working in underserved areas
- (3) Applicant organization's ability to conduct the proposed project
- (4) Summary of existing curriculum and an explanation on how it will be adjusted to accommodate the proposed curricular changes
- (5) Current community-based training settings and targeted patient populations
- (6) Public health focused research and education activities currently performed by the school of medicine or physician assistant faculty and trainees

NEEDS ASSESSMENT (RATIONALE)

In this section, provide information including, but not limited to:

- (1) The local and national or regional need for the project, including target population and unmet health needs; focus should be on the needs of the communities and populations served by the training program
- (2) Description of community and/or targeted population level data that support the needs statement, such as a needs assessment (at local, regional, and/or national levels), and how data were obtained
- (3) How the project is addressing specific, current needs of the trainees to become successful primary care providers
- (4) The relevance and importance of the project as it relates to the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program purpose
- (5) How the project is addressing at least one Federal, state, or regional health initiative such as Healthy People 2020, National HIV/AIDS Strategy, National Quality Strategy, people with disabilities, oral health, rural health, disparities in health care access, social determinants of health, health literacy, addiction and other behavioral disorders
- (6) Demographic data (i.e., race, ethnicity, socioeconomics, geographic origin, and gender) for trainees, graduates, and faculty

METHODOLOGY

In this section, provide information including, but not limited to:

- (1) Clearly stated goals with specific, measurable objectives for each goal. Objectives should be derived from the needs statements and describe the intervention and anticipated outcomes as precisely as possible (a logic model is encouraged)
- (2) The methods to be used to accomplish the objectives. Methods should be consistent with those presented in the timeline (see Work Plan). Methods may include the following:

- Innovative teaching strategies
 - Practice-based learning
 - Community based training settings
 - Professional competencies and competency assessment
 - Faculty development
 - Role modeling and mentorship
 - Innovative assessment strategies and feedback
 - Inter-professional training and collaborative educational approaches
 - Use of electronic technology
 - Evidence-based approaches to improve primary care training and practice
 - Quality improvement educational activities linked to public health outcomes
- (3) Evidence supporting the proposed methodologies, including theoretical frameworks, best practices, and peer reviewed data
 - (4) The number of trainees who will participate in the grant funded activities for each budget year
 - (5) Evidence supporting the proposed recruitment and retention strategies to increase (or maintain if the historical performance has been exceptional with respect to the state and national population) the representation of underrepresented or disadvantaged minority trainees, graduates, and faculty, including targets for each year of requested grant support

WORK PLAN

In this section, provide information including, but not limited to:

- (1) The steps that will be taken to achieve each of the activities proposed in the methodology section, organized by corresponding objective
- (2) Description of how the joint degree program will be established or enhanced
- (3) Description of how public health content, faculty, and experiences will be integrated into the primary care curriculum
- (4) Description of how the public health students and teachers will participate in the grant funded activities, including how the health profession and public health students will work together
- (5) Description of a mentorship program for the joint degree students that provides both health profession and public health mentors
- (6) A timeline organized by goal then objective that includes major activities, responsible staff and amount of time estimated to perform each activity
- (7) Description of how the project activities will be sustained after grant funding ends

RESOLUTION OF CHALLENGES

In this section, provide information including, but not limited to:

- (1) Challenges that are likely to be encountered in achieving the proposed objectives
- (2) Resources and plans to resolve and overcome these challenges

EVALUATION PLAN

The evaluation plan will fully describe strategies to assess the progress and outcomes of each objective. In addition, applicants should prepare to collect data on the required outcome measures that will be reported annually in the Annual Performance Report including but not limited to

number and description of trainees; number of graduates working as primary care clinicians, teachers, and/or researchers; number of graduates working in medically underserved communities; and recruitment and retention of under-represented and disadvantaged students.

The evaluation strategies should be evidence based whenever possible. Each objective should have at least one outcome measure. A logic model can be used to describe the relationships between the needs statement, objective, and outcome. Longitudinal assessments of trainee outcomes for five years after project completion are encouraged. Evaluation data will be reported in the Annual Performance and Progress Reports.

The applicant must demonstrate that it has the capacity to achieve the proposed evaluation plan. In this section, provide information including, but not limited to:

- (1) Description of technical capacity to successfully conduct the project including the evaluation team's capability to carry out the work throughout the entire project period. Include evaluation team personnel in the Staffing Plan (Attachment 3). A Senior/Key Person Profile and a Senior Key Personnel Biographical Sketch must be provided for the lead evaluator.
- (2) Outcome measures for each objective
- (3) Description of evaluation methods, including instruments, evidence supporting method, and primary and secondary data sources
- (4) Description of quality assurance plan that outlines data verification processes and how the project will be improved by applying process evaluation, output, and short term outcome data throughout the five year project period
- (5) Additional outcomes may include:
 - Process and endpoint measures evaluating primary care-public health infrastructure development
 - Establishing community partners
 - Changes in quality improvement measures
 - Effective dissemination
 - Trainee outcomes including new knowledge, changed teaching practices, and improved research skills
 - Enhanced use of electronic technology

DISSEMINATION

In this section, provide information including, but not limited to:

- (1) The impact of the project on primary care and public health education at local and regional and/or national levels according to increasing quantity, quality, distribution and diversity of the primary care workforce in the context of the identified needs
- (2) How the project may be replicated, and plans for disseminating the methodology, products, materials, and outcomes
- (3) How the replication and dissemination plan will address the needs described in the Needs Assessment section

ix. 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 consistent with the list below.** Attachments for which a table of contents is required are indicated. Tables of contents do not count toward the page limit.

Attachment 1: Eligibility Documentation – Required. Counted in the page limit. This attachment should include the following:

- Statement of accreditation indicating the accrediting body and date of accreditation or most recent renewal. For new programs, provisional accreditation status is acceptable but the applicant must describe how full accreditation will be achieved during the project period of this award. The complete letter of accreditation and citations is not required. The applicant/grantee must inform the HRSA program officer immediately upon change of accreditation status. Accreditation (full or provisional) is required and status will be verified.
- Name the institutions of higher learning with which the health profession and public health schools are affiliated. State the nature of the relationship between the two schools if any exists. See Attachment 5 regarding the required memorandum of understanding.
- Indicate if the application includes partnering entities. Note: a subaward budget is required for each partnering entity with a Federal tax identification number distinct from the applicant's.(see Section iv: Budget).
- Number of pages in application that are included in the page count according to the applicant. Applications exceeding 65 pages by HRSA's count will be deemed ineligible and not sent for review. The 65 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 (see SF 424 Research and Related Table of Contents).
- A summary of the amount requested (including subawards) for each budget year in the project period. Applications that request more than \$320,000 in any budget year or \$1.5 million for the entire project will be deemed ineligible and not sent for review.

Attachment 2: Documentation of Public or Non-Profit Status – Required. Not counted in the page limit. For profit entities are not eligible for this funding opportunity. A public entity is a governmental body, such as a state or local government. Provide evidence of non-profit or public entity status.

Attachment 3: Staffing Plan and Position Descriptions – Required. Counted in the page limit. Keep each position description to one page in length as much as possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 4: Project Organizational Chart – Required. Counted in the page limit. Provide a one-page figure that depicts the relationship between entities involved in the planning, implementation, and evaluation of the project, including partners, subcontractors and other significant contributors.

Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts – As Applicable. Counted in the page limit. Table of contents required if more than one letter provided. Provide letters from partnering entities that demonstrate how their relationship with the applicant will support the planning, implementation, and evaluation of the proposed project. Letters from current or projected subcontractors should clearly state their roles and planned deliverables. Copies of the actual contracts are not necessary. A memorandum of understanding between the applicant and partnering school of public health that verifies that the school of public health has graduate degree conferring programs and outlining its contributions to the project is required. Letters of agreement should be addressed to the Project Director of the grant application and must be dated. All letters of agreement or descriptions of contracts must be submitted electronically with the grant application to be considered during the review process. Letters sent directly to HRSA will not be considered.

Attachment 6: Letters of Support – As applicable. Counted in page limit. Table of contents required if more than one letter provided. Include only letters of support that specifically indicate a commitment to the project (in-kind services, dollars, staff, space, equipment, etc.). In order to save space, applicants may list signers of all duplicative support letters on one page. Letters of support should be addressed to the Project Director of the grant application and must be dated. All letters of support must be submitted electronically with the grant application to be considered during the review process. Letters sent directly to HRSA will not be considered.

Attachment 7: Request and Documentation for Funding Preferences – As Applicable. Counted in the page limit. Provide the required information to apply for a funding preference, as described in Section V.2 Review and Selection Process.

Attachment 8: Tables, Charts – Optional. Counted in the page limit. Table of contents required if more than one table or chart submitted.

Attachment 9: Institution Diversity Statement – Required. Counted in the page limit. All grant applicants must provide the following information:

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

For the purpose of this document, the following definitions apply:

“Under-represented minority” is defined as racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. This definition would include Black or African

American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, and Asian. Asian individuals shall be considered by the various subpopulations of such individuals.

“Disadvantaged background” is applicable to an individual who comes from educationally or economically disadvantaged background. Individuals are considered “educationally disadvantaged” if they come from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school or allied health program. It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as educationally disadvantaged. Individuals are considered “economically disadvantaged” if they come from a family with an annual income at or below low-income thresholds according to family size, as published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index documented in <http://edocket.access.gpo.gov/2011/pdf/2011-6110.pdf>, and adjusted by the Secretary for use in all health and allied health professions programs

Attachment 10: Maintenance of Effort Documentation – Required. Not counted in the page limit. Applicants must complete and submit the following information with their application.

NON-FEDERAL EXPENDITURES

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

Attachments 11-15: Any Other Relevant Documents to Project – As applicable. Counted in the page limit. Table of contents required if more than one document submitted. Include here any other documents that are relevant to the application. If applicable, include explanation regarding Federal debt delinquency.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **April 19, 2012 at 8:00 P.M. EST**. 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 and will not be considered in the current competition.

4. Intergovernmental Review

The PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program is not subject to the provisions of Executive Order 12372, pertaining to Intergovernmental Review of Federal Programs, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$320,000 per year. The maximum amount for the entire five-year project period is \$1.5 million. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Applications that do not clearly demonstrate that they fulfill all of the eligibility requirements as instructed in this funding opportunity announcement will not be sent for review.

Expenses to reimburse teachers for lost clinical productivity while supervising a student or performing other grant related activities are not allowable.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. State universities and hospitals are subject to the 8% rate limitation.

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 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.

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

6. Other Submission Requirements

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

the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov 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 website 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 that your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures to assess 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 reviewers with a standard for evaluation. Review criteria are outlined below with specific details and scoring points.

Review Criteria are used to review and rank applications. The PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program has 6 (six) review criteria.

- **Criterion 1: Need (15 points)**
(Narrative section: Needs Assessment)
 - The extent to which the applicant has identified the local and national and/or regional need for the educational program and has described specific health needs being addressed, placing most emphasis on the identified needs of the community served by the training program
 - The extent to which the applicant has identified the educational needs of current trainees to become successful primary care and public health leaders
 - The quality of data that support the needs statements
 - The degree to which the application supports the diversity of the trainees reflecting the demographics of the nation and population being served

- **Criterion 2: Response (25 Points)**
(Narrative sections: Organizational Information, Methodology, Work Plan, Resolution of Challenges)
 - The applicant presents a well developed plan to:
 - Establish or enhance a program for allopathic and osteopathic medical or PA students to obtain a graduate degree in public health; and
 - Integrate public health content and experiences into the longitudinal primary care curriculum
 - The extent to which the curriculum incorporates the public health disciplines of environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies, and injury control
 - The extent to which the memorandum of understanding between the applicant and school of public health is reasonable and will lead to successful execution of the proposal
 - The extent to which the project objectives respond to the needs identified through assessment of the trainees and the identified needs of the community served by the health profession training program
 - The extent to which the project objectives respond to the purpose of the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree program and address at least one Federal, state or regional health initiative, such as Healthy People 2020,

National HIV/AIDS Strategy, National Quality Strategy, people with disabilities, oral health, rural health, disparities in health care access, social determinants of health, health literacy, addiction and other behavioral disorders

- The extent to which the methods address each proposed objective and are feasible, evidence based, and clearly described (logic models and theoretical frameworks are encouraged)
- The extent to which innovative strategies are employed and the following content areas are taught: professional competencies, inter-professional education, quality improvement, faculty development, public health leadership, population health, primary care research, care of vulnerable populations, patient-centered medical home, and collaborative approaches to health care education and implementation
- The extent to which the project uses practice-based learning in community settings and health professions and public health students have shared learning experiences outside of the classroom
- The Work Plan develops or enhances a mentorship program that provides joint degree students with primary care and public health mentors
- The extent to which the applicant presents a plan to increase the recruitment and retention of under-represented and disadvantaged students
- The extent to which the applicant presents a cohesive five year plan that addresses barriers and challenges with credible solutions

Criterion 3: Evaluative Measures (20 points)

(Narrative sections: Evaluation Plan)

- The extent to which the proposed project has outputs and short, intermediate, and long term outcomes that are authentically aligned with the project objectives and the purpose of the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program
- The extent to which the evaluation plan includes data collection for outcome measures that HRSA requires to be reported annually:
 - number and description of trainees, including disadvantaged and under-represented minorities
 - number of graduates working as primary care clinicians, teachers, and/or researchers
 - number of graduates working in public health settings or have a public health focus in their clinical practice
 - number of graduates working in medically underserved communities
- The extent to which the applicant has processes to monitor graduates' participation in primary care and practice in underserved communities during and after the grant project period
- The extent to which the applicant has outlined a process to validate data collection and results including a description of evaluation activities, expected results and challenges

Criterion 4: Impact (20 points)

(Narrative sections: Methodology, Resolution of Challenges, Evaluation Plan and Dissemination)

- The extent to which the project will have a meaningful impact on identified needs of the community and training program
- The extent to which the project will enhance the current curriculum to improve graduates' competency and preparation for primary care practice, public health leadership, teaching, and/or research
- The extent to which the project incorporates community based training
- The extent to which the project will have an impact on primary care education at the local, state and national levels
- The extent to which the project will increase the quantity, quality, distribution, and diversity of the primary care workforce
- The extent to which the project is replicable to other settings
- The extent to which the project will leverage innovation, integration of primary care and public health, and new models of healthcare delivery
- The extent and likely success of plans for disseminating project methodologies, outputs and outcomes
- The extent to which the applicant has prepared a sustainability plan to continue the project activities after grant funding ends

Criterion 5: Resources/Capabilities (10 points)

(Narrative sections: Organizational Information, Methodology, Work Plan, and Evaluation)

- The extent to which project personnel are qualified by training and/or experience to implement and conduct the project
- The capacity and commitment of the applicant and partnering entities to achieve the project objectives, including the quality and availability of facilities and personnel to carry out the proposed project
- The capacity and commitment of the institution to improve primary care education by strengthening its curricula with public health content and experiences
- The capacity and commitment of the institution to help build a diverse primary care workforce that includes under-represented and disadvantaged students and faculty
- The extent to which community based partners are leveraged to achieve objectives

Criterion 6: Support Requested (10 points)

(Budget Justification, Organizational Information)

- The extent to which the request for each budget year correlates with the activities to be completed that year
- The cost effectiveness of the budget
- The extent the applicant institution and partners demonstrate commitment to succeeding in implementing the project
- The extent to which the Budget Justification demonstrates the necessity and impact of each budget item

2. Review and Selection Process

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

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

FUNDING FACTORS

To apply for a funding preference, applicants must provide the information requested in Attachment 7 (Funding Preference Request). Failure to provide the requested information in sufficient detail will prevent a preference from being awarded.

FUNDING PREFERENCE

Applications receiving a funding preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

Section 791(a)(1) of the PHS Act provides for three funding preferences.

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

A funding preference may be granted to any qualified applicant that specifically requests the preference by submitting Attachment 7 and meets the criteria for the preference as described below.

Requesting the Medically Underserved Community (MUC) Funding Preferences

To qualify for the MUC Preference, an applicant must:

- Have a high rate for placing graduates in clinical practice settings having the principal focus

of serving medically underserved communities; or

- During the two-year period preceding the fiscal year for which an award is sought, have achieved a significant increase in the rate of placing graduates in such settings; or
- Meet the criteria for a new program provided below in “Qualifying for the MUC Preference as a New Program.”

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

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

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

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.¹⁴

Medically Underserved Communities (MUCs) are an urban or rural area or population that:

- is eligible for designation under section 332 as a health professional shortage area;
- is eligible to be served by a migrant health center under section 329, a community health center under section 330, a grantee under section 330(h) (relating to homeless individuals), or a grantee under section 340A (relating to residents of public housing);
- has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics); or
- is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

Note: Information on CHCs, MHCs, Health Care for the Homeless grantees, Public Housing Primary Care grantees, National Health Service Corps’ sites, and HPSAs is available on the BHPr or the Bureau of Primary Health Care Web sites: <http://bhpr.hrsa.gov> or <http://bphc.hrsa.gov/> (select “Key Program Areas” and “Resources”).

HPSA Designation

To determine if an applicant is eligible for designation under section 332 as a HPSA they must present proof from the designating authority. The MUC Preference will not be applied without this

¹⁴ Definition retrieved from the Health Resources and Services Administration. <http://muafind.hrsa.gov/>.

verification. Applicants can determine if they are eligible to be designated as a HPSA by using the Shortage Designation Advisor available at:

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

Sites Designated by a State Governor

For sites designated by a State Governor (in consultation with a medical community) as a shortage area or medically underserved community, an **official letter** from the Governor’s office or from the State agency involved in the Governor’s designation of such sites for the State should be included in Attachment 7. An **official listing or other convincing evidence** may be substituted provided that it clearly indicates that designation of sites is by the State Governor or State agency acting for the Governor in this capacity. Without such documentation supplied in Attachment 7, the preference will not be awarded.

Requesting the MUC Preference by Demonstrating “High Rate” for Medical Schools

To qualify for the MUC Preference by demonstrating high rate, an applicant must have a high rate of placing graduates in MUCs for the last two years (2010 and 2011) when compared to the rest of the 2012 competition applicants. Placement in a practice site not a residency program that is in a MUC Preference eligible site qualifies. Therefore, to allow for the duration of most residency programs, graduates from 2006 and 2007 are considered likely to be practicing professionals. The numerator will be the total number of medical school graduates in 2006 and 2007 that are currently practicing in a MUC Preference eligible site. The denominator will be total number of all graduates, regardless of source of funding for their training and including those lost to follow up, in the 2006 and 2007. Report the answer as a decimal rounded to the nearest hundredth.

$$\frac{\text{2006 graduates practicing in MUC} + \text{2007 graduates practicing in MUC}}{\text{(all 2006 graduates} + \text{all 2007 graduates)}}$$

The rate defining the threshold for “high” will be determined each time the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program is competed by calculating the median rate of graduates working in MUC preference eligible sites from the pool of applicants requesting the MUC Preference by demonstrating high rate. HRSA will compare the rate reported by the applicant to the median. The MUC Preference will be awarded to those applicants whose rates are greater than the median. The median will vary with each competition. The rates submitted by the applicants and the calculated median will be used by HRSA during the review processes only and not released to the public.

Requesting the MUC Preference by Demonstrating “High Rate” for Physician Assistant Education Programs

To qualify for the MUC Preference by demonstrating high rate, an applicant must have a high rate of placing graduates in MUCs for the last two years (2010 and 2011) when compared to the rest of the 2012 competition applicants. The numerator will be the total number of graduates in 2010 and 2011 that are currently practicing in a MUC Preference eligible site. The denominator will be total number of all graduates, regardless of the source of funding for their training and including those lost to follow up, in the 2010 and 2011. Report the answer as a decimal rounded to the nearest hundredth.

$$\frac{2010 \text{ graduates practicing in MUC} + 2011 \text{ graduates practicing in MUC}}{(\text{all 2010 graduates} + \text{all 2011 graduates})}$$

The rate defining the threshold for “high” will be determined each time the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program is competed by calculating the median rate of PAs working in MUC Preference eligible sites from the pool of applicants requesting the MUC Preference by demonstrating high rate. HRSA will compare the rate reported by the applicant to the median. The MUC Preference will be awarded to those applicants whose rates are greater than the median. The median will vary with each competition. The rates submitted by the applicants and the calculated median will be used by HRSA during the review processes only and not released to the public.

Requesting the MUC Preference by Demonstrating “Significant Increase in Rate” for Medical Schools

To qualify for the MUC Preference by demonstrating significant increase in rate, an applicant must demonstrate a greater increase in the rate of graduates currently practicing in MUC Preference eligible sites when compared to the rest of the 2012 competition applicants requesting the MUC Preference by demonstrating a significant increase in rate. Placement in a practice site not a residency program that is in a MUC Preference eligible site qualifies. Therefore, to allow for the duration of most residency programs, graduates from 2007 are considered to be the most recent graduating class likely to be practicing professionals. The numerator will be the difference between the fraction of graduates currently practicing in a MUC Preference eligible site in 2007 and 2006. The denominator will be the fraction of 2006 graduates practicing in a MUC Preference eligible site. N= the number of graduates practicing in an MUC Preference eligible site. D= the total number of graduates, regardless of the source of funding for their training and including those lost to follow up. Report the answer as a decimal rounded to the nearest hundredth.

$$\frac{(N_{2007}/D_{2007}) - (N_{2006}/D_{2006})}{(N_{2006}/D_{2006})}$$

The median increase in rate of graduates practicing in MUC Preference eligible sites will be determined by HRSA officials each time the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program is competed by calculating the median increase in rate of graduates practicing in MUC Preference eligible sites from the pool of applicants requesting the MUC Preference by demonstrating significant increase in rate. HRSA will compare the increase in rate reported by the applicant to the median. The MUC Preference will be awarded to those applicants whose increase in rate is greater than the median. The median will vary with each competition. The rates submitted by the applicants and the calculated median will be used by HRSA during the review processes only and not released to the public.

Requesting the MUC Preference by Demonstrating “Significant Increase in Rate” for Physician Assistant Education Programs

To qualify for the MUC Preference by demonstrating significant increase in rate, an applicant must demonstrate a greater increase of graduates currently practicing in MUC Preference eligible sites when compared to the pool of 2012 competition applicants requesting the MUC Preference by demonstrating a significant increase in rate. The numerator will be the difference between the fraction of graduates

currently practicing in an MUC Preference eligible site in 2011 and 2010. The denominator will be the fraction of 2010 graduates practicing in an MUC Preference eligible site. N= the number of graduates practicing in an MUC Preference eligible site. D= the total number of graduates, regardless of the source of funding for their training and including those lost to follow up. Report the answer as a decimal rounded to the nearest hundredth.

$$\frac{(N_{2011}/D_{2011}) - (N_{2010}/D_{2010})}{(N_{2010}/D_{2010})}$$

The median increase in rate of graduates practicing in MUC Preference eligible sites will be determined each time the PCTE Interdisciplinary and Interprofessional Joint Graduate Degree Program is competed by calculating the median increase in rate of graduates practicing in MUC Preference eligible sites from the pool of applicants requesting the MUC Preference by demonstrating significant increase in rate. HRSA will compare the increase in rate reported by the applicant to the median. The MUC Preference will be awarded to those applicants whose increase in rate is greater than the median. The median will vary with each competition. The rates submitted by the applicants and the calculated median will be used by HRSA during the review processes only and not released to the public.

Applying for the MUC Preference as “High Rate” or “Significant Increase in Rate”

To apply for the MUC Preference, an applicant must submit the Request and Documentation for Preferences (Attachment 7) and provide a brief narrative entitled “MUC Preference Request” that will:

- Indicate by which means the preference is requested (either high rate, significant increase in rate)
- Define the MUC Preference eligible sites where graduates are practicing
- Explain how the graduate practice data was collected and demonstrate accuracy and completeness
- Clearly state the numerator, denominator, and the resulting decimal to the nearest hundredth according to the instructions provided for each application strategy

Each individual graduate should be reported only once, even if a graduate’s practice site may qualify under more than one MUC Preference eligible site or they work in more than one MUC location. For example, a physician assistant working in a rural health clinic that is located in a HPSA can only be counted once. If a practice site changed its MUC status between 2006 and 2011, as applicable, the applicant should use the practice site’s current MUC status.

MUC Preference requests will be denied if the above application requirements are not met, the formula is not properly applied, or the calculation is performed incorrectly. All decisions regarding the MUC Preference awards are made by HRSA program officials who are blinded to the applicant identity.

Qualifying for the MUC Preference as a New Program

New programs have completed less than three consecutive classes. As a result they lack the required data to apply for the MUC preference through the above pathways. If the training program was closed for at least 3 years, during which time there were no students, graduates, or teaching activities, the applicant may request the MUC Preference via the new program pathway.

To be awarded the MUC Preference, applicants must clearly state the number of classes that have graduated and meet at least four of the following criteria as determined by the independent review panel:

- The training institution's mission statement includes preparing health professionals to serve underserved populations
- The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations
- Substantial clinical training in MUCs is required
- A minimum of 20% of the clinical faculty of the program spend at least 50% of their time providing or supervising care in MUCs
- The entire program or a substantial portion of the program is physically located in a MUC
- Employment assistance is available for graduates entering positions in MUCs
- The program provides a placement mechanism for helping graduates find positions in MUCs

Applying for the MUC Preference as a "New Program"

To apply for the MUC Preference, an applicant must submit the Request and Documentation for Preferences (Attachment 7) and provide a brief narrative entitled "MUC Preference Request" that will:

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 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 review 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 periods 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 August 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/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Grant Award).

Trafficking in Persons

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

Smoke-Free Workplace

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

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.

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, and materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Diversity

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) is committed to increasing diversity in health professions programs and the health workforce across the nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. In FY 2011, BHP adopted Diversity Guiding Principles to facilitate diversity in 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 these guiding principles identified by BHPPr to increase diversity in the health professions workforce. See Attachment 9.

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>

Oral and Mental Health

HRSA's Strategic Plan includes the expansion of oral health and behavioral health services and their integration into primary care settings. Applicants should aim, whenever possible, to integrate oral and mental health services, including substance use disorders, into their proposed projects.

Health IT

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

Related Health IT Resources:

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

3. Reporting

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

a. Audit Requirements

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

b. Payment Management Requirements

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

c. Status Reports

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required and is due on October 30 following each budget year. The report is an accounting of expenditures under the project that year. Financial Reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
- 2) **Progress Report.** The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of the Progress Report triggers the budget period renewal and release of subsequent year funds. Further information will be provided in the Notice of Award.

The Progress Report should be a concise presentation of the grant-supported program's accomplishments according to the funded objectives since the previous Progress Report. The Progress Report should not be a copy of a previously submitted Progress Report. It should contain:

- Objectives and accomplishments: State each objective and describe the progress made over the reporting period to achieving that objective. Describe the progress

of the evaluation plan, including a summary of evaluation data to date according to objective. Provide the number of trainees participating in grant funded activities during the reporting period.

- **Barriers:** List challenges that impeded your project's ability to implement the approved plan during the reporting period (e.g., staffing, funding) and describe the activities you have undertaken to minimize the effect and overcome these barriers/problems.
- **Linkages:** Describe any linkages that you may have established with other programs, including new partnerships and interdisciplinary and interprofessional relationships. Also report any dissemination of the process or results of the grant-funded activities.
- **Student Report:** The applicant should include a report prepared by each graduated joint degree student with the Annual Progress Reports that summarizes the student's public health capstone project and its outcomes and is endorsed by the student's faculty sponsors.

3) The BHP_r Performance Report.

All Bureau of Health Professions (BHP_r) grantees are required to submit a Performance Report to HRSA on an annual basis between August 1 and July 31 each year on performance in the preceding year (or partial year). The *BHP_r Performance Report for Grants and Cooperative Agreements* is designed to incorporate accountability and measurable outcomes into BHP_r's programs, and to develop a framework that encourages quality improvement in its programs and projects. The report also helps program officers provide technical assistance. The *BHP_r Performance Report for Grants and Cooperative Agreements* was revised in 2011.

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/index.html>.

4) Final Report

All BHP_r 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 BHP_r with information required to close out a grant after completion of project activities. As such, every grantee is required to submit a final report. The Final Report includes the following sections:

- Project Objectives and Accomplishments- Description of major accomplishments on project objectives, summary of evaluation data
- Project Barriers and Resolutions - Description of challenges 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

Long Term Follow-up

HRSA encourages, but does not require, programs to follow graduates for five years after program completion to evaluate the effectiveness of their training program in producing high quality, diverse primary care clinicians and faculty that are distributed in areas of need. The Affordable Care Act authorizes HRSA to fund such longitudinal evaluations by its grantees. HRSA anticipates enacting this requirement in future funding opportunities pending available funds.

d. Transparency Act Reporting Requirements

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

VII. Agency Contacts

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

David Treer
HRSA Division of Grants Management Operations, OFAM
Interdisciplinary and Interprofessional Joint Graduate Degree Program
Parklawn Building, Room 11-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0563
Email: dtreer@hrsa.gov

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

Sylvia Joice, DrPH
Project Officer
Division of Medicine and Dentistry
Bureau of Health Professionals, HRSA
Parklawn Building, Room 9A-27
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1084
Email: sjoice@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, 7 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 Calls

The Primary Care Medical Education Branch (PCMEB) in BHPPr's Division of Medicine and Dentistry will conduct two technical assistance (TA) calls for this funding opportunity announcement. The calls will include information important for preparing an application and an opportunity to ask questions. Taped replays will be available one hour after each call ends, through the closing date of the funding opportunity. The calls will take place as follows:

Date: March 27, 2012

Time: 2:00 – 3:30 PM EST

Telephone Number: 800-619-4610

Pass code: 5209848

Play-back telephone number: 888-567-0422 (no pass code necessary)

Date: April 12, 2012

Time: 2:00 – 3:30 PM EST

Telephone Number: 800-619-4610

Pass code: 5209848

Play-back telephone number: 800-925-4993 (no pass code necessary)

In addition, a frequently asked questions and answers (FAQ) document will be posted at <http://bhpr.hrsa.gov/grants/medicine/index.html> after the first technical assistance call. Applicants are strongly advised to review the FAQ document and Open Opportunities website at <http://www.hrsa.gov/grants/index.html> regularly during a competition for updates.

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

Instructions for the SF424 R&R (Research and Related)

This application form has replaced the 6025 training application form and the 398 application form. The 424 R&R is now used for all HRSA training and research programs.

INSTRUCTIONS FOR THE APPLICATION FACE PAGES

Below are detailed instructions for the completion of the 424 R&R form:

Field	Instructions
1.	Select Type of Submission : Check the appropriate type from the submission options. Select Application for all HRSA grant programs
2.	Date Submitted : Enter the date the application is submitted to the Federal agency.
3.	Date Received by State : State Use Only (if applicable)
4.	Federal Identifier : New Project Applications should leave this field blank. If this is a Continuation application (competing or non-competing) or a Supplement, enter your grant number located on your Notice of Award (NoA).
5.	<p>Applicant Information: All items in bold are required fields and must be completed Enter your Organization's DUNS Number (received from Dun and Bradstreet), Enter the Legal Name, Applicant Department (if applicable) and Division (if applicable) who will undertake the assistance activity. In Street 1 enter the first line of the street address of your organization. In Street2 enter the second line of your organization, if applicable. Enter the City, County and State, Zip Code and Country where your organization is located. Enter the Person to be Contacted on Matters Involving the Application.</p> <p>This is the POINT OF CONTACT, the person to be contacted for the matters pertaining to this specific application (i.e. principal investigator, project director, other). Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the person to be contacted on matters relating to this application. Enter the Phone and Fax number as well as the E-MAIL address of this person. These are all required fields.</p>
6.	<p>Employer Identification (EIN)/ (TIN) Enter the 9 Digit Employer Identification Number as Assigned by the Internal Revenue Service.</p>
7.	<p>Type of Applicant: Select the appropriate letter from one of the following:</p> <ul style="list-style-type: none"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Independent School District F. State Controlled Institution of Higher Education G. Native American Tribal Government (Federally Recognized) H. Public/Indian Housing Authority I. Native American Tribal Organization (other than Federally recognized) J. Nonprofit with 501C3 IRS status (other than Institute of Higher Education) K. Nonprofit without 501C3 IRS status (other than Institute of Higher Education) L. Private Institution of Higher Education M. Individual N. For Profit Organization (other than small business) O. Small Business P. Other (specify) <p>Women Owned: Check if you are a woman owned small business (51 percent owned/controlled and operated by a woman/women)</p> <p>Socially and Economically Disadvantaged: Check if you are a socially and economically disadvantaged small business, as determined by the U.S. SBA pursuant to Section 8(a) of the SBA U.S.C.637(a) at</p>

	http://www.access.gpo.gov/nara/cfr/waisidx_06/13cfr124_06.html
8.	<p>Type of Application: Select the Type from the following list :</p> <ul style="list-style-type: none"> - New: A new assistance award - Resubmission – A subsequent submission of a specific competitive application submitted prior to deadline. - Renewal – (not currently applicable to HRSA) - Continuation: A non-competing application for an additional funding/budget period for a project within a previously approved projected period - Revision: Any change in the Federal Governments financial obligation or contingent liability from an existing obligation. Indicate the Type of Revision by checking the appropriate box: A. Increase in Award (supplement, competing supplement) B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (Enter text to Explain) <p>Is Application being submitted to Other Agencies: Indicate by checking YES or NO if the application is being submitted to HRSA only.</p> <p>What other Agencies: Enter Agency Name (if applicable)</p>
9.	Name of Federal Agency: Enter the Name of the Federal Agency from which assistance is being requested.
10.	Catalogue of Federal Domestic Assistance Number (CFDA): Use the CFDA Number found on the front page of the program guidance and associated Title of the CFDA (if available).
11.	Descriptive Title of Applicant’s Project: Enter a brief descriptive title of the project. A continuation or revision must use the same title as the currently funded project.
12.	Proposed Project: Enter the project Start Date of the project in the Start Date Field and the project Ending Date in the Ending Date Field (ex: 9/01/2011 to 8/31/2016).
13.	Congressional District Applicant and Congressional District Project: Enter your Congressional District(s) in Applicant Field. Enter the Congressional District (s) of Project, the primary site where the project will be performed. (http://www.gpoaccess.gov/cdirectory/browse-cd-09.html)
14.	<p>Project Director/Principal Investigator Contact Information: All items in bold are required fields and must be completed.</p> <p>Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the Project Director/Principal Investigator (PD/PI) for the project. Enter the Title of the PD/PI and the name of the organization of the PD/PI. Enter the name of the primary organization Department and Division of the PD/PI. In Street 1 enter the first line of the street address of the PD/PI for the project. In Street2 enter the second line of the street address for the PD/PI, if applicable. Enter the City, County and State, Zip Code and Country of the PD/PI. Enter the Phone and Fax number as well as the E-MAIL address of this person. These are all required fields.</p>
15.	<p>Estimated Project Funding:</p> <ul style="list-style-type: none"> a. Total Estimated Project Funding: Enter the total Federal Funds requested for the total budget period and the program’s first year budget. b. Total Federal and Non-Federal Funds: Enter the total Federal and non-Federal funds for the total budget period and the program’s first year budget. c. Estimated Program Income: Identify any Program Income for the total budget period and the program’s first year budget.
16.	<p>Is Application Subject to Review by State Executive Order 12372 Process:</p> <p>If YES: Check the YES box if the announcement indicates that the program is covered under State Executive Order 12372. If NO: Place a check in the NO box.</p>
17.	<p>Complete Certification</p> <p>Check the “I agree” box to attest to acceptance of required certifications and assurances listed at the end of the Application.</p>
18.	SF-LLL or other Explanatory Documentation
19.	Authorized Representative (Authorizing Official - This is the person who has the authority to sign the application for the organization) All items in bold are required fields and must be completed.

	Enter the name of Authorized Representative/Authorizing Official. Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the Authorized Representative (AR) or Authorizing Official (AO). Enter the Title of the Authorized Representative and the organization of the AR/AO. Enter the name of the primary organization Department and Division of the AO. In Street1 enter the first line of the street address of the AR/AO for the project. In Street2 enter the second line of the street address for the AR/AO, if applicable. Enter the City, County and State, Zip Code and Country of the AR/AO. Enter the Phone and Fax number as well as the E-MAIL address of AR/AO this person. These are all required fields.
20.	Pre-Application This is Not applicable to HRSA. A limited number of HRSA programs require a Letter of Intent which is different from a preapplication. Information required and the process for submitting such a Letter of Intent is outlined in the funding opportunity announcements for those programs with such a requirement.

INSTRUCTIONS FOR R&R SENIOR/KEY PERSON PROFILE

Starting with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement senior key personnel are defined as all individuals who contribute in a substantive, measurable way to the execution of the project or activity whether or not the budget includes the individual's salary or other monetary competition. Consultants should be included if they meet this definition. For each of these individuals, a Biographical sketch should be attached which lists the individual's credentials/degrees.

Field	Instruction
Prefix	Ex. Mr., Ms., Mrs., Rev. Enter the Prefix for the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
First Name	This is the first (given) name of the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Middle Name	This is the middle name of the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Last Name	This is the last name of the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Suffix	Enter the Suffix (Ex. Jr., Sr., PhD.) for the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Position/Title	Enter the Title for the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Department	This is the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Organization Name	This is the name of the organizational for the Individual identified as a key person for the project. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Division	This is the primary organizational division, office, or major subdivision of the individual. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Street1	This is the first line of the street address for the individual identified as a key/senior person. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.

Street 2	This is the second line of the street address (if applicable) for the individual identified. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
City	Enter the city where the key/senior person is located. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
County	Enter the County where the key/senior person is located. For the PD/PI entry, this field will be automatically populated with the prefix for the project director identified on the face page of the SF 424 R&R in an electronic submission.
State	Enter the state where the key/senior person is located. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
ZIP Code	Enter the Zip Code where the key/senior person is located. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Phone Number	Enter the daytime phone number for the senior/key person. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Fax Number	Enter the fax number for the senior/key person. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission.
Email address	Enter the email address for the senior/key person. For the PD/PI entry, this field will be automatically populated for the project director identified on the face page of the SF 424 R&R in an electronic submission. This is a required field.
Credential e.g. agency login	Leave this field blank.
Project Role	Enter the project role from the list below: 1. Project Director (PD)/Principle Investigator(PI) 2. Co- PD/Co- PI 3. Faculty 4. Post Doctoral 5. Post Doctoral Associate 6. Other Professional 7. Graduate Student 8. Undergraduate Student 9. Technician 10. Consultant 11. Other (Specify)
Other Project Role Category	Complete if you selected "Other" as a project role. For example, Engineer, social worker.
Attach Biographical Sketch	1. Provide a biographical sketch for the PD/PI and up to 3 additional Senior Key Persons identified. For each of these individuals a maximum 2 page Biosketch should be attached which lists the individual's credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Save the information in a single file and attach by clicking Add attachment. The NIH biosketch template may be used: http://grants.nih.gov/grants/funding/phs398/biosketch.doc .
Attach Current & Pending Support	Follow the individual program guidance pertaining to this issue. If current and pending support on level of effort documentation is required, please attach accordingly.

INSTRUCTIONS FOR R&R PROJECT PERFORMANCE SITE LOCATION(S) FORM

Indicate the primary site/sites where the work or activity will occur. If a portion of the project is at any other location(s), identify it in the section provided. If more than eight project/performance site locations are proposed, provide the information in a separate file and attach these in a file in the space provided at the bottom of the form. If applying in paper add this information as part of the appendix.

Enter the Primary Performance Site first. Add all other performance sites in the space provided.

Field name	Instructions
Organization Name	Enter the Name of the Performance Site/Organization.
Street 1	Enter the first line of the street address of the performance site location.
Street 2	Enter the second line of the street address of the performance site location, if applicable.
City	Enter the city of the performance site.
County	Enter the county where the performance site is located.
State	Select from the list of States or enter the State/province in which the performance site is located.
Zip Code	Enter the zip code of the performance site location.
Country	Enter the country of the performance site from the list.

INSTRUCTIONS FOR R&R BUDGET

Section A & B

SECTION A, Senior/Key Person

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For applicants applying electronically, this field is automatically populated from the SF 424 R&R Cover Page.
Budget Type	Check the appropriate box. Check Project if the budget requested is for the primary applicant organization. Check subaward/consortium organizations if applies. Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of Organization	Enter the name of your organization.
Start Date	Enter the requested Start Date of Budget Period.
End Date	Enter the requested End Date of the Budget Period. The Budget Period should be 12 months long.
Budget Period	Identify the specific Budget Period: 1 for first year of the grant, 2 for second year of the grant, 3 for third year of the grant, etc.
A. Senior/Key Person	Enter the Prefix, First/(Given) name, Middle name (if applicable), Last Name and Suffix of the senior/key person.
Project Role	Enter the project role of the Senior/Key person.
Base Salary (\$)	Enter the annual compensation paid by the employer for each Senior/Key person. This includes all activities such as research, teaching, patient care, etc.
Cal. Months	Enter the number of calendar months devoted to the project in the applicable box for each project role category.
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category. If your institution does not use a 9 month academic period, indicate your institution's definition of academic year in the budget justification.
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category. If your institution does not use a 3 month summer period, indicate your

	institution's definition of summer period in the budget justification.
Requested Salary (\$)	Regardless of the number of months being devoted to the project, indicate only the funds being requested to cover the amount of salary/wages for each senior/key person for this budget period.
Fringe Benefits (\$)	Enter applicable fringe benefits, if any, for each senior/key person for this budget period.
Funds Requested (\$)	Enter Federal funds requested for salary/wages and fringe benefits for each senior/key person for this budget period for this project.
Line 9. Total Funds Requested for all Senior Key Persons in the Attached Files	Enter the total Federal funds requested for all senior/key persons listed in the attached file "Additional Senior Key Persons".
Additional Senior Key Persons (attach file)	If there are more than 8 Senior Key Persons, attach a file detailing the funds requested for key personnel beyond the 8 individuals listed in Section A, following the same table format used in Section A. The total funds requested in this table should be entered in the "Total Funds Requested for all Senior/Key Persons" in Section A Line 9.

SECTION B. Other Personnel

Field Name	Instructions
Number of Personnel	For each project role category identify the number of personnel proposed.
Project Role	If project role is other than Post-Doctoral Associates, Graduate Students, Undergraduate Students, or Secretarial/Clerical, enter the appropriate project role (for example, Engineer, Statistician, IT Professional etc.) in the blanks.
Cal. Months	Enter the number of calendar months devoted to the project in the applicable box for each project role category.
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category. If your institute does not use a 9 month academic period, indicate your institution's definition of academic year in the budget justification.
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category. If your institute does not use a 3 month summer period, indicate your institution's definition of summer period in the budget justification.
Requested Salary (\$)	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages/stipend amount being requested for each project role.
Fringe Benefits (\$)	Enter applicable fringe benefits, if any, for each project role category.
Funds Requested (\$)	Enter requested salary/wages/stipend and fringe benefits for each project role category.
Total Number Other Personnel	Enter the total number of other personnel and related funds requested for this project.
Total Salary, Wages and Fringe Benefits (A &B)	Enter the total funds requested for all senior key persons, stipends and all other personnel. If applying electronically this may be automatically calculated based on the information provided. If applying through hard copy please enter this number, ensuring that the total is equal to the detailed information provided.

Section C, D & E

SECTION C: Equipment Description

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is automatically populated from the SF 424 R&R Cover

	Page.
Budget Type	Check the appropriate box. Check Project if the budget requested is for the primary applicant organization. Check subaward/consortium organizations if applicable. Separate budgets are usually required only for subaward budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of Organization	Enter the name of your organization.
Start Date	Enter the requested Start Date of the Budget Period.
End Date	Enter the requested/proposed End Date of the Budget Period. The Budget Period should be 12 months long.
Budget Period	Identify the specific budget period: 1 for first year of the grant, 2 for second year of the grant, 3 for third year of the grant, etc.
Equipment Item	Equipment is identified as an item of property that has an acquisition cost of \$5,000 or more (unless the organization has established lower levels) and an expected service life of more than 1 year. List each item of equipment separately and justify each in the budget justification section. Ordinarily, allowable items are limited to those which will be used primarily or exclusively to conduct grant activities.
Funds Requested	Enter the estimated cost of each item of equipment, including shipping and any maintenance costs and agreements.
Total Funds Requested for all Equipment Listed in the Attached Files	Enter the total Federal funds requested for all equipment listed in the attached file "Additional Equipment".
Additional Equipment	If needed, attach a file detailing the funds requested for equipment beyond that listed above, following the same table format. The total funds requested in this table should be entered in the "Total Funds Requested for all Equipment Listed in Attached Files".

SECTION D. Travel

Field Name	Instructions
Domestic Travel Costs (Incl. Canada, Mexico, and US Possessions)	Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US possessions. In the Budget Justification, include the purpose, destinations, dates of travel (if known), and number of individuals for each trip. If the dates of travel are unknown, estimate the length of trip (ex: 3 days).
Foreign Travel Costs	Enter the total funds to be used for foreign travel. Foreign travel includes any travel outside of the United States, Canada, Mexico and or US possessions. In the Budget Justification, include the purpose, destinations, travel dates (if known), and number of individuals for each trip. If the dates of travel are unknown, estimate the length of trip (ex: 3 days).
Total Travel Costs	Enter the total funds requested for all travel related to this project. If applying electronically, this may be automatically calculated based on the information provided.

SECTION E: Participant/Trainee Support Costs

Field Name	Instructions
Tuition/Fees	Enter the total amount of funds requested for participant /trainee tuition, fees, and /or health insurance, if applicable.
Stipends	Enter the total amount of funds requested for participant/trainee stipends, if applicable.
Travel	Enter the total funds requested for participant/trainee travel associated with this project, if applicable.
Subsistence	Enter the total funds requested for participant/trainee subsistence, if applicable.

Other	Name and describe the funds requested for any other participant/trainee costs or institutional allowances, scholarships, etc.
Number of Participants	Enter the total number of proposed participants/trainees receiving support costs.
Total Trainee Costs	Enter the total participant/trainee support costs. If applying electronically, this may be automatically calculated based on the information provided.

RESEARCH AND RELATED BUDGET - SECTION F-K Budget Period

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the SF 424 R&R Cover Page.
Budget Type	Check the appropriate box. Check Project if the budget requested is for the primary applicant organization. Check subaward/consortium organizations if applicable. Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of Organization	Enter the name of your organization.
Start Date	Enter the requested Start Date of the Budget Period.
End Date	Enter the requested/proposed End Date of the Budget Period. The Budget Period should be 12 months long.
Budget Period	Identify the specific Budget Period: 1 for first year of the grant, 2 for second year of the grant, 3 for third year of the grant, etc.

SECTION F. Other Direct Cost

Field Name	Instructions
1. Materials and Supplies	Enter the total funds requested for materials and supplies. In the Budget Justification itemize all categories for which costs exceed \$1,000. Categories of items less than \$1,000 in value do not have to be itemized.
2. Publication Costs	Enter the total publication funds requested. The budget may request funds for the cost of documenting, preparing, publishing or otherwise disseminating the findings of this project to others. Include supporting documents for publishing costs in the Budget Justification.
3. Consultant Services	Enter the total funds requested for consultant services. Identify each consultant, the services to be performed, travel related to this project and the total estimated costs in the Budget Justification.
4. ADP/Computer Services	Enter total funds requested for ADP/computer services. Include the established computer service rates at the proposed organization in the Budget Justification.
5. Subawards/Consortia/ Contractual Costs	Enter total funds requested for subaward, consortium and/or contractual costs proposed for the project.
6. Equipment/Facility Rental/ User Fees	Enter total funds requested for equipment or facility rental or users fees. Include supporting evidence in the Budget Justification.
7. Alterations and Renovations (not applicable to training program grants)	Enter the total funds requested for alterations and renovations. In the Budget Justification itemize by category and justify the costs including repairs, painting, removal or installation of partitions. Where applicable provide square footage and costs.
Items 8-10	In items 8-10 please describe any other direct costs not requested above. Use the Budget Justification to further itemize and demonstrate the necessity of these costs. If line space is inadequate please use line 10 to combine all remaining "other direct costs" and include details of these

	costs in the budget justification.
Total Other Costs	The total funds requested for all Other Direct Costs

SECTION G: Direct Costs

If applying electronically, this item will be automatically computed as the sum of sections A-F. If applying in paper please enter the sum of sections A-F in this field.

SECTION H: Indirect Costs

Field Name	Instructions
Indirect Cost Type	Indicate the type of indirect cost, including if this is off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect cost rate (s) approved by a Federal Agency indicate “None—will negotiate” and include information for proposed rate. Use the Budget Justification if additional space is needed.
Indirect Cost Rate (%)	Indicate the most recent indirect cost rate(s), also known as Facilities and Administrative Costs (F&A) established with a cognizant Federal office or, in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you do not have a cognizant oversight agency and are selected for an award, you must submit your requested indirect cost rate documentation to the awarding department. For HHS this would be the Division of Cost Allocation in HHS. Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, sub-awards, and contracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation. State and local, and Indian tribal government agencies may request full indirect cost. State universities and hospitals are subject to the 8% rate limitation.
Indirect Cost Base (\$)	Enter amount of the base for each indirect cost type.
Funds Requested	Enter the total funds requested for each indirect cost type.
Cognizant Federal Agency	Enter the name of the cognizant Federal Agency, name and telephone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter “None”.

SECTION I: Total Direct and Indirect Institutional Costs (Section G+ Section H)

Enter the total funds requested for direct and indirect costs. If applying electronically, this field will be calculated for you.

SECTION J: Fee

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a fee. If allowable, enter the fee requested in this field.

SECTION K: Budget Justification

Detailed instructions for information to include in this section will be provided in the Program Application Guidance. Use the Budget Justification to provide the additional information in each budget category and any other information necessary to support your budget request. Please use this section to provide the information requested or required in the program guidance. Please refer to the Program Application Guidance to determine the need for and correct placement (ex: in an Appendix) of any other recommended or required budget tables.

RESEARCH AND RELATED BUDGET –CUMULATIVE BUDGET

If applying electronically, all of the values on the Cumulative Budget form will be automatically calculated based on the amounts that were entered previously in Sections A through K for each of the individual budget periods. Therefore, no data entry is allowed on this form when applying electronically. If any amounts displayed on the Cumulative Budget form appear to be incorrect, you must adjust the appropriate entries in Sections A through K for the appropriate budget

periods. If applying in paper form please ensure that entries in the Cumulative Budget are consistent with those entered in Sections A through K.

Field Name	Instructions
Section A: Senior/Key Person	The cumulative total funds requested for all Senior/Key personnel.
Section B: Other Personnel	The cumulative total funds requested for all other personnel.
Total Number Other Personnel	The cumulative total number of other personnel.
Total Salary, Wages, and Fringe Benefits (Section A + Section B)	The cumulative total funds requested for all Senior/Key personnel and all other personnel.
Section C: Equipment	The cumulative total funds requested for all equipment.
Section D: Travel	The cumulative total funds requested for all travel.
1. Domestic	The cumulative total funds requested for all domestic travel.
2. Foreign	The cumulative total funds requested for all foreign travel.
Section E: Participant/Trainee Support Costs	The cumulative total funds requested for all participant/trainee costs.
1. Tuition/Fees/Health Insurance	The number of calendar months devoted to the project for each project role category.
2. Stipends	The cumulative total funds requested for participants/trainee stipends.
3. Travel	The cumulative total funds requested for Trainee /Participant travel.
4. Subsistence	The cumulative total funds requested for Trainee/Participant subsistence.
5. Other	The cumulative total funds requested for any other Trainee/Participant costs including scholarships.
6. Number of participants/trainees	The cumulative total number of proposed Trainees/Participants.
Section F: Other Direct Costs	The cumulative total funds requested for all other direct costs.
1. Materials and Supplies	The cumulative total funds requested for Materials and Supplies.
2. Publication Costs	The cumulative total funds requested for Publications.
3. Consultant Services	The cumulative total funds requested for Consultant Services.
4. ADP/Computer Services	The cumulative total funds requested for ADP/Computer Services.
5. Subawards/ Consortium/ Contractual Costs	The cumulative total funds requested for 1) all subaward/ consortium organization(s) proposed for the project, and 2) any other contractual costs proposed for the project.
6. Equipment or Facility Rental/User Fees	The cumulative total funds requested for Equipment or Facility Rental/ User Fees.
7. Alterations and Renovations	The cumulative total funds requested for Alterations and Renovations.
8. Other 1	The cumulative total funds requested in line 8 or the first Other Direct Costs category.
9. Other 2	The cumulative total funds requested in line 9 or the second Other Direct Costs category.
10. Other 3	The cumulative total funds requested in line 10 or the third Other Direct Costs category.
Section G: Direct Costs A-F	The cumulative total funds requested for all direct costs.
Section H: Indirect	The cumulative total funds requested for all indirect costs.

Costs	
Section I : Total Direct and Indirect Costs	The cumulative total funds requested for direct and indirect costs.
Section J: Fee	The cumulative funds requested for Fees (if applicable).

INSTRUCTIONS FOR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Subawards are not allowed by HRSA unless legislatively authorized or requested in the Program Application Guidance. Please click on the Subaward Budget attachment to obtain the required budget forms. Attach all budget information by attaching the files in line items 1-10. Please do not attach any files to the subaward documents as they will not be transferred to HRSA. All justification for expenditures should be added to the budget justification for the project in Section K of the project budget.

SF-424R&R OTHER PROJECT INFORMATION COMPONENT

If this is an application for a Research Grant Please Respond to All of the Questions on this page.

If this is an application for a Training Grant Please Respond to Items 1 and Items 6-11.

Field Name	Instructions
1. Are Human Subjects Involved	If activities involving human subjects are planned at any time during proposed project check YES. Check this box even if the proposed project is exempt from Regulations for the protection of Human Subjects. Check NO if this is a training grant or if no activities involving human subjects are planned and skip to step 2.
1.a If yes to Human Subjects Involved	Skip this section if the answer to the previous question was NO. If the answer was YES, indicate if the IRB review is pending. If IRB has been approved enter the approval date. If exempt from IRB approval enter the exemption numbers corresponding to one or more of the exemption categories. See: http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm for a list of the six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects. For Human Subject Assurance Number enter the IRB approval number OR the approved Federal Wide Assurance (FWA) , multiple project assurance (MPA) , Single Project Assurance (SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research Protections, if available.
2. Are Vertebrate Animals Used	If activities using vertebrate animals are planned at any time during the proposed project at any performance site check the YES box; otherwise check NO and proceed to step 3.
2 a. If yes to Vertebrate animals	Indicate if the IACUC review is pending by checking YES in this field otherwise check NO. Enter the IACUC approval date. Leave the approval date field blank if approval is pending. For Animal Welfare Assurance Number, enter the Federally approved assurance number if available.
3. Is Proprietary /Privileged Information Included in the Application	Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in the application only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check the YES box and clearly mark each line or paragraph of the pages containing proprietary/privileged information with a legend similar to: "The following contains proprietary/privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation."
4a. Does this project	If your project will have an actual or potential impact on the environment check the YES

have an actual or potential impact on the environment?	box and explain in the box provided in 4b. Otherwise check NO and proceed to question 5a.
4.b. If yes, please explain	Enter the explanation or the actual or potential impact on the environment here.
4c. If this project has an actual or potential impact on the environment has an exemption been authorized or an Environmental Assessment (EA) or an Environmental Impact Statement (EIS) been performed?	If an exemption has been authorized or an EA or EIS has been performed check the YES box in 4d. Otherwise check the NO box.
4d. If yes, please explain	If an exemption has been authorized or an EA or EIS has been performed, enter the explanation.
5a. Does the project involve activities outside of the U.S. or partnership with international collaborators?	If your project involves activities outside of the U.S. or partnerships with international collaborators check the YES box and list the countries in the box provided in 5b and an optional explanation in box 5c. Otherwise check NO and proceed to item 6.
5b. If yes, identify countries	Identify the countries with which international cooperative activities are involved.
5c. Optional explanation	Use this box to provide any supplemental information, if necessary. If necessary you can provide the information as an attachment by clicking "Add Attachment" to the right of Item 11 below.
6. Project Summary/ Abstract	Please refer to the Program Application Guidance for instructions regarding the information to include in the project summary/abstract. The project summary must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of the objectives and methods employed. The summary must NOT include any proprietary/confidential information. If applying electronically attach the summary/abstract by clicking on "Add Attachment", browse to where you saved the file, select the file, and click to attach.
7. Project Narrative	Provide the project narrative in accordance with the Program Application Guidance/announcement and/or agency/program specific instructions. If applying electronically attach the project narrative by clicking on "Add Attachment", browse to where you saved the file, select the file, and click to attach.
8. Bibliography and References Cited	Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers and year of publication. Include only bibliographic citations. Be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of this application. If applying electronically, attach the bibliography by clicking "Add Attachment" on line 8.
9. Facilities and Other Resources	This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their pertinent capabilities, relative proximity and extent of availability to the project (e.g., machine shop, electronic shop), and the extent to which they would be available to the project. If applying electronically attach additional facility and other resources document(s) by clicking on "Add Attachment", browse to where you saved the file, select the file, and click to attach.

10. Equipment	List major items of equipment already available for this project and if appropriate identify location pertinent capabilities. If applying electronically attach the equipment summary by clicking on “Add Attachment”, browse to where you saved the file, select the file, and click to attach.
11. Other Attachments	Attach a file to provide any program specific forms or requirements not provided elsewhere in the application in accordance with the agency or program specific guidance. If applying electronically attach the desired file by clicking on “Add Attachment”, browse to where you saved the file, select the file, and click to attach.

ATTACHMENTS FORM

Use this form to add files required in the Program Application Guidance whose location has not been specified elsewhere in the application package. Use the first line item to attach the file with information on your organization’s Business Official. Name this file BUSINESS OFFICIAL INFORMATION. Attach other files as required in the Program Guidance.

Appendix B: ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS

When an authorizing official signs the face page of the SF-424 R&R, they assure compliance with the requirements outlined below and those included in 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/hhsgrantspolicy.pdf>.

Other Discrimination: Attention is called to the requirement of Sec. 401 of the Health Programs Extension Act of 1973, P. L. 93-45, as amended (42 U.S.C. § 300a-7), which provides that no entity which receives any grant, contract, loan, loan guarantee, or interest subsidy under the PHS Act may deny admission or otherwise discriminate against any applicant (including applicants for internships and residencies) for training or study because of the applicant's reluctance or willingness to counsel, suggest, recommend, assist, or in any way participate in the performance of abortions or sterilizations contrary to the applicant's religious beliefs or moral convictions.

Drug Free Workplace Act of 1988: The applicant institution must comply with the requirements of 2 CFR Part 382, which require certification that grantees will provide and maintain a drug-free workplace.

Research Misconduct: Each institution which applies for or receives assistance under a research, research-training, or research-related grant or cooperative agreement under the PHS Act must submit an annual assurance (Form PHS 6315) certifying that the institution has established administrative policies as required by the 42 CFR Part 93, PHS Policies on Research Misconduct, Subpart C, "Responsibilities of Institutions"

In matters related to research misconduct, all HRSA supported research falls under the authority of the [Office of Research Integrity](#) (ORI) at the Department of Health and Human Services. ORI promotes integrity by monitoring institutional investigations of research misconduct and facilitating the responsible conduct of research (RCR) through educational, preventive, and regulatory activities in accordance with [42 CFR Parts 50 and 93 - Public Health Service Policies on Research Misconduct](#).

Debarment and Suspension: The applicant organization must certify, among other things, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Sub-awardees, that is, other corporations, partnerships, or other legal entities (called "lower tier" participants), must make the same certification to the applicant organization concerning their covered transactions. Pertinent DHHS regulations are found in 2 CFR 376 which provides that, to the extent permitted by law, executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension.

Statement of Non-Delinquency on Federal Debt: The question applies only to the person or institution requesting financial assistance, and does not apply to the person who signs an application

form as the authorized representative of an institution or on behalf of another person who actually receives the funds.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHS loans, and other miscellaneous administrative debts. For purposes of this statement, the following definitions apply:

- For direct loans, a debt more than 31 days past due on a scheduled payment.
- For agents, recipients of a “Notice of Grants Cost Disallowance” who have not repaid the disallowed amount or who have not resolved the disallowance.
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.

Drug-Free Schools and Campuses: The Drug-Free Schools and Communities Act Amendments of 1989, P. L. 101-226, Sec. 22, which added Sec. 1213 to the Higher Education Act, require that any public or private institution of higher education (including independent, hospitals conducting training programs for health care personnel), State educational agency, or local educational agency receiving Federal financial assistance must certify to the Secretary of Education, as a condition for funding, that it has adopted and implemented a drug prevention program as described in regulations at 34 CFR Part 86, (55 FR 33581), August 16, 1990, as amended at 61 FR 66225, December 17, 1996. The provisions of the regulations also apply to sub-grantees which received Federal funds from any Federal grantee regardless of whether or not the primary grantee is an institution of higher education, State educational agency, or local educational agency.

Bloodborne Diseases: Sec. 308 of Title III of P. L. 102-408, the Health Professions Education Extension Amendments of 1992, requires that with respect to awards of grants or contracts under Title VII or VIII of the PHS Act, the Secretary of HHS may make such an award for the provision of traineeships only if the applicant for the award provides assurances satisfactory to the Secretary that all trainees will, as appropriate, receive instruction in the utilization of universal precautions and infection control procedures for the prevention of the transmission of bloodborne diseases.

RELEASE OF INFORMATION

General Public Information: DHHS makes available routinely to interested persons a report listing grants awarded. Information made available includes the title of the project, grantee institution, project director, and the amount of the award.

The Freedom of Information Act (5 U.S.C. § 552) and the associated Freedom of Information Regulations of DHHS (45 CFR Part 5) require the release of certain information about grants upon request. Release does not depend upon the intended use of the information.

Generally available for release upon request are all funded grant applications; progress reports of grantees; and final reports of any review or evaluation of grantee performance conducted or caused to be conducted by the Department. Release is subject to deletion of material that would affect patent or other valuable rights.

Information Available to the Project Director: The Privacy Act of 1974 (5 USC 552a) and the associated Privacy Act Regulations (45 CFR part 5b) give individuals the right to access, upon request, information in the records concerning themselves. The Act provides a mechanism for correction or amendment of such information. It also provides for the protection of information pertaining to an individual, but it does not prevent disclosure if release of such information is required under the Freedom of Information Act. If a Privacy Act system of records applies, the name and number of the system will be identified.

If applicable, the Privacy Act requires that a Federal Agency requesting information from an individual advise the individual of the Agency's authority to make the request; whether compliance with the request is voluntary or mandatory; how and why the information will be used both inside and outside the Agency; and what the consequences are for the individual of failing to provide all or any part of the requested information.

The DHHS requests the information described in these instructions under authority of the PHS Act as amended (42 U.S.C. § 289a-1). Although provision of the information requested is entirely voluntary, it is necessary for making grant award decisions. A lack of sufficient information may hinder DHHS's ability to review applications. This information will be used by the DHHS and may be disclosed outside the Department as permitted by the Privacy Act under the applicable system of records.

Government Use of Information: In addition to being used in evaluating applications, other routine uses of information can include disclosures to the public as required by the Freedom of Information Act; to the Congress; to the National Archives and Records Service; to the Bureau of the Census; to law enforcement agencies upon their request; to the General Accounting Office; and under court order. It may also be disclosed outside of the Department if necessary for the following purposes.

- To the cognizant audit agency for auditing;
- To the Department of Justice as required for litigation;
- To respond to an inquiry from a Congressional office about the record of an individual made at the request of that individual;

- To qualified experts not within the definition of Department employees as prescribed in Department regulations (45 CFR Part 5b.2, Purpose and Scope) for opinion as a part of the application review process.
- To the Federal agency, in response to its request, in connection with the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
- To individuals and organizations deemed qualified by the DHHS to carry out specific research related to the review and award process of the DHHS;
- To organizations in the private sector with whom DHHS has contracted for the purpose of collating, analyzing, aggregating or otherwise refining records in a system. Relevant records will be disclosed to such a contractor. The contractor shall be required to maintain Privacy Act safeguards with respect to such records; and
- To the applicant organization in connection with performance or administration under the terms and conditions of the award.