

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

Bureau of Health Professions
Division of Medicine and Dentistry

Grants to States to Support Oral Health Workforce Activities

Announcement Type: New and Competing Continuation
Announcement Number: HRSA-12-028

Catalog of Federal Domestic Assistance (CFDA) No. 93.236

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: April 4, 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.*

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*Shane Rogers
Public Health Analyst
Oral Health Branch
Division of Medicine and Dentistry
Bureau of Health Professions
Telephone: 301-443-5260
Fax: 301-443-8890*

Authority: Title III, Section 340G of the Public Health Service Act (42 USC 256g).

Executive Summary

The Grants to States to Support Oral Health Workforce Activities program is authorized under Section 340G of the Public Health Service Act, as amended (42 USC 256g). This program awards grants to help states develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas in a manner that is appropriate to the states' individual needs.

This program will provide funding during federal fiscal years 2012-2014. Approximately \$7,000,000 is expected to be available in Fiscal Year (FY) 2012 to fund seventeen (17) new state grants. Applicants may apply for a ceiling amount of up to \$500,000 per year. The average award is estimated to be \$400,000 per year (range of \$225,000-\$500,000). The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, grantee satisfactory performance and a decision that funding is in the best interest of the Federal Government.

Grants will not be made to a state unless that state agrees that, with respect to the costs to be incurred by the state in carrying out the activities for which the grant was awarded, the state will provide non-federal contributions in an amount equal to not less than 40 percent of federal funds provided under the grant. The state may provide the contributions in cash or in-kind, fairly evaluated, including plant, equipment, and services and may provide the contributions from state, local, or private sources.

Applications may be submitted by a Governor-appointed, state governmental entity from each state that addresses at least one of 13 activities listed in the legislation and contained in this funding opportunity announcement.

Applications are due in Grants.gov no later than April 4, 2012. It is expected that awards will be made by September 1, 2012.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Grants to States to Support Oral Health Workforce Activities Program. The purpose of this program is to help states develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas in a manner that is appropriate to the states' individual needs.

Applications for this program should describe innovative approaches to addressing and measuring oral health workforce needs at the state level. Applications must address at least one of the following 13 activities:

- 1) loan forgiveness and repayment programs for dentists who:
 - (A) agree to practice in designated dental health professional shortage areas;
 - (B) are dental school graduates who agree to serve as public health dentists for the Federal, State, or local government; and
 - (C) agree to:
 - i. provide services to patients regardless of such patients' ability to pay; and
 - ii. use a sliding payment scale for patients who are unable to pay the total cost of services;
- 2) dental recruitment and retention efforts;
- 3) grants and low-interest or no-interest loans to help dentists who participate in the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et. seq.) to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such practices;
- 4) the establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools;
- 5) programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in dental health professional shortage areas, including services and facilities for children with special needs, such as:
 - (A) the expansion or establishment of a community-based dental facility, free-standing dental clinic, consolidated health center dental facility, school-linked dental facility, or United States dental school-based facility;
 - (B) the establishment of a mobile or portable dental clinic; and
 - (C) the establishment or expansion of private dental services to enhance capacity through additional equipment or hours of operation;
- 6) placement and support of dental students, dental residents, and advanced dentistry trainees;
- 7) continuing dental education, including distance-based education;
- 8) practice support through teledentistry in accordance with State laws;
- 9) community-based prevention services such as water fluoridation and dental sealant programs;
- 10) coordination with local educational agencies within the State to foster programs that promote children going into oral health or science professions;
- 11) the establishment of faculty recruitment programs at accredited dental training institutions whose mission includes community outreach and service and that have a demonstrated record of serving underserved States;

- 12) the development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State; and
- 13) any other activities determined to be appropriate by the Secretary.

In developing appropriate activities under this grant to address the dental workforce needs of dental Health Professional Shortage Areas (HPSAs) in the state, states are encouraged to work closely with tribal entities to establish or expand programs and activities that meet the needs of those Tribes.

Institute of Medicine Reports

In 2011, the Institute of Medicine released two reports, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations* and *Advancing Oral Health Care in America* that assessed the current oral health system and resulted in recommended strategic actions to improve oral health care in the United States. Applicants are strongly encouraged to follow these recommendations to contribute to the goal of improving access to care for underserved and vulnerable populations. Implementation of these recommendations may be achieved by utilizing legislative activity number 13, “any other activities determined to be appropriate by the Secretary.” These reports can be found online at <http://www.iom.edu/Reports.aspx>.

2. Background

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

Section 340G of the Public Health Service Act, as amended, Subpart X – Primary Dental Programs, Section 340G (42 USC 256g) authorizes the Secretary, Department of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Services Administration (HRSA), “To award grants to States for the purpose of helping States develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas in a manner that is appropriate to the States’ individual needs.” Section 340F of the PHS Act defines “a designated dental health professional shortage area” as “an area, population group, or facility that is designated by the Secretary as a dental health professional shortage area under Section 332 or designated by the applicable State as having a dental health professional shortage.” According to HRSA’s Office of Shortage Designation, as of March 13, 2011, there were 33.3 million individuals lacking access to appropriate oral health care in 4,639 dental HPSAs.

Despite significant advances in dental productivity, distribution problems remain for specific geographic areas and populations. To further complicate matters, the nation’s dental school faculty is aging. Retirement is a leading indicator of this fact and reveals that U.S. dental schools face faculty shortage issues.

Twenty years ago, one-fifth of all dental school graduates pursued specialization; at the end of the 20th century, the figure was closer to one-third. Not only has the U.S. population grown from

227 million in 1980 to over 308 million in 2010, but many more Americans are keeping their natural teeth into old age.

United States dental schools may play an important role in improving access to care for underserved populations through the provision of direct services and exposure of students and residents to caring for the special needs of such populations. In the early 1980s, U.S. dental schools produced approximately 5,750 new graduates per year. In 2007, with a total population that is nearly one-third larger, there were only about 4,700 new graduates, over an eighteen percent decrease.

Currently, about 600-800 more dentists enter the profession than retire from it each year. Starting around 2014, as the baby-boomer dentists start to retire, the number of practicing dentists will decline while the U.S. population continues to grow.

In 2002, Congress authorized legislation under Title III, Section 340G of the Public Health Service Act, for the creation of the Grants to States to Support Oral Health Workforce Activities Program. This program was designed to improve the accessibility of the country's oral health workforce for underserved geographic areas by offering 13 different activities to be funded. Funds were appropriated for this program in 2006 when Congress authorized \$2 million a year, for three years, which allowed for the funding of 18 new grants. Congress reauthorized the program under the Health Care Safety Net Act of 2008, and appropriated a total of \$5 million for this program, which provided for the funding of 16 new "planning" grants to states to develop or update strategic plans to improve oral health delivery and infrastructure. In 2009, \$10 million was appropriated for the program and provided for the funding of 25 new three-year grants and in 2010, nearly \$17.5 million was appropriated that provided continuation funding for the 25 active grants and also funded another nine new grants. One page abstract summaries for these 25 grants can be found at <http://bhpr.hrsa.gov/grants/dentistry/index.html>.

Examples of the types of practice sites that are recognized as providing care for underserved communities include the following:

- Health Centers (HC) and Migrant Health Centers (MHC)
- Critical Access Hospitals (CAH)
- Health Care for the Homeless grantees
- Public Housing Primary Care grantees
- Rural Health Clinics (RHCs), federally designated
- National Health Service Corps (NHSC) sites, freestanding
- Indian Health Service (IHS) sites
- Federally Qualified Health Centers (FQHC) and Look-Alikes
- Practices located in Dental Health Professional Shortage Areas
- State or Local Health Departments
- Sites designated by a state governor, in consultation with the dental community

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2012 -2014. Approximately \$7,000,000 is expected to be available annually to fund seventeen (17) grantees. Applicants may apply for a ceiling amount of up to \$500,000 per year. The period of support is three (3) years. The awards will be for a three-year project period of September 1, 2012 – August 31, 2015, with an average award of \$400,000 per grant (range of \$225,000-\$500,000). Funding beyond the first year is dependent on the availability of appropriated funds for the “Grants to States to Support Oral Health Workforce Activities” program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include Governor-appointed, state government entities. In addition, eligible applicants also include Governor (or the equivalent chief executive) - appointed entities of the District of Columbia, the Commonwealths of Puerto Rico and the Northern Mariana Islands, and the U.S. flag territories of American Samoa, Guam, and the U.S. Virgin Islands. ONLY new applicants and competing continuation applicants are eligible to apply.

All applications **MUST contain a letter of support from the Governor in Attachment 7** if the application is submitted by state governmental entities other than the designated State Oral Health Program (i.e., a state-run university or dental school), this letter should describe the State Oral Health Program’s involvement with the project and endorse the applicant as the state’s designated representative to apply for these federal dollars. Private institutions are not eligible to apply for these grant dollars.

2. Cost Sharing/Matching

As required by Title III, Section 340G(d) of the Public Health Service Act, an entity that receives a grant under this program must contribute non-federal funds for activities carried out under this grant. Grants will not be made to a state unless that state agrees that, with respect to the costs to be incurred by the state in carrying out the activities for which the grant was awarded, the state will provide non-federal contributions in an amount equal to not less than 40 percent of federal funds provided under the grant. The state may provide the contributions in cash or in-kind, fairly evaluated, including plant, equipment, and services and may provide the contributions from state, local, or private sources.

The applicant must provide assurances that it will meet the matching requirement and that it possesses sufficient infrastructure to manage the activities to be funded through the grant and to evaluate and report on the outcomes resulting from such activities.

3. Other

Each state is limited to only one application per cycle.

Applications that exceed the ceiling amount of \$500,000 per year 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.

Any application that fails to include in the narrative budget justification the amount and type of matching funds proposed for the project will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

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

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

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

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The

[CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

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

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

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

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

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

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

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Format

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

SF-424 R&R Fed/Non-Fed – Table of Contents

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

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

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

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

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

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

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

-  **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
-  Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
 -  Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
 -  Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. Table of Contents page will not be counted in the page limit.
 -  Limit the file attachment name to fewer than 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
Attachment 1	Tables, Charts, etc that give further details about the proposal and are not included elsewhere. Counted in the page limit.
Attachment 2	Staffing Plan. Counted in the page limit.
Attachment 3	Job Descriptions for Key Personnel. Keep each to one page in length as much as is possible. Counted in the

Attachment Number	Attachment
	page limit.
Attachment 4	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) - Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated. Counted in the page limit.
Attachment 5	Project Organizational Chart - Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators. Counted in the page limit.
Attachment 6	Summary Progress Report (For Competing Continuations Only). Counted in the page limit.
Attachment 7	Other Relevant Documents - Include here any other documents that are relevant to the application, including letters of support, not listed elsewhere in the Table of Contents. Letters of support must be dated. Required letter(s) of support from the Governor should be included here. 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 in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.236.

DUNS Number

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

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

ii. *Table of Contents*

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

iii. *Budget*

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

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

The Cumulative Budget is automatically generated and provides the total budget information for the three-year grant request. Errors found in the Cumulative Budget must be corrected

within the incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.

Salary Limitation:

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

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

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

iv. Budget Justification

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

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for

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

Include the following in the Budget Justification narrative:

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

Sample:

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

*Actual annual salary = \$350,000

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

Consultant Costs: Give 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. Include expected rate of compensation and total fees, travel, per diem or other related costs for each consultant.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Applicants should allow for travel to the National Oral Health Conference. Principal Investigators are encouraged to attend this annual meeting.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and

furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

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

Participant/Trainee Support: If applicable, list costs to support trainees or participants in dental educational programs. Include proposed tuition, fees, health insurance, stipends, subsistence for each participant/trainee and how these relate to the goals and objectives of the application.

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

Applicants that request funds solely for a subcontract need to provide evidence of their substantial role in the project.

Applicants must provide a detailed line item budget and budget justification for all contract agreements

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

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

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

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and

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

Applicants are requested to submit a copy of their most recent indirect cost rate agreement.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**. When applicable, biographical sketches, uploaded in the SF-424 R&R Senior/Key Person Profile form, should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. Biographical sketches are counted in the page limit.

vi. *Assurances*

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

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 7**.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Specific items for inclusion are:

- 1) A four or five sentence project summary
- 2) Specific, measurable objectives which the project will accomplish;

- 3) How the proposed project for which funding is requested will be accomplished, *i.e.*, the "who, what, when, where, why and how" of a project.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable
- Number of years of support requested (1 – 3)

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

ix. *Project Narrative*

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

Use the following section headers for the Narrative:

- ***INTRODUCTION***
This section should briefly describe the purpose of the proposed project and its relevance to the stated goal of the solicitation.
- ***NEEDS ASSESSMENT***
This section outlines the oral health workforce needs of the targeted state, community and/or organization. The priority population and its unmet health needs must be described and documented in this section. Applicants should indicate the oral health workforce need that this proposal addresses and how this funding will increase access to oral health care in the target area(s). Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand the state, community and/or organization that will be served by the proposed project.
- ***METHODOLOGY***
In this section, describe the overall strategy and methods that will be used to meet one or more of the program requirements and the purpose described in this grant announcement. Describe in detail the goals, objectives and activities of the proposed project. Be sure to describe any existing evidence that supports the approach. Summarize the expected outcomes of the proposed project and the potential impact on the access to oral health care of the population.
- ***WORK PLAN***
Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section, be sure to describe any evidence used to support your approach in addressing the identified need. Describe and highlight any innovations contained within the objectives of the project that ultimately address the dental health workforce needs of

designated Dental HPSAs in the respective state. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. If there is more than one project/performance site, list all sites and provide information regarding consortium or contractual arrangement with any collaborating organizations. Use a timeline that includes each activity and identifies responsible staff.

▪ *RESOLUTION OF CHALLENGES*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan and approaches that will be used to resolve such challenges. Many states have internal processes that may affect proposed grant activities. For example, if you are requesting funds for a dental van, your particular state may require that you go through a competitive application process before making the purchase, thus extending the period of performance for this proposed grant objective.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

The evaluation strategy must be explicitly related to the project objectives. It must address how the required BHPPr annual performance data will be collected and its quality assured. To the extent your program will be collecting data, the application must propose specific qualitative and/or quantitative evaluation measures for each objective and activity. While process measures and outputs are important, impact and outcome measures must also be considered. Applicants should explain what data will be collected, methods for collection, and how data will be analyzed and reported. Applicants should describe current experience, skills, and knowledge of evaluation staff, including previous work of a similar nature and related publications. When an infrastructure for data collection is not in place, applicants must include a plan, with milestones and target dates, to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data.

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

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

▪ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant's current mission and structure, scope of current activities, and an organizational chart. Describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Applications should include a description of the role of the State Health Department in the proposed project. Provide information regarding applicant resources and capabilities to support the provision of culturally and linguistically competent services appropriate to the health literacy level of target populations. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Identify and describe, in detail, the facilities and organizational resources of all the project's performance sites. For all key personnel, describe current position, skills and knowledge, and any previous experience that may justify their proposed role in the project. Describe collaborative linkages, if applicable, among the State Oral Health Program, organized dentistry, educational institutions and community organizations.

▪ **DISSEMINATION**

In this section, discuss the potential impact of the project on access to oral health care services in the state or target community. Also describe how the project may be replicable, and plans for exporting and disseminating the methodology, products, materials, and outcomes and how the replication and dissemination plan relates to the previously described needs.

x. Program Specific Forms, if applicable

Not applicable.

xi. 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** and attached in order according to the SF-424 R&R Table of Contents in this funding opportunity announcement.

Attachment 1: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 2: Staffing Plan

As described under "Application Format" item "v."

Attachment 3: Job Descriptions for Key Personnel

Keep each to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

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

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 6: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

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

The accomplishment summary should be a brief presentation of the accomplishments in relation to the objectives of the training program during the current project period. The report should include:

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

Attachments 7-15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated.

Include any required letters of support from the Governor; only include other letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page. Include copy of indirect cost rate agreement here.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *April 4, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

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

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

Late applications:

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

4. Intergovernmental Review

The Grants to States to Support Oral Health Workforce Activities program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds for this program may NOT be used for new construction or for the purpose of conducting major renovation activities, nor can funding be used for the acquisition of real property.

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

6. Other Submission Requirements

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

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

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

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)

- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

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

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

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

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

V. Application Review Information

1. Review Criteria

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

Review Criteria are used to review and rank applications. The *Grants to States to Support Oral Health Workforce Activities program* has six (6) review criteria:

Criterion 1: NEED (10 points)

[Narrative Sections: Introduction and Needs Assessment]

- The extent to which the application has clearly identified the state’s dental workforce needs of designated dental health professional shortage areas;

- The extent to which the application demonstrates the associated or contributing factors to dental workforce needs of designated dental health professional shortage areas;
- The extent to which the application clearly describes the capacity of the existing and future state oral health care workforce to meet the oral health needs of the state’s underserved communities; and
- The quality and adequacy of the data presented and its relevance to the stated need for the proposed project.

Criterion 2: RESPONSE (30 points)

[Narrative Sections: Methodology, Work Plan, Resolution of Challenges]

- The extent to which the proposed project is innovative in its approach and responds to the “Purpose” of the solicitation;
- The proposed activity or activities fit within the 13 activities listed in “Section I.1 Purpose” of the Funding Opportunity Announcement;
- The clarity and strength of the proposed goals and objectives and their relationship to the identified need;
- The extent to which the activities described in the application are capable of addressing the need and attaining the project objectives;
- The extent to which the proposed plan addresses the resolution of challenges and overcoming barriers to the achievement of project objectives; and
- The extent to which the applicant has clearly defined short, intermediate and long term outcomes.

Criterion 3: EVALUATIVE MEASURES (20 points)

[Narrative Sections: Evaluation and Technical Support Capacity]

- The overall quality of the evaluation plan;
- The extent to which the applicant demonstrates expertise, experience and the technical capacity to carry out the evaluation and how the applicant intends to achieve the evaluative competency needed if not currently available;
- The extent to which the evaluation strategies proposed will assess project outputs and outcomes and are appropriate for the project’s activities, including a strong plan to track required outcome measures that will be reported annually:
 - to what extent the program objectives have been met, and
 - to what extent these can be attributed to the project;
- The extent to which the applicant’s proposed methodology for evaluation is succinct, valid and appropriate for the proposed project, including instruments/tools to be used, data sources, timelines, and measureable outputs;
- The extent to which the applicant has outlined a process to validate data collection and results including a description of evaluation activities and expected results and challenges; and
- The extent to which the proposed project outcome measures quantitatively and qualitatively assess the degree to which the project increases the capacity of the state oral health workforce to reduce health disparities.

Criterion 4: IMPACT (20 points)

[Narrative Section: Methodology, Work Plan, Dissemination, Evaluation and Support Capacity]

The potential for the proposed project to be replicated at the local, state and national level;

- The extent to which the project will increase the capacity (number, quality, distribution, and diversity) of the state to address the dental workforce needs of designated dental health professional shortage areas;
- The feasibility and effectiveness of plans to disseminate project results;
- The degree to which the project activities are sustainable beyond the federal funding period;
- The potential impact of the project on the target population; and
- The adequacy of plans to disseminate project results and/or the extent to which project results may be national in scope.

Criterion 5: RESOURCES/CAPABILITIES (10 points)

[Narrative Sections: Organizational and Evaluation and Technical Support Capacity]

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects;
- The capabilities of the applicant organization, the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project; for competing continuations, past performance will also be considered;
- The capability and commitment of the institution to building a diverse oral health workforce to include disadvantaged and underrepresented minorities;
- The extent to which the applicant leverages available resources; and
- The extent to which the applicant and partner organizations demonstrate commitment to improve the access to oral health care for underserved communities.

Criterion 6: SUPPORT REQUESTED (10 points)

[Narrative Sections: Budget Section and Budget Justification]

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The reasonableness of the proposed budget in relation to the number and scope of the activities, objectives, and anticipated results;
- The degree to which the budget justification describes clearly all project costs and expenses;
- The cost effectiveness of the budget and the extent to which the applicant has leveraged potential sources of funding and/or support; and
- The extent to which the application includes budgets for all requested years of support for the proposed project.

2. Review and Selection Process

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

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

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1) Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

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

2) Administrative and National Policy Requirements

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

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

Trafficking in Persons

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

Smoke-Free Workplace

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

Cultural and Linguistic Competence

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

Healthy People 2020

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

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and

reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

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

Health IT

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

Related Health IT Resources:

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

3) Reporting

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

a. Audit Requirements

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

b. Payment Management Requirements

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

c. Status Reports

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an annual basis. The Progress Report is submitted in lieu of the previously required noncompeting continuation application. 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 award notice.

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:** Provide the most important project objectives from the approved grant application and succinctly describe the accomplishments in each of them during the reporting period. Describe the progress of the evaluation plan, including a summary of evaluation data to date according to objective.
- **Barriers:** List barriers or problems that impeded the project's ability to implement the approved plan during the reporting period (e.g., staffing, funding) and describe the activities undertaken to minimize the effect and overcome these barriers/problems.
- **Linkages:** Describe any linkages established with other programs, including new partnerships and interdisciplinary and interprofessional relationships.

3) **The BHPPr Performance Report**. All BHPPr grantees are required to submit a Performance Report to HRSA on an annual basis between July 1 and August 30 each year on performance in the preceding year (or partial year). The *BHPPr Performance Report for Grants and Cooperative Agreements* is designed to provide the Bureau of Health Professions (BHPPr) with information about grantee activities. As such, it is an important management tool, contributing to data BHPPr uses to report success achieving programmatic and crosscutting goals and in setting new goals for the future. The report also gives program officers information that helps them provide technical assistance to individual projects.

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

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

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

4) **Final Report.** All BHPr grantees are required to submit a final report **within 90 days after the project period ends**. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The Final Report must be submitted on-line by grantees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the BHPr with information required to close out a grant after completion of project activities. As such, every grantee is required to submit a final report after the end of their project. 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 barriers/problems that impeded project's ability to implement the approved plan
- Summary Information
 - Project overview
 - Project impact
 - Prospects for continuing the project and/or replicating this project elsewhere
 - Publications produced through this grant activity
 - Changes to the objectives from the initially approved grant

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

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:

Barbara J. Ellis
Grants Management Specialist

HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-40
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1738
Fax: (301) 443-6343
Email: bellis@hrsa.gov

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

Shane Rogers
Public Health Analyst, Division of Medicine and Dentistry
Attn: Grants to States to Support Oral Health Workforce Activities Program
Bureau of Health Professions, HRSA
Parklawn Building, Room 9A-27
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301)-443-5260
Fax: (301)-443-8890
Email: srogers@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov

VIII. Other Information

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

Date: January 25, 2012
Time: 2:00 pm, ET
Telephone Number: 888-469-1346
Pass code: 6043015
Play-back telephone number: 888-562-7212

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>.