

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

Bureau of Health Professions
Division of Nursing

Advanced Nursing Education Program

**Announcement Type: New
Announcement Number HRSA-12-061**

Catalog of Federal Domestic Assistance (CFDA) No. 93.247

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: Friday, May 18, 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.*

Modified on 4/23 – Removed "Budget requests for equipment must not exceed 50 percent of the total project budget". From Budget Justification

Release Date: Friday, March 23, 2012

Issuance Date: Friday, March 23, 2012

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Authority: Public Health Service Act, Title VIII, Section 811(a)(1), (42 U.S.C. 296j(a)(1)), as amended by section 5308 of the Affordable Care Act of 2010, Public Law 111-148

EXECUTIVE SUMMARY

The purpose of the **Advanced Nursing Education (ANE) Program** is to provide Federal funding for projects that support the enhancement of advanced nursing education and practice. For FY12, HRSA invites applications for projects that integrate technology (e.g., simulation, telehealth, standardized patients, etc.) into interprofessional education opportunities for advanced nursing education students. Eligible projects would engage advanced nursing education students and other health occupation trainees in shared clinical technology learning opportunities to develop competency in technologically-supported interprofessional practice.

For purposes of this section, the term “advanced education nurses” means individuals trained in advanced degree programs including individuals in combined R.N./Master’s degree programs, post-nursing master’s certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or other nurse specialists determined by the Secretary to require advanced nurse education. Advanced nursing education programs include master’s and doctoral degree programs, or in the case of certificate nurse-midwifery programs, those in existence on November 12, 1998.

Eligible applicants are collegiate schools of nursing, academic health centers, and other public or private nonprofit entities determined appropriate by the Secretary of the U.S. Department of Health and Human Services. Any program of advanced nursing education must be accredited as outlined in this document.

Approximately \$9 million is estimated to be available in FY 2012 to fund approximately 24 project awards.

As provided in section 805 of the Public Health Service Act as amended, preference will be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments.

The application due date is May 18, 2012.

Please Note: The American Association of Colleges of Nursing (AACN) defines the Clinical Nurse Leader (CNL) as a generalist role and not an advanced practice nurse specialty role. Projects developing CNL roles will not be deemed as responsive to funding under the ANE program, which supports projects to develop advanced practice nurse specialty roles.

Please read the application guidelines and your full application carefully before submission to be certain that all required information is included in the application. All required information must be included in the application at the time it is submitted or it will be considered non-responsive and will not be reviewed for funding approval.

**** TECHNICAL ASSISTANCE CONFERENCE CALL ****

An ANE Technical Assistance Conference Call is scheduled for Tuesday, April 3, 2012 at 1:00 – 3:00 pm Eastern Standard Time for the FY 2012 application cycle to assist institutions with the application submission process. The call will offer applicants an opportunity to ask questions pertaining to program requirements.

Please register for the conference call by following the instructions below:

Participant access information:

URL:

https://www.mymeetings.com/emeet/rsvp/index.jsp?customHeader=mymeetings&Conference_ID=7004653&passcode=5944445

Conference number: 7004653

Passcode: 5944445

To register for this event:

1. Go to the URL listed above and choose Web RSVP under Join Events.
2. Enter the conference number and passcode.
3. Provide your information for the event leader and then click submit.

Dial in information:

Toll free number: 1-888-989-4508

Passcode: 5944445

The replay for this telephone conference call will be available one hour after a call ends until Tuesday, May 15, 2012.

End date: MAY-15-12 10:59 PM (CT)

Phone: Toll free: 866-466-0582

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Advanced Nursing Education (ANE) program from eligible entities that provide advanced nursing education specialty programs that educate registered nurses to become nurse practitioners, clinical nurse specialists, nurse anesthetists, nurse midwives, nurse educators, nurse administrators, public health nurses and other advanced nurse specialists.

For purposes of this section, the term “advanced education nurses” means individuals trained in advanced degree programs including individuals in combined R.N./Master’s degree programs, post-nursing master’s certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse-midwives, midwives, nurse anesthetists, nurse educators, nurse administrators, public health nurses or other nurse specialists determined by the Secretary to require advanced nurse education. Advanced nursing education programs include master’s and doctoral degree programs, or in the case of certificate nurse-midwifery programs, those in existence on November 12, 1998.

TECHNOLOGY ENHANCED INTERPROFESSIONAL EDUCATION (IPE)

To be deemed responsive to this funding opportunity announcement, eligible applicants offering advanced nursing education must describe projects addressing the development and incorporation of technology (e.g., simulation, telehealth, standardized patients, etc.) into advanced nursing education and conducted within an interprofessional education (IPE) model that engages other health occupations or other service partners in the proposed activity. The projects should demonstrate the integration of technology and IPE into nursing curriculum, prepare faculty to teach in an IPE using enhanced technology, provide nursing students with requisite knowledge of interprofessional learning and technological skills, and potential relationship to access, quality and safety.

Guidelines for Advanced Nursing Education Programs

Proposed programs should meet all applicable federal guidelines and/or other national organizational guidelines for licensure, accreditation, certification, specialty and role education, and use national organizational competencies as appropriate and available in the field of study. Programs should prepare graduates to be eligible for national certification in an area of advanced nursing practice. Applicants should indicate the guidelines and competencies used by the programs for which support is requested. Projects that enhance nurse practitioner and nurse-midwifery programs must meet the federal guidelines as published in the Federal Register, February 23, 2005, Volume 70, Number 35, for the Final Nurse Practitioner and Nurse-Midwifery Education Program Guidelines. Applicants should also refer to documents available and applicable at national organization websites, for example but not limited to:

- 1) American Association of Colleges of Nursing (AACN) at <http://www.aacn.nche.edu>
- 2) Commission on Collegiate Nursing Education (CCNE) at www.aacn.nche.edu/accreditation
- 3) National League for Nursing (NLN) at <http://www.nln.org/facultydevelopment/pdf/corecompetencies.pdf>
- 4) National League for Nursing Accrediting Commission (NLNAC) at <http://www.nlnac.org>
- 5) National Organization of Nurse Practitioner Faculties (NONPF) at <http://nonpf.com/> for documents such as the *Criteria for Evaluation of Nurse Practitioner Programs, A Report of the National Task Force on Quality Nurse Practitioner Education*.
- 6) Accreditation Commission for Midwifery Education (ACME) at <http://www.midwife.org/Accreditation>
- 7) Council on Accreditation of Nurse Anesthesia Educational Programs (COA) at <http://home.coa.us.com/Pages/default.aspx>
- 8) National Association of Clinical Nurse Specialists (NACNS) at www.nacns.org
- 9) American Organization of Nurse Executives (AONE) at <http://www.aone.org/>
- 10) Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education at <https://www.ncsbn.org/aprn.htm>

2. Background

Section 811(a)(1), Title VIII of the Public Health Service (PHS) Act, as amended by section 5308 of the Affordable Care Act, Public Law 111-148, authorizes funding for projects that support the enhancement of advanced nursing education and practice.

Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP) programs provide policy leadership and grant support for health professions workforce development—making sure the U.S. has the right clinicians, with the right skills, working where they are needed. Many Americans lack access to an ongoing source of health care. This is primarily attributable to two factors: lack of health insurance and a shortage of health professionals.

HRSA's health professions programs are designed to address these growing shortages throughout the country. These programs, which include a wide-range of training programs, scholarships, loans, and loan repayments for health professions students and practitioners, are essential to producing health professionals who provide high quality, culturally competent health care. Nursing education and practice are a central focus of BHP's healthcare workforce strategy. The BHP's Division of Nursing provides national leadership in the development, supply, and utilization of a diverse, culturally competent nursing workforce that can adapt to the nation's changing health care needs and provide the highest quality care for all.

Advancing interprofessional education opportunities for advanced nursing education students through shared clinical technology learning experiences is the focus of this funding opportunity announcement. The 2003 Institute of Medicine (IOM) report on health professions education

encourages interprofessional education in the health professions as the means to increase collaborative, respectful, and effective relationships in the practice setting. Amplifying the IOM report, the World Health Organization (2010) recommends moving toward embedding interprofessional education and practice in all health services to mitigate the Global Health Workforce Crisis. The Interprofessional Education Collaborative Expert Panel (2011) identified four core interprofessional competencies (i.e., values/ethics, roles and responsibilities, interprofessional communication, teams and teamwork) that are linked to the five IOM core competencies for all health professionals. The overall goal of the interprofessional education initiative is to prepare students for deliberately working together to improve the safety and quality of health care being provided in the U.S. system. These competencies were developed to provide health professions students the opportunity to engage in interactive learning with other disciplines and to better prepare the future workforce to practice in a team-based environment. Technology is a critical component of interprofessional communication and teamwork. The ability to incorporate technology with interprofessional education will result in improvements in communication, patient-centered care and patient outcomes. The use of information systems and communication technologies will facilitate discussions across disciplines and enhance teamwork. Interprofessional education is defined by the WHO (2010) as follows: Students from two or more health care professions learn with, from and about each other to enhance collaboration in a shared learning environment and improve health outcomes. Interprofessional education may occur between nursing and other specialties (e.g., medicine, dentistry, pharmacy, social work, engineering, etc.). Collaboration may also occur with schools of nursing and service partners in the community (e.g., medical centers, community hospitals, etc.). These academic/service partnerships provide nurses with a variety of perspectives and expertise that assist in advancing both education and ultimately clinical practice.

Health care and health information technologies represent a critical domain of interprofessional clinical practice. Technology has revolutionized the way healthcare is delivered today (Healthcare Information Management System Society (HIMSS), June 17, 2011). Executive Order 13335 mandates the implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the movement toward an electronic health record by 2014. This technological transformation of health care and health communications transcends professional boundaries, and realizing the full potential of these technologies requires a new approach to health professions education—one that likewise transcends professional boundaries.

As health care and health information technologies are infused across practice settings, nurses in all roles, especially in advanced practice and educational positions, need to acquire the skills and expertise to use these technologies effectively. The American Nurses Association (ANA) in the Scope and Standards of Nursing Informatics (2008) and the Graduate Essentials document (AACN, 2011) maintain that all nurses need core informatics knowledge and competencies to effectively provide care in the practice environment (AACN, 2011; ANA, 2008). In its 2009 report to the Secretary of the Department of Health and Human Services, the National Advisory Council on Nurse Education and Practice (NACNEP) recommended the following:

- Support the use of IT and technology tools to enhance interprofessional education;
- Support innovative projects to assess the impact of various technologies such as e-learning and simulations on students' learning and how to best employ those technologies;
- Support the use of telehealth to provide long distance clinical health care and to improve access to care; and
- Support the creation of public/private partnerships to improve adoption of health care IT and informatics in practice.

This funding opportunity announcement builds upon these recommendations, and calls for projects that integrate shared learning pedagogies in evolving health technology into advanced nursing education curricula to build core competencies in interprofessional clinical practice. The goal of interprofessional collaboration and education is to encourage increased knowledge of the roles and responsibilities of other disciplines, and to improve communication and collaboration among disciplines in future work settings (Institute of Medicine, 2011).

References:

American Association of Colleges of Nursing. (2011). *The essentials of a master's education in nursing*. Washington, DC: Author. Retrieved August 3, 2011 from <http://www.aacn.nche.edu/education/pdf/Master'sEssentials11.pdf>.

American Nurses Association. (2008). *Nursing Informatics: Scope and standards of practice*. Washington, D.C.: Author.

Healthcare Information Management System Society. (2011). *Position statement on transforming nursing practice through technology & informatics* retrieved July 31, 2011 from http://www.himss.org/ASP/topics_News_item.asp?cid=78050&tid=30.

Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: The National Academies Press.

Institute of Medicine. (2011). *The Future of Nursing: leading change advancing health*. Washington, DC: The National Academies Press.

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, DC: Interprofessional Education Collaborative.

National Advisory Council on Nurse Education and Practice. (2009). *Challenges facing the nurse workforce in a changing environment. Seventh annual report to the Secretary of the U.S. Department of Health and Human Services and the U.S. Congress*.

World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva: World Health Organization. Retrieved Aug 3, 2011 from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HP_N_10.3_eng.pdf.

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 \$9 million is expected to be available annually to fund approximately 24 new awards. Applicants may apply for a ceiling amount of up to \$375,000 per year, with a maximum of \$200,000 for the purchase of equipment over the three year project period. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the ANE program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are collegiate schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities accredited by a national nurse education accrediting agency recognized by the Secretary of the U.S. Department of Education.

For FY 2012, these agencies include the Commission on Collegiate Nursing Education (CCNE), the National League for Nursing Accrediting Commission (NLNAC), the Accreditation Commission on Midwifery Education of the American College of Nurse-Midwives, and the Council on Accreditation (COA) of Nurse Anesthesia Programs of the American Association of Nurse Anesthetists.

All nursing and professional programs that are associated with the project and conferring degrees must be accredited for the purpose of nursing and other professional education.

Applicants must submit documentation (nursing and other professional school) providing proof of accreditation (e.g., an accreditation letter from the accrediting agency or a copy of the certificate of accreditation) with the application.

Accreditation for Newly Established Graduate Program of Nursing: A new graduate program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by

such a recognized nursing accrediting agency, shall be deemed accredited for the purposes of this title if certain conditions are met. Specifically, a program will be deemed accredited if the Secretary of Education finds, after consultation with the appropriate recognized accrediting agency, that there is reasonable assurance that the program will be able to meet the appropriate accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program. Applicants requesting support for doctoral programs should include documentation of accreditation of their graduate programs. Nurse Anesthetist program applicants must include accreditation from COA for both master's and doctoral level programs.

Applicants must provide documentation of all approvals (as defined in the Definitions section of this funding opportunity announcement) needed to enroll students into a new master's or doctoral program. The documentation **must be included in the application** when it is submitted in order to be considered for funding. This includes approval from the school, the college/university and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, letter from the Faculty Senate or State Finance Board as appropriate for the school.

2. Cost Sharing/Matching

Cost sharing or matching is not required for the ANE program.

3. Other Eligibility Information

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

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

Number of Applications: Eligible applicants can **submit only one** application per campus. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty.

Participating students must be U.S. Citizens, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States. Individuals on temporary student visas are not eligible under this funding opportunity.

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. The email must include the HRSA announcement number for which you are seeking relief, 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 (GRANTXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification the applicant 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 SF-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 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 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80 page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

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

Application Format

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

SF-424 R&R – Table of Contents

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

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

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

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

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

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		document with all additional site locations	
Other Project Information	Form	Allows additional information and attachments	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, Box 9. 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	Filename should be the name of the organization and unique. Counted in the page

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	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 9.	Optional; Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 10.	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 attachments.	Not Applicable to HRSA; Do not use.

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

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Project Specific ANE Program Information
Attachment 2	Dated and Signed Letters of Agreement, Memoranda of Understandings and/or Description of Proposed/Existing Contracts (project specific)
Attachment 3	Accreditation Documentation (CCNE, NLNAC, COA, ACME). A letter of accreditation, a copy of the certificate of accreditation; or letter from the United States Department of Education providing "reasonable assurance of accreditation"
Attachment 4	Approval Documentation: Applicants must provide documentation of all approvals needed to enroll students into a new master's or doctoral program. Documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs.
Attachment 5	Curriculum-Related Information, Tables, Charts
Attachment 6	Administrative and Other Letters of Support
Attachment 7	Position Descriptions of Proposed Project Personnel
Attachment 8	Biographical Sketches of Consultants
Attachment 9	Institution Diversity Statement
Attachment 10	Maintenance of Effort Documentation
Attachments 11-15	Other attachments

Application Format

i. Application Face Page

Complete Application 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 Catalog of Federal Domestic Assistance Number is 93.247.

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 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. 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 Application Form SF-424 Research and Related Budget Form provided with the application package.

Please complete the Research and Related Budget Form (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 would 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 (usually one to 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 Grant Award

This announcement is inviting applications for project periods of three (3) years. Awards, on a competitive basis, will be for a one-year budget period, although the project period is three 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 information 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, percent full time equivalency, and annual salary. Applicants shall identify only one Project Director. Students who are participating in the project are not allowed to serve in positions as Graduate Research Assistants that are funded by the ANE Program. 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

Consultant Costs: Give names, affiliations, and qualifications of each consultant, if known, 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 expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, 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.)

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 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. International travel is **not** an allowable expense. For budget purposes, only project directors are expected to include in their budget one annual meeting for two days in the Washington, D.C. Metropolitan Area to report and share experiences with other awardees.

Equipment: List equipment 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 and a useful life of one or more years).

Equipment purchases must satisfy all of the following requirements:

- The principal purpose of the equipment must be related to the objectives of the project and to enhance the training of nursing and health professionals;
- The equipment must be used by two or more individuals; it is not for individual use;
- When the equipment is no longer needed, the equipment may be used for other activities in accordance with Health and Human Services (HHS) standards. Please refer to the following website for HHS standards:
<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=3c2478744503c80806964d5d79f11ae9&rgn=div8&view=text&node=45:1.0.1.1.35.3.7.14&idno=45;>
- The equipment justification must include a detailed status report of current equipment (refer to Program Narrative and Review Criteria sections for additional information); and
- The equipment purchase must comply with the procurement requirements for Federal grants and your organizational procurement policies, including adequate competition and following proper bid procedures.

Supplies: List the items that the project will use. Provide the quantity and cost per unit in this category, separating office supplies from educational purchases. Office supplies could include paper, pencils, and the like; and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

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

Other Expenses: Put all costs that do not fit into any other category into this category and provide a detailed explanation of each cost in this category. In some cases, grantee 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, Contracts or Other.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives that 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 that 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 and capital expenditures, tuition and fees, and subgrants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

v. *Staffing Plan and Personnel Requirements*

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

vi. *Assurances*

Use the Standard Form 424B Assurances for Non-Construction Programs provided with the application package.

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans,

benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 11**.

viii. Project Abstract

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

The abstract should provide the following:

- 1) A brief overview of the project as a whole;
- 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.
- 4) Request the preference in this section (provide supporting information in the methodology section). The funding preferences are:
 - 1) Substantially benefit rural populations; or
 - 2) Substantially benefit underserved populations; or
 - 3) Help meet public health nursing needs in state or local health departments.

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

Please provide the following information at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone/Fax Numbers
- Email Address
- Website Address, if applicable

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. All eligible projects will document their specific purpose consistent with the statutory purpose. For FY2012, HRSA invites applications for projects that integrate technology (e.g., simulation, telehealth, standardized patients, etc.) into interprofessional education opportunities for advanced nursing

education students. Eligible projects would engage advanced nursing education students and others health occupations trainees in shared clinical technology learning opportunities to develop competency in technologically-supported interprofessional practice.

- ***ORGANIZATIONAL INFORMATION***

Provide information on the applicant agency's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program, meet requirements and meet program expectations. Provide an organizational chart showing lines of communication and decision making.

- **Project Management, Resources, and Capabilities**

a. Project Personnel: List all project personnel with expertise and specific responsibilities in the project. (See Directions for "Budget Justification," and "Evaluation and Technical Support Capacity" and cross-reference information as appropriate). NOTE: there should be only **one** Project Director for the ANE project.

b. Faculty Recruitment Plan: Describe a recruitment plan for vacant positions that directly support the proposed project. If it is not possible to have key project faculty in place at the time the application is submitted, describe specific qualifications for the position and the plan for recruitment of this individual. Include faculty recruitment plans to attract faculty from underrepresented minority backgrounds and current faculty composition by race, gender, and ethnicity for the school of nursing.

c. Summary Faculty Table: Provide a summary faculty table that includes: project director, faculty members, academic degrees, area or areas in which the degree was earned (including nursing specialty or subspecialty), and area of teaching responsibility within the school of nursing. Include all faculty members with whom students will have contact.

d. Consultant(s): Provide the qualifications and nature/scope of the work to be provided by each consultant that has agreed to serve on the project. Include a biosketch (no more than 2 pages) for each consultant, as Attachment 8. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise, and the scope of work, for at least the first project year, and provide a rationale for this need.

e. Capabilities of the Applicant Organization: Provide a summary of the capacity of the organization to carry out the project.

f. Institutional Resources: Describe available institutional resources, including teaching facilities, clinical resources, libraries, computer resources and other resources appropriate to effectively implement the proposed project. Describe any projected collaborative relationships with other institutions or agencies and disciplines, including clinical practice sites. Describe the resources of the collaborating partners.

g. Community Support: Describe any community support or other resources involved in the proposed project, as applicable. Include significant letters of support as part of **Attachment 6**. Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter.

h. Linkages: Describe established and/or planned linkages with relevant educational and health care entities and interdisciplinary educational programs

- ***NEEDS ASSESSMENT***

This section outlines the needs of your organization and/or community. A description of any interprofessional education activities occurring in your school and a description of available technology to facilitate learning must be provided and documented in this section.

Demographic data for students should be provided. Please discuss any relevant barriers related to interprofessional education and technology and how these barriers will be resolved.

Provide evidence for reviewers concerning the numbers of full-time or part-time students that are projected to participate in the project each year.

As appropriate, provide information including, but not limited to:

- The local, regional or national need for the project.
- The importance of the project as it relates to the ANE program's statutory purpose.
- How the technology enhanced interprofessional education project has a potential relationship to quality, safety, access to care and/or health care delivery.

- ***METHODOLGY***

The methods will vary and be dependent upon the type of project proposed, the collaborators involved and the intent of the project. Describe the methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement. When the technology enhanced interprofessional education project is determined, the methods must identify the meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application.

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

- Clearly stated goals with specific, measurable, time-framed objectives for each goal.

How the proposed project for which funding is being requested will be accomplished i.e., the “who, what, when, where, how and why”

- The methods to be used to accomplish the objectives and how these activities will be organized throughout the project period. Methods may include the following:

- Team-based learning environment
 - Incorporation of IPEC interprofessional education competencies (AACN, 2011)
 - Values / Ethics for Interprofessional Education
 - Roles and Responsibilities
 - Interprofessional Communication
 - Teams and Teamwork
 - Innovative and collaborative interprofessional educational strategies
 - Use of technology (e.g., simulation, telehealth, distance learning, etc)
 - Service / community partnerships
 - Evidenced based approaches for technology enhanced interprofessional education that will result in improved primary care across the continuum of care
- Evidence supporting the proposed methodologies, including literature, prior experience, verifiable observations, and historical data.
 - Demonstrate a clear strategy for collaborative planning and implementation of the project objectives.
 - Describe a plan for dissemination of the methodology and outcomes. Include a plan for providing copies of materials to the Division of Nursing and the HRSA Division of Grants Management Operations.
 - Summarize specific interprofessional courses and /or learning experiences in the curriculum that will develop the student’s knowledge and appreciation of how cross-cultural competence impacts the delivery of quality healthcare services.
 - The applicant is to include a statement that they will use the below disclaimer in all dissemination activities and products. In addition, if a grant award is made, copies of any materials disseminated must include the disclaimer. It is not necessary to include the entire disclaimer verbatim in the application.

"This project is/was support in part by funds from the Division of Nursing (DN), Bureaus of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under grant number XXX and title XXX for \$XXX (specify grant number, title and total award amount). The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the Division of Nursing, BHP, HRSA, DHHS or the U.S. Government"

Curriculum

a. Overview: Provide an overview of the graduate curriculum and describe how enhanced technology along with interprofessional education will be incorporated into the curriculum. If a funding preference was requested, applicants need to describe how the projected curriculum meets the requested preference:

- 1) Substantially benefit rural populations: the curriculum includes content on rural culture and other health indices specific to rural health populations.
- 2) Substantially benefit underserved populations: the curriculum incorporates content addressing the cultural and health indices specific to underserved populations.
- 3) Helps meet public health nursing needs in state or local health departments: the applicant provides evidence of a curriculum that concentrates on the public health sciences and prepares students with core competencies in public health nursing.

b. Plan of Study: Provide a plan of study for full-time and part-time students, including course title by semester/quarter, credits, number of clinical and didactic hours and interprofessional faculty teaching methods. Provide the *school's definition of full-time and part-time graduate study (school's full-time-equivalent definition)*. List the expected competencies of the graduates of the project for the advanced education nursing specialty. Identify the national nursing organizations whose identified competencies are consistent with those in the program seeking support. The competencies should include some reference to interprofessional education.

c. Course Information: Include brief course descriptions, and objectives for core and specialty courses. Include this information in Attachment 5.

d. Faculty Qualifications:

A nurse practitioner or nurse-midwifery education program should have a sufficient number of qualified nurse practitioner or nurse-midwifery, nursing, medical and other related health professional faculty with academic preparation and clinical expertise relevant to their areas of teaching responsibility and with demonstrated ability in the development and implementation of educational programs. For Nurse Practitioner and Nurse Midwifery programs, the Project Director should be nationally certified as a nurse practitioner or nurse-midwife with appropriate academic preparation, clinical expertise and experience as an educator. The Project Director for specialties other than nurse practitioner and nurse midwifery should demonstrate competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise and experience as an educator. It is preferred that the all Project Directors be doctorally prepared. Faculty qualifications should be consistent with the requirements of their discipline and academic institution. Faculty from other disciplines should maintain the appropriate credentials consistent with their academic institution guidelines. The faculty must participate in maintenance of competency and clinical practice.

e. Clinical Experience: Describe formal and informal interprofessional linkages/partnerships with national, state, local, rural and community-based agencies for interprofessional clinical sites serving population(s), including the medically underserved and Federally funded health centers. **Document the extent to which students practice with underserved population(s), including service – learning experiences in Federally funded facilities.** List the criteria for preceptor selection and for site selection. Identify preceptors in the clinical sites, and their credentials.

f. Certification: Identify the advanced level certification examination(s) that the graduates will be eligible to sit for upon completion of the program. Provide the exact name of the examination **and** the certifying organization, such as Family Nurse Practitioner exam, American Nurses Credentialing Center (ANCC) and American Academy of Nurse Practitioners (AANP).

g. Program Accreditation and Approval: Education programs supported by federal funds **must meet applicable accreditation standards.** Refer to Section III, Eligibility Information of this funding opportunity announcement. Evidence of accreditation (letter or certificate from a nursing accrediting agency) **must be included with the application.** **Documentation of professional programs collaborating/partnering on the project and conferring degrees must also be included with the application. Provide this information as Attachment 3.**

h. Enrollment: Student enrollments should include the number of current new and continuing full-time and part-time enrolled students by specialty, as well as those projected to enroll in the nursing specialty during the funded project period. Also include the number of graduates (full-time and part-time) and projected graduates from the proposed project by project year. Include this information as **Attachment 1: Project Specific ANE Program Information**

For a project that may include two (2) or more specialties, you must complete and include a separate table for each specialty. Enrollment needs to be sufficient to justify Federal funds for this project. Please **note** that enrollment should be for all three years of the project (students must be enrolled in the proposed specialty/track by January 31, 2013, the spring semester after notice of award).

- **WORKPLAN**

The work plan will vary depending on what type of technology enhanced IPE project is proposed. A comprehensive work plan is required and every plan must address the sustainability of the project. Describe specific activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section.

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

- 1) A description of the core interprofessional faculty and key personnel for the proposed project (the number, their positions, and their roles in the proposed project).
- 2) The steps that will be taken to achieve each of the activities proposed in the methodology section.
- 3) A description of the facilities where the activities will occur indicating to what extent the proposed activities are supported by the proposed institution and/or service partner.
- 4) A specific timeline that includes each activity, responsible staff and amount of time estimated to carry out each step.

5) A clear, detailed description for how the project's activities will be sustained after Federal funding ends. Provide detailed and specific information for how the project's activities will be sustained after Federal funding ends. This should include other sources of funding and the nature of funding, future funding initiatives and strategies, and a timetable for becoming self-sufficient. Describe challenges that would need to be overcome in sustaining the project beyond the period of Federal funding.

- ***RESOLUTION OF CHALLENGES***

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the "Program Narrative" section, and approaches that will be used to resolve such challenges.

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

- 1) Challenges that may be encountered in implementing and achieving the proposed objectives.
- 2) Resources and plans to resolve and overcome these challenges.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY***

The evaluation plan will fully describe strategies to assess the progress and outcomes of the proposed activities according to their corresponding objectives. The evaluation plan must address how the required BHP annual performance data will be collected (see Section VI.3 of the funding opportunity announcement) and its quality assured. The evaluation strategies should be appropriate for the activity to be assessed and evidence based whenever possible. Each activity's outcome measure should reflect back to the needs statement from which its objective was derived. Longitudinal assessment of trainee and project outcomes are encouraged.

Additional outcomes to evaluate interprofessional education with enhanced technology that should be considered include:

- the success of the interprofessional education plan
- the establishment of collaborative relationships and/or service partners
- trainee outcomes including new knowledge, skills and attitudes
- enhanced use of technology

The applicant must demonstrate that it has the capacity to achieve the proposed evaluation plan. The following items must be addressed:

- Evaluation of technical capacity: applicants should describe current experience, skills, and knowledge of evaluation staff, including previous work of a similar nature and related publications.
- Evaluation methods: instruments used to collect data, if appropriate, the plan should address educational outcomes at primary (e.g., knowledge gained by the trainee), secondary (e.g., actual practice changes by the trainee), and if possible tertiary (effects on

- patient outcomes) levels. The processes used to assure the quality and integrity of the evaluation should be described.
- Evaluation Report: written description of evaluation activities, results, challenges, recommendations, and how the data will be used to improve the project.

In addition, applicants must select one of following areas for a focused evaluation and present a plan for conducting and reporting the results of the evaluation:

- The extent to which interprofessional education and technology are integrated into the curriculum.
- The extent to which the project prepares nurses with the knowledge and skills to practice within a technological healthcare workforce.
- The extent to which the project maintains or increases student practicum experiences in an interprofessional environment in federally funded health care settings and with underserved populations;

The implementation and results of all performance measurement and evaluation activities will be included in the annual Progress Report that grantees must submit to obtain continued funding. These Progress Reports enable BHPPr to monitor grantee progress, plan technical assistance, and make decisions concerning funding. Progress Reports from new grantees, which cover less than 12 months of grant-funded activity, will be used to evaluate progress in relation to first year milestones stated in the original application.

In addition, the required performance data will be collected in July/August of each year (see Section VI.3 for additional information). Failure to complete the report in a timely fashion in two successive years may result in draw-down restrictions or other grant compliance actions until the reports are submitted and accepted.

- ***REPLICABILITY***

Describe the potential for the project and how it can be replicated or adapted to the needs of similar populations.

ADDITIONAL NARRATIVE GUIDANCE	
In order to ensure that the six review criteria are fully addressed, this table provides a bridge between the sample narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Generic Review Criteria</u>
Introduction	(1) Need
Organizational Information	(5) Resources/Capabilities
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response & (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (5) Resources/Capabilities
Replicability	(4) Impact
	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

x. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. **Be sure each attachment is clearly labeled.**

Attachment 1: Project Specific ANE Program Information – see. Enter the project title, educational level, advanced education nursing role, nursing specialty or population foci and the specialty emphasis area along with the projected student enrollment numbers for each project year.

Provide the following information as **Attachment A**: educational level, nursing role, nursing specialty and any emphasis area for the proposed project, and student enrollment.

- 1) The educational levels are: RN-MSN, MSN, Post MSN Certificate, Post MSN-DNP, Post MSN-PhD, Post BSN-DNP, Post BSN-PhD, or Nurse Midwifery Certificate.
- 2) Nursing roles can be: Primary Care NP, Acute Care NP, Nurse Midwife, Nurse Anesthetist, Clinical Nurse Specialist, Nurse Educator, Nurse Administrator, Nurse Informatics, or Public Health Nurse.
- 3) Nursing specialties can be Adult, Adult/Gerontology, Family-Individual, Geriatrics, Neonatal, Pediatric, Psychiatric Mental Health, or Women’s Health/Gender Related.
- 4) Also provide information on any emphasis area, such as: Adolescent Health/Child Health, Border Health, Chronic/Long Term Care, Disaster Preparedness, Genetics, Technology, HIV/AIDS, Oncology, Violence (child abuse, elder abuse, and spousal abuse) or Vulnerable Populations (disadvantaged, homeless).
- 5) Student enrollment (the number of current and prospecting new and continuing students (full-time and part-time) along with the number of proposed graduates).

Ex: MSN, Primary Care NP, Adult, (vulnerable populations)

Year 1: Sept 2013 15 new (10FT; 5PT) 10 continuing (10 FT) 0 graduates

Year 2: Sept 2014 20 new (20FT) 15 continuing (10FT; 5PT) 10 graduates (10FT)
Year 3: Sept 2015 25 new (20FT; 5PT) 20 continuing (20FT) 15 graduates (10FT; 5PT)

Attachment 2: Letters of Agreement, Memoranda of Understanding, 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(s). Letters of agreement must be dated. Also, include a dated and signed memorandum of understanding that has been established between the school of nursing and any identified partner, for the purpose of this funding announcement.

Attachment 3: Accreditation Documentation.

Evidence of accreditation from the professional nursing accrediting agency (CCNE, NLNAC, COA, or ACME) must be attached. Proof of accreditation may be in the form of a letter (preferred) or certificate of accreditation from the accrediting agency. If applicable, a letter from the United States Department of Education providing “reasonable assurance of accreditation” for new programs must be attached and dated. Provide this information in the following format: ANE Accreditation and Preference Information.

Education Level: **MSN- Pediatric Nurse Practitioner**
Accredited by: National League for Nursing Accrediting Commission (NLNAC)
Expiration Date: May 30, 2017
Next site visit: Fall, 2016
Preference Request: underserved populations

Attachment 4: Approval Documentation, if applicable

Applicants must provide documentation of all approvals (as defined in the Definitions section of this funding opportunity announcement) needed to enroll students into a new master’s or doctoral program. This includes approval from the State Board of Nursing. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs.

Attachment 5: Curriculum-Related Information, Tables, Charts, etc.

To give further details about the proposal. Below is an example of how the curriculum information should be provided in this attachment. .

Specialty:
Course Title:
Course Description

- Semester/quarter offered (fall, spring or summer)
- Number of Academic Credit Hours
- Number of Clinical and Didactic Hours (if applicable)

Attachment 6: Administrative and Other Letters of Support

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

All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section. Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

Specific letters of support from the institution that assure continued support of grant-funded activities at the end of the funding period are favorably considered by reviewers. A meaningful letter of support states what will be provided to the applicant if the grant application is funded (such as, dollars, space, staff, equipment, personnel, placement of students for clinical learning experiences, preceptors, and employment for future graduates).

Include relevant letters of agreement/support from the Dean of the School of Nursing and University Officials, and relevant letters from key collaborating organizations, clinical sites, and consultants.

Note: Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

Attachment 7: Position Descriptions of Project Personnel.

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

Attachment 8: Biographical Sketches of Consultants

Include biographical sketches of consultants performing key roles in the project.

Attachment 9: Institution Diversity Statement.

Describe the institution's approach to increasing the number of diverse health professionals through an established strategic plan, policies, and program initiatives.

1. 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.
2. Describe future plans to recruit, retain, and graduate students from underrepresented minority groups and students from educationally and economically disadvantaged backgrounds.

Attachment 10: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURES

**Non-Federal Expenditures
FY 2011 (Actual)**

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.

Amount: \$ _____

**Non- Federal Expenditures
FY 2012 (Estimated)**

Estimated FY 2012 non-federal funds, including in-kind, designated for activities proposed in this application

Amount: \$ _____

Attachment 11-15: Other attachments

Include here any other documents that are relevant to the application.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is May 18, 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 ANE program is not 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 \$375,000 per year. No more than \$200,000 can be used for the purpose of purchasing equipment during the 3 year project period. 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 under this announcement may **not** be used for the following purposes:

- Student support including tuition, stipends, scholarships, bonuses, student salaries and travel;
- Subsidies or paid release time for project trainees/participants;
- Payment of temporary personnel replacement costs for the time trainees/participants are away from usual worksite during involvement in project activities; and
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees; promotional items and memorabilia; food and drinks; and animal laboratories.

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 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 registers** in Grants.gov and becomes 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 register successfully 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 POC (Point of Contact)
- Confirm the organization’s CCR ‘‘Marketing Partner ID Number (M-PIN)’’ password

- Register 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.

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

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

Tracking your application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/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 grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to evaluate and rank applications. The ANE program has six (6) Review Criteria. All competitive applications will be evaluated based on the extent to which the applicant meets the review criteria listed below.

Criterion 1: NEED (20 points)

- The extent to which the application successfully addresses the need identified, and is aligned with the purpose of the program.
- The extent to which the application successfully describes the relevance of the project as it relates to the use of technology and interprofessional education.
- The extent to which the applicant describes how the technology enhanced interprofessional education project has the potential to be related to quality, safety, access to care and/or healthcare delivery.
- The extent to which the applicant demonstrates they qualify for the requested funding preference.

Criterion 2: RESPONSE (25 points)

- The extent the curriculum includes technology enhanced IPE that provides the students with the knowledge, skills and attitudes to have the ability to enhance quality, safety and access to care.
- The extent to which the proposed project incorporates interprofessional education competencies (i.e., values/ethics for IPE, roles and responsibilities, interprofessional communication, and teams and teamwork) into the curriculum.
- The extent to which innovative and collaborative strategies are employed to address technology and interprofessional education approaches.
- The extent to which established and/or planned linkages and partnerships with relevant educational and/or health care entities, are described and advance the project objectives.
- The extent to which collaborative planning strategies and implementation plans assist in meeting the goals of the ANE Program.
- The extent to which the applicant presents a 3 year plan that addresses barriers and challenges with credible solutions.
- The extent to which the curriculum meets the established guidelines.
- The extent to which there is a clear description of distance learning methods, if applicable.
- The extent to which indicators are provided that measure the potential effectiveness in strengthening the advanced nursing education program.

Criterion 3: EVALUATIVE MEASURES (20 points)

- The extent to which the evaluation strategies will assess project objectives and are appropriate for the project's activities, including a strong plan to track required performance data that will be reported annually:
 - Interprofessional education training sites
 - Number of rural sites used as training sites
 - Number of medically underserved areas used as training sites
 - Number and description of trainees
- The extent that applicant has outlined a process to validate data collection and results including a description of evaluation activities, expected results and challenges encountered.

- Appropriate quantitative and/or qualitative evaluation measures for each objective.
- Process and outcome evaluation indicators.
- The overall quality of the evaluation plan.
- The effectiveness of the proposed evaluation plan to monitor and assess the project outcomes.

Criterion 4: IMPACT (10 points)

- The extent to which the project will expand the current curriculum to include technology enhanced interprofessional educational activities.
- The extent to which the applicant provides evidence of community partnerships for the project activities and purpose.
- The extent and effectiveness of plans for dissemination of project methodologies, outputs and outcomes.
- The extent and clarity of a sustainability plan after Federal funding.

Criterion 5: RESOURCES/CAPABILITIES (20 points)

- The extent to which project personnel are qualified by training and/or experience to implement and conduct the projects.
- The capability and commitment of the applicant organization and partner organization(s), quality and availability of facilities and personnel to carry out the proposed project.
- The capability and commitment of the institution to build an interprofessional educational curriculum enhanced with technology.
- The extent to which the applicant organization provides documentation of established and/or planned partnerships involved in the interprofessional education program.
- The extent to which the proposed evaluation plan to collect, monitor and evaluate the project outcomes is supported by the applicant organization's infrastructure.

Criterion 6: SUPPORT REQUESTED (5 points)

- The extent that the budget for the 3 year project period correlates with the stated project objectives.
- The extent to which the proposed budget is reasonable according to the work to be accomplished, and links to the complexity of the activities, the evaluation plan and anticipated results and projected enrollment.
- The extent to which the line item budget for each budget period of the proposed project period provides a clear budget justification narrative that fully explains each line item and any significant changes from one budget period to the next.

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 PREFERENCE – STATUTORY FUNDING PREFERENCE

The authorizing statute provides a funding preference for some applicants. A “funding preference” is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a Funding Preference will be given full and equitable consideration during the review process.

As provided in section 805 of the Public Health Service Act, preference will be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments. This preference will be applied to all applications that are rated favorably by HRSA’s review panel(s), using the published review criteria.

There is one preference that can be met in any one of three ways. As provided in section 805 of the Public Health Service Act, the law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

- 1) Substantially benefit rural populations; or**
- 2) Substantially benefit underserved populations; or**
- 3) Help meet public health nursing needs in state or local health departments.**

To meet this funding preference, the applicant **must specifically request the preference and demonstrate how the project meets the preference in order to qualify.** Applicants are advised to include the request in the Need section of the project narrative, as well as in the project abstract; and to identify and integrate into the detailed description of the project how the proposed project substantially benefits rural or underserved populations, or helps meet public health nursing needs in State or local health departments as outlined below.

To demonstrate that the project “Substantially Benefits Rural Populations,” the applicant provides documentation indicating:

- that students will have a field placement or practicum experience in a site serving rural populations, which include at least one of the following: Rural Health Clinic, State Office of Rural Health, Critical Access Hospital (CAH), Sole Community Hospital (SCH), Medicare Dependent Hospital (MDH) or Rural Referral Center;
- that the curriculum includes content on rural culture and other health indices specific to rural health populations; and
- the specific ways students and graduates are prepared to meet the health care needs of rural populations and a high proportion of graduates go to work in a site serving rural populations.

To demonstrate that the project “Substantially Benefits Underserved Populations,” the applicant provides documentation indicating:

- that the applicant is located in a health professional shortage area, medically underserved community, or serves medically underserved populations and focuses on primary care, wellness, and prevention strategies;
- that the curriculum incorporates content addressing the cultural and health indices specific to underserved populations; and
- the specific ways students and graduates are prepared to meet the health care needs of the underserved and a high proportion of graduates go to work in a site serving underserved populations.

To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments,” the applicant provides documentation:

- of a curriculum which concentrates on the public health sciences and prepares students for core competencies in public health nursing;
- of linkage(s) with state, local and Federal health departments for student learning experiences; and,
- that the applicant institution provides a curriculum that ensures that students and graduates are eligible for public health certification and public health nursing certification.

Peer reviewers shall evaluate information supporting the statutory funding preference, to determine if the applicant meets the statutory funding preference.

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 strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected

for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the estimated 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.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement 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 13-227, 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, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Diversity

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

All health professions programs should aspire to --

- recruit, train, and retain a workforce that is reflective of the diversity of the nation;
- address all levels of the health workforce from pre-professional to professional;

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

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that set priorities for all HRSA programs. 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 www.whitehouse.gov/omb/circulars;

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 www.dpm.psc.gov for additional information.

c. Status Report

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

2) **Progress Report(s).**

The awardee must submit a progress report to HRSA on an annual basis. For multi-year awards: Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The **BHPr Progress Report has two parts.** The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report**

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

The Final Report is designed to provide the Bureau of Health Professions (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 at the end of their project. The Final Report includes the following sections:

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

Grantees are also required to submit to BHPa 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 the following Grants Management Staff:

Latisha Harris, BS
Grants Management Specialist
DHHS/HRSA/OFAM/DGMO
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Phone: 301-443-1582
Fax: 301-443-6343
Email: lharris@hrsa.gov

Nandini Assar, PhD
Grants Management Specialist

DHHS/HRSA/OFAM/DGMO
5600 Fishers Lane Room 11A-19
Rockville, MD 20857
Phone: 301-443-4920
Fax: 301-443-6343
Email: nassar@hrsa.gov

Program Technical assistance regarding this funding announcement may be obtained by contacting the following Division of Nursing Staff at 301-443-5688. Address, E-mail addresses and fax number are listed below:

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Grantees may need assistance when working online to submit their application forms electronically. For assistance with submitting the application in Grants.gov, contact the Grants.gov Contact Center, 24 hours a day, 7 days a week, excluding federal holidays:

Grants.gov Contact Center
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E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
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VIII. Other Information

PROGRAM DEFINITIONS

The following definitions apply to the Advanced Nursing Education Program for Fiscal Year 2012.

“Academic Health Center” refers to an institution that includes a school of medicine, a teaching hospital, and at least one additional health education school (e.g., nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy.

“Accelerated Nursing Degree Program” means a program of education in professional nursing offered by an accredited school of nursing in which an individual holding a bachelors degree in a BSN or MSN degree in an accelerated time frame as determined by the accredited school of nursing.

“Access” means to assure health care services to all by improved health professions distribution.

“Accredited” means a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education.

There are two forms of accreditation: (1) professional or specialized accreditation, and (2) institutional accreditation. Professional or specialized accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program’s mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation.

A collegiate school of nursing must be accredited by a recognized body or bodies (i.e. Commission on Collegiate Nursing Education and/or National League for Nursing Accrediting Commission), approved by the Secretary of Education for the purpose of conducting nursing education.

“Acute Care Nurse Practitioner (ACNP)” provides advanced nursing care across the continuum of health care services to meet the specialized physiologic and psychologic needs of patients with complex acute, critical, and chronic health conditions. This care is continuous and comprehensive. The population in acute care practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. Based on educational preparation, ACNPs practice with a focus on a variety of specialty based populations including neonatal, pediatric, and adult. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention, or continuous nursing vigilance within the range of high-acuity care. While most ACNPs practice in acute care and hospital based settings including sub-acute care, emergency care, and intensive care settings, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, and rehabilitative care.

“Advanced Education Nursing Program” means a program of study in a collegiate school of nursing or other eligible entity which leads to a master’s and/or doctoral degree and which prepares nurses to serve as nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

“Approval” means that a specific body, committee, Board, or Commission at the Faculty, Department, School, University, or State levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs. Examples of steps in the approval process are the following: nursing faculty curriculum committee, Faculty Senate, Board of Regents of the University, State Finance Board for Higher Education, State Board of Nursing. Applicants must list the entities whose agreement is necessary to initiate the program and enroll students in the program of study.

“Associate Degree School of Nursing” means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, unit, college or university is accredited, as defined in section 801(4) of the (PHS) Act.

“Certification” means a process by which an agency or organization validates, based upon predetermined standards, an individual nurse’s qualifications and knowledge for practice in a defined clinical area of nursing.

“Clinical Nursing Specialist” means a specific area of advanced clinical nursing theory and practice addressed through formal instruction to prepare advanced education nurses. Clinical nursing specialties prepare the nurse to provide direct patient/client nursing care to individuals or to population groups. A nurse completing a course of study in a clinical nursing specialty is

expected to be eligible for a national certification(s) or state certification(s), when available, following graduation or required experience.

“Clinical Nursing Specialist Program” means a formal graduate-level education program that provides expertise within the CNS role, population focus and a specialty area of nursing practice. In addition to the delivery of direct patient/client care, the role may include consultative, educational, research and/or administrative components. A graduate degree is the minimum requirement for clinical nurse specialist programs.

“Collegiate School of Nursing” means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited, as defined in section 801(6) of the PHS Act.

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

“Continuing Education Program” means a formal, post-licensure education program designed to increase knowledge and/or skills of nurses. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master’s certificate or other evidence of completing such a program.

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

“Cultural Competence” means a set of academic and interpersonal skills that allow an individual to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports.

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

“Cultural Diversity” means differences in race, ethnicity, language, nationality, or religion among various groups within a community, an organization, or a nation.

“Diploma School of Nursing” means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or

such hospital or university or such independent school is accredited, as defined in section 801(6) of the PHS Act.

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

“Economically Disadvantaged” means an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary will annually publish these income levels in the Federal Register. The table below provides a breakdown of family income levels used to determine economic disadvantaged status. Family income is defined as the income of the family of the individual participant or of the family of the parents of the individual participant.

Low Income Levels:

The Secretary defines a “low-income family” for programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student’s parents to compute low income status, while a few program, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student’s family as long as he or she is not listed as a dependent upon the parents’ tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department’s poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer price Index.

The Secretary annually adjusts the low-income levels based on the Department’s poverty guidelines and makes them available to persons responsible for administering the applicable programs.

The 2012 Poverty Guidelines to determine Disadvantaged status can be located at the following website: <http://www.gpo.gov/fdsys/pkg/FR-2012-01-26/pdf/2012-1603.pdf>

“Educationally Disadvantaged” means an individual who comes from an environment that has hindered the individual in obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school. The following are provided as examples of “Educationally Disadvantaged” for guidance only and are not intended to be all-inclusive. Applicants should seek guidance from their educational institution as to how “Educationally Disadvantaged” is defined by their institution.

Examples:

- 1) Person from high school with low average SAT scores or below the average state test results.

- 2) Person from a school district where 50% or less of graduates go to college.
- 3) Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- 4) Person for whom English is not their primary language and for whom language is still a barrier to their academic performance.
- 5) Person who is first generation to attend college and who is from rural or urban area or receiving public assistance.
- 6) Person from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches.

“Electronic Distance Learning Methodologies” means electronic media are used to deliver education content when the learner and teacher are separated by distance. An electronic medium may be a computer, World Wide Web technologies, teleconferencing, television, or CD ROM/DVD.

“Enhancement” means the strengthening and improving of the quality of advanced education nursing programs.

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

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

“Family income” means the income of the family of the individual participant or of the family of the parents of the individual participant.

“Full-Time Student” means a student who is enrolled in at least the number of credits defined as full-time by the institution.

“Full-time Educational Program” means an educational program that provides for a full-time program of study as defined by the institution. Students progressing through the program are able to enroll on a full-time basis to complete the program in a timely manner. Students in such a program may be part-time or full-time.

“Graduate” means an individual who has successfully completed all institutional requirements necessary to be granted a degree/certificate.

“Graduate Education Program or Training” means a program administered by an institution of higher learning, leading to a master’s or higher degree.

“Healthy Literacy” means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

“Home Health Agency” as defined by the Social Security Act, section 1861(o), means a public agency or private organization, or a subdivision of such an agency or organization, which:

- (1) Is primarily engaged in providing skilled nursing services and other therapeutic services;
- (2) Has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services by a physician or by a registered professional nurse;
- (3) Maintains clinical records on all patients;
- (4) In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, (a) is licensed pursuant to State law or (b) is approved by the agency of such State or locality responsible for licensing agencies or organizations of this nature as meeting the standards established for such licensing;
- (5) Has in effect an overall plan and budget that meets the requirements of subsection (z) of this section;
- (6) Meets the conditions of participation specified in section 1819(a) of the Social Security Act and such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization;
- (7) Provides the Secretary on a continuing basis with a surety bond in a form specified by the Secretary and in an amount that is not less than \$50,000 (more specifics about the duration and nature of the surety bond can be found in Sec. 1861 (c)(7)(A) of the SSA and Sec. 1861 (7)(C));
- (8) Meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary to the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program; and
- (9) Except that for purposes of Part A of this sub-chapter such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases.

The Secretary may waive the requirement of a surety bond under paragraph (7) in the case of an agency or organization that provides a comparable surety bond under State law.

“Informatics” means “a discipline concerned with the study of information and the manipulation of information via computer tools” (HIMSS, 2006, p. 44; McGongile & Mastrian, 2012).

“Inservice Education” means learning experiences provided in the work setting for the purpose of assisting staff in performing their assigned functions in that particular agency.

“Interdisciplinary” means two or more persons from the same profession but different specialties (e.g.: Medical/Surgical Nurse and Labor and Delivery Nurse).

“Interprofessional Education” means, students from two or more health care professions learning with, from and about each other to enhance collaboration in a shared learning environment (WHO, 2010). (e.g.: Registered Nurse and Certified Licensed Social Worker)

“Local Government” means a local unit of government, including specifically a county, municipality, city, town, township, local public authority, school district, special district, intra-State district, council of governments (whether or not incorporated as a nonprofit corporation under State law), any other regional or interstate entity, or any agency or instrumentality of local government.

“Medically Underserved Community” as defined in section 799B (6) of the PHS Act, means an urban or rural area or population that:

- (1) is eligible for designations under section 332 of the PHS Act as a health professional shortage area;
- (2) is eligible to be served by a migrant health center (MHC), now 330(g) of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under section 330(i) of the PHS Act (relating to residents of public housing);
- (3) 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
- (4) is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

In keeping with the Congressional intent that eligible entities should not be limited to formally designated Health Professional Shortage Areas (HPSAs) and populations served by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision has been expanded to include, but is not limited to the following:

- Community Health Centers (CHC)
- Migrant Health Centers (MHC)
- Health Care for the Homeless Grantees
- Public Housing Primary Care Grantees
- Rural Health Clinics, Federally designated
- National Health Service Corps (NHSC) Sites
- Indian Health Services (IHS) Sites
- Federally Qualified Health Centers
- Primary Medical Care Health Professional Shortage Areas (HPSAs)
- State or local Health Departments (regardless of sponsor - for example, local Health Departments that are funded by the State would qualify)
- Ambulatory practice sites designated by State Governors as serving medically underserved communities

“Midwife” is not a registered nurse, but may hold other professional designations as a health care provider such as a physician assistant or physical therapist. A midwife, without being a registered nurse, can become certified and licensed to practice in New York, New Jersey and Rhode Island.

“National of the United States” means an individual who owes his sole allegiance to the United States, including all U.S. citizens, and including some individuals who are not U.S. citizens. These individuals would include citizens of certain U.S. possessions such as the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Marian Islands, Guam, American Samoa, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau.

“Nonprofit” as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

“Nurse Administrator” means a registered nurse who has successfully completed a master’s and/or doctoral degree program of study designed to prepare nurses for leadership positions in administration in a variety of health care systems.

“Nurse Anesthetist” means a registered nurse who has successfully completed a nurse anesthetist education program.

“Nurse Educator” means a registered nurse who is prepared through master’s and/or doctoral education in nursing to transfer knowledge about the science and art of nursing from the expert to the novice in a variety of academic, clinical and lay educational settings with attention to life-long learning needs of professional nursing students and advanced practice nurses and students. The nurse educator can be prepared in an area of advanced nursing practice.

“Nurse-Midwife” means a registered nurse educated in the two disciplines of nursing and midwifery that has successfully completed a nurse-midwifery education program accredited by Accreditation Commission on Midwifery Education (ACME) of the American College of Nurse-Midwives (ACNM). Following ACME certification, the nurse-midwife has ability to provide independent management of primary health care for women in the context of family-centered care focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client. This ability includes the: assessment of the health status of women and infants, through health and medical history taking, physical examination, ordering, performing, supervising and interpreting diagnostic tests and making diagnoses; institution and provision of continuity of primary health care to women and referral to other health care providers as appropriate; prescription of pharmacological and non-pharmacological therapeutics, consistent with current standards of care; provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention by actively involving these individuals in the decision making and planning for their own health care; and collaboration

with other health care providers and agencies to provide and coordinate services to individual women, children, and families.

“Nurse Practitioner” means a registered nurse who has successfully completed a Nurse Practitioner Program, as defined below, who can deliver primary and acute care services but may have a primary focus on either primary or acute care in a variety of settings, such as homes, ambulatory care facilities, long-term care facilities, and acute care facilities, using independent and interdependent decision making with direct accountability for clinical judgment. The health care services to be provided include: assessment of the health status of individuals and families through health and medical history taking, physical examination, ordering, performing, supervising, and interpreting diagnostic tests and making diagnoses; management of acute episodic and chronic illnesses; institution and provision of continuity of primary health care to individuals and families and referral to other health care providers when appropriate; prescription of treatments including pharmacological and non-pharmacological therapeutics, consistent with current standards of care; provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention, by actively involving these individuals in the decision making and planning for their own health care; and collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

“Nursing Center” means an organization in which the client has direct access to professional nursing service. Nurses in these centers are responsible and accountable for diagnosing, treating, and promoting health and optimal functioning of the client. Overall center accountability remains with the nurse executive. Nursing centers are commonly referred to as nurse-managed clinics, community nursing centers, nursing clinics, or nursing practice arrangements.

“Nursing Informatics” "means a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice" (McGongile & Mastrian, 2012, p.579).

“Nursing Practice Arrangement” means a delivery system managed by a school of nursing and operated by faculty, students, and staff to increase access to primary health care for medically underserved communities and populations and to provide clinical practice sites for faculty and students.

“Part-time Student” means an individual enrolled in an advanced nursing education program, carrying less than the full-time credit load in a semester as determined by the institution.

“Post-Master's Nursing Certificate Program” means a formal, post-graduate program for Registered Nurses with master's degrees that awards a certificate and academic credit that is documented on a graduate transcript from the school for completion of the program of study as a Nurse Practitioner or Nurse-Midwife; or clinical nurse specialist, or other advanced level nursing program of study.

“Preceptorship” means a clinical learning experience in which the student is assigned to a faculty member or with oversight by program faculty to a designated preceptor who is a nurse

practitioner or nurse-midwife or other health professional for specific aspects of the clinical learning experience. The preceptorship provides the student with practice experiences conducive to meeting the defined goals and objectives of the particular clinical course. The preceptor is responsible for the daily teaching and assignment of individuals to be cared for, supervision, and participation in the evaluation of the nurse practitioner or nurse-midwifery student. The preceptor teaches, supervises, and evaluates the student and provides the student with an environment that permits observation, active participation, and management of primary health care. Before and during this preceptorship, the program faculty visit and assess the clinical learning sites and prepare the clinical faculty/preceptors for teaching their students.

“Primary Care” means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. The Guidelines use “Primary Care” and “Primary Health Care” interchangeably. (Definition adapted from Barbara Starfield, *Primary Care Concept, Evaluation, and Policy*, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine: Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, *Committee on the Future of Primary Care, Division of Health Care Services, Primary Care: America's Health in a New Era, Summary*, National Academy Press, Washington, DC, 1996, p. 23.)

“Primary Health Care” means care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services including:

- (1) Promotion and maintenance of health;
- (2) Prevention of illness and disability;
- (3) Basic care during acute and chronic phases of illness;
- (4) Guidance and counseling of individuals and families;
- (5) Referral to other health care providers and community resources when appropriate; and,
- (6) Nurse-midwifery services when appropriate.

In providing such services:

- (1) Physical, emotional, social, and economic status, as well as the cultural and environmental backgrounds of individuals, families and communities (where applicable) are considered;
- (2) The client is provided access to the health care system; and
- (3) A single provider or team of providers, along with the client, is responsible for the continuing coordination and management of all aspects of basic health services needed for individual and family care.

“Professional Nurse” means a registered nurse who has received initial nursing preparation from a diploma, associate degree, or collegiate school of nursing and who is currently licensed in a State to practice nursing.

“Program” means a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competencies to practice.

“Program for the Education of Nurse Practitioners or Nurse-Midwives” means a full-time educational program for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) which meets the regulations and guidelines prescribed by the Secretary and which has as its objective the education of nurses who will, upon completion of their studies in such program, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, where appropriate, and other health care institutions. Or if a generic or entry-level master’s program, the individual must be eligible for licensure as a registered nurse prior to or upon graduation.

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

“Public Health Nurse” in the advanced education nursing program means a registered nurse who has successfully completed a master’s and/or doctoral degree program of study designed to prepare nurses for the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

“Public Health Nursing Practice” means the systematic process by which:

- (1) The health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death;
- (2) A plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death;
- (3) The plan is implemented effectively, efficiently, and equitably;
- (4) Evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the populations; and
- (5) The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, State and national health policy and research to promote health and prevent disease.
(APHA Public Health Nursing Section, 1996).

“Quality Improvement” means an organizational philosophy that seeks to meet client needs and expectations with the minimum of effort or rework or waste, by using a structured process that selectively identifies and improves all aspects of care and service on an ongoing basis.

“Race” according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White. The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African-American.”
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Note: See “Ethnicity” for definitions of Hispanic or Latino ethnicity.

“Racial and Ethnic Minority Group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

Minority/Minorities refer to individual(s) from a racial and ethnic minority group.

Underrepresented Minority/Minorities, with respect to a health profession, means 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 includes Blacks or African-Americans, American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Asian Indian, or Thai).

“Registered Nurse” means a person who has graduated from a school of nursing and is licensed to practice as a registered or professional nurse in a State.

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget (OMB) based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

“Rural Clinical Experience” means a structured primary care clinical experience in any appropriate outpatient, home health, public health agency setting, nursing center or hospital located in a rural area.

“Rural Health Facility” means a hospital of less than 100 beds or other patient care facility located outside Office of Management and Budget (OMB) designated metropolitan areas. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

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

“School of Public Health” means a school which provides education leading to a graduate degree in public health and which is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education.

“Simulated learning” includes the use of information and telecommunications technologies, including but not limited to mannequin-based and patient simulators, computer-based instructions, virtual simulation, interactive simulated case studies, advanced 3D graphics, e-Learning technology, informatics, telehealth, and other simulated or virtual methods to enhance nursing education and practice.

“State” means, for the purposes of Title VIII, the government of any of the several States of the United States, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau.

“Telehealth” means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

“Telehealth Nursing” means the use of telehealth/telemedicine technology to deliver nursing care and conduct nursing practice.” Telenursing, telehealth nursing, nursing telepractice are interchangeable. Telehealth nursing is not a specialty area in nursing. (definition from: http://www.americantelemed.org/files/public/MemberGroups/Nursing/Fact_Sheet_FINAL.pdf)

“Telemedicine” means the use of electronic communication and information technologies to provide or support clinical care at a distance. Included in this definition are patient counseling, case management, and supervision/preceptorship of rural medical residents and health professions students when such supervising/precepting involves direct patient care

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>.