U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Nurse Education, Practice, Quality and Retention (NEPQR) – Registered Nurses in Primary Care (RNPC) Training Program

Funding Opportunity Number: HRSA-18-012
Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.359

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 29, 2018

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Issuance Date*: November 9, 2018

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Authority: Public Health Service Act, Sections 831 and 831A (42 U.S.C. 296p and 42 U.S.C. 296p-1)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Nursing and Public Health is accepting applications for the fiscal year (FY) 2018 Nursing Education, Practice, Quality and Retention (NEPQR) – Registered Nurses in Primary Care (RNPC) Training Program. HRSA has drafted this NOFO with a global approach to ensure all practice priority areas in Sections 831 and 831A of the Public Health Service (PHS) Act are incorporated. The purpose of this four-year training program is to recruit and train nursing students and current registered nurses to practice at the full scope of their license in community-based primary care teams. The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. Applicants should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Nursing Education, Practice, Quality and Retention (NEPQR) – Registered Nurses in Primary Care (RNPC) Training Program
Funding Opportunity Number:	HRSA-18-012
Due Date for Applications:	January 29, 2018
Anticipated Total Annual Available FY18 Funding:	$30,100,000
Estimated Number and Type of Award(s):	Up to 43 Cooperative Agreements
Estimated Award Amount:	Up to $ 700,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2018 through June 30, 2022 Four (4) years
Eligible Applicants:	Eligible applicants include accredited schools of nursing, as defined by PHS Act section 801(2), health care facilities, or a partnership of such a school and facility. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide
You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

<u>Technical Assistance</u>
The following technical assistance webinar has been scheduled:
Tuesday, November 28, 2017, 2 p.m. (ET)
Call-In Number: 1-888-390-0787
Participant Code: 8934038
Web link: https://hrsa.connectsolutions.com/fy18_nepqr_rnpc_foa/
The recording will be available until 11:59 p.m. (ET) on January 28, 2018 –
Playback Number: 1-888-567-0687, Passcode: 1260

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I. Program Funding Opportunity Description

1. Purpose

Program Purpose

This notice solicits applications for the Nurse Education, Practice, Quality and Retention (NEPQR) – Registered Nurses in Primary Care (RNPC) Training Program. The purpose of this four-year training program is to recruit and train nursing students and current registered nurses (RNs) to practice to the full scope of their license in community-based primary care teams to increase access to care, with an emphasis on chronic disease prevention and control, including mental health and substance use conditions. The program aims to achieve a sustainable primary care nursing workforce equipped with the competencies necessary to address pressing national public health issues, even the distribution of the nursing workforce, improve access to care and improve population health outcomes by strengthening the capacity for basic nurse education and practice and addressing national nursing needs under three priority areas: education, practice and retention, as authorized by PHS Act sections 831(a)-(c) and 831A(a)-(c).

Program Requirements
Applicants are required to establish or expand academic-practice partnerships to train nursing students and support current RNs in non-institutional settings; such as community-based primary care, in accordance with the linkage/partnership requirement in Section 802(d) of the Public Health Service Act.
- If the applicant organization is an accredited school of nursing, they must partner with community-based primary care sites (e.g., National Health Service Corps sites, Community Health Centers, Federally Qualified Health Centers (FQHC), Health Center Program Look-Alikes, Nurse-Managed Health Clinics, Rural Health Clinics, and Indian Health Services sites).
- If the applicant organization is a health care facility, they must:
  - provide primary care services in a community-based setting; and
  - partner with an accredited school of nursing.

HRSA also encourages partnerships with other non-institutional settings, including state or local health departments, Veterans Affairs medical facilities, Area Health Education Centers, AIDS Education and Training Centers, and Public Health Training Centers.

The partnerships are required to implement the following activities:

1. Implement a system for **recruitment** of primary care-oriented undergraduate nursing students most committed to practicing in non-institutional settings to improve access to primary health care in medically underserved communities;
2. Provide longitudinal **clinical training** experiences for undergraduate nursing students in community-based primary care, with an emphasis on chronic disease prevention and control, including mental health and substance use conditions;

3. Deliver **continuing professional development in primary care** for practicing RNs, clinical preceptors, and faculty with an emphasis on chronic disease prevention and control, including mental health and substance use conditions;
4. Enhance didactic and clinical training **curricula** to integrate primary care, population health, and interprofessional education (IPE) with an emphasis on chronic disease prevention and control, including mental health and substance use conditions; and
5. Identify a full time **partnership liaison** as a formal facilitator between academia and clinical partners.

Funding Preference
As authorized by Section 805 Public Health Service Act (42 U.S.C. § 296d), funding preference shall 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.

In order to qualify for the funding preference, you must clearly indicate in the Project Abstract the funding preference for which you are applying and provide supporting information and data in **Attachment 9**. Refer to *Section V.2* of this funding opportunity for funding preference qualification requirements.

2. Background

Legislation
The NEPQR Training Program is authorized by Sections 831 and 831A of the Public Health Service Act (42 U.S.C. § 296p and 296p-1) to strengthen the capacity for basic nurse education and practice. The NEPQR-RNPC Training Program addresses all three priority areas (education, practice and retention) as defined in the statute.

The Enhanced Role of Registered Nurses in Community-Based Primary Care Settings
The delivery of high-value primary care is essential to improving the health of all Americans. The primary care workforce is responsible for the provision of primary and preventive care to a population that is increasingly demanding these services, due largely to the aging of the population and the growing number of individuals with complex medical needs. The percentage of the population 65 years or older will grow to 21.7 percent of the population by 2040.[1] Approximately half of Americans have at least one chronic disease, and 25 percent have multiple chronic conditions.[2] The prevalence of multiple chronic conditions increases significantly with age and impact 75 percent of older adults.[2] These rates are expected to rise with the obesity epidemic and are compounded by the increased behavioral health needs that have resulted from unmet mental health needs and the opioid epidemic. Currently, chronic diseases account for 75 percent of primary care visits. Increased emphasis on population health, quality of care, and the value of the services delivered has resulted in a need to shift health care

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[1] Echevarria, M., Salmond, S. (2017). Healthcare Transformation and Changing Roles for Nursing. Orthopedic Nursing, 36(1), 12-25.
[2] Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. *Multiple Chronic Conditions Chartbook.[PDF - 10.62 MB]* AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.

from acute care to community-based settings. However, the current organization and scope of the primary care system are insufficient in meeting the needs of the nation.

As health care providers and policy makers continue to focus on improving quality and health outcomes at lower cost, identification of the key features and strategies that define primary care excellence are fundamental in the restructure. The Centers for Medicare and Medicaid Services (CMS) identified tenants of transformed health care delivery systems that emphasize integrated care models; comprehensive care coordination; care teams performing at the top of their license and board certification; patient engagement; data driven quality improvement, and population health management.[3] As the nation's health care culture continues to shift toward an integrated, comprehensive approach to health, strengthening the core of primary care is critical to the delivery of better, safer, higher quality care. As a result, innovative primary care delivery and workforce models have emerged to expand access, improve care, advance health, and increase value.

Evolving models of care underscore the importance of team-based care, leading organizations to redefine traditional roles and responsibilities of team members as a more effective means to meet patient needs. RNs are the largest health care workforce in the United States at 2.8 million, but are not consistently utilized in the primary care healthcare model.[4] In redesigned health care systems, nurses are assuming enhanced roles for a broad range of patients in community-based primary care. These changes will require an expanded skill set focused on wellness and population care, with a renewed focus on patient-centered care, care coordination, data analytics, and quality improvement.[1] Core competencies for primary and preventative care practice have been defined by the Quad Council of Public Health Nursing Organizations and the American Academy of Ambulatory Care Nursing (AAANC). These skill sets align with and support effective nursing practice in transforming healthcare delivery systems. As new roles diffuse through the health care system, nurse educators and current RNs need to focus on building skills to practice as part of interprofessional care teams with shared responsibility and accountability for the health of populations in an increasing value-focused care environment.

The emerging and enhanced roles for RNs require a redesign of nursing education and clinical training systems to support nursing practice in a transformed heath care system. Current nursing education and clinical training models overwhelmingly focus on acute care and lack sufficient primary care content. To keep pace with the rapidly changing healthcare environment, nurse educators must continuously evaluate and revise education curricula, approaches, and programs used to educate new and practicing nurses. Likewise, to prepare nurses to practice in new models of care, clinical rotations need to include exposure to high-performing teams in community-based settings, and provide longitudinal experiences with patients and family caregivers. Academic-practice partnerships are a critical mechanism to help ensure the transformative changes in

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[3] Centers for Medicare & Medicaid Services. (2014). Innovation State Innovation Models Program. Retrieved from innovation.cms.gov/initiatives/State-Innovations/.
[4] Josiah Macy Jr. Foundation. (2016). Registered Nurses: Partners in Transforming Primary Care. Retrieved from http://macyfoundation.org/publications/publication/conference-summary-registered-nurses-partners-in-transforming-primary-care.

front-line care delivery systems are incorporated into curricula and clinical training requirements for nurses. Effective partnerships create systems where students have relevant curricula, quality clinical training sites, well-trained faculty and preceptors, and produce graduates with the experience and competencies that facilitate employment in community-based primary care.

There is a compelling need to expand and optimize the contributions of RNs in primary health care to address the rapidly expanding primary health care access crisis, improve the health of our nation and promote the creation of healthy and satisfying work environments for RNs and interprofessional team members. Leaders in health care transformation increasingly point to the importance of utilizing RNs in enhanced roles in primary care. *The Primary Care Team: Learning from Effective Ambulatory Practices* (LEAP) project identified 30 primary care practices as exemplary models of workforce innovation that maximize the contributions of nurses and other health professions and staff. In 2016, the Josiah Macy Jr. Foundation hosted a conference on preparing RNs for enhanced roles in primary care and generated recommendations around the potential for RNs to help strengthen the primary care system. The LEAP findings and Macy Foundation report echo the 2011 Institute of Medicine's *The Future of Nursing: Leading Change, Advancing Health* assertion that nursing has a critical contribution in healthcare reform and the demands for a safe, quality, patient-centered, accessible, and affordable care.

Program Definitions
The following definitions apply to the NEPQR-RNPC Training Program for Fiscal Year 2018.

1. **Academic-practice partnership** is a formal and strategic relationship between a nursing school and clinical practice setting established to advance their mutual interests related to nursing practice, education and research.
2. **Enhanced RN role** is the utilization of RNs in primary care to the fullest extent of their education and practice. This enhanced RN role spans functional areas of episodic and preventative care, triage, documentation of health status, chronic disease management, hospital transition management, delegated care for illness, health coaching, supervision of other staff, and quality improvement leadership.[5,6]
3. **Health Professional Shortage Areas (HPSA[7])** is a federal designation used to identify areas, populations, and facilities which have a shortage of either primary care, dental, and/or mental health providers as measured by the ratio of available discipline-specific providers to: the population of the area; a specific population group; or the number of those served by the facility. All FQHCs and Rural Health

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[5] Flinter, M., Blankson, M., & Ladden, M. (2016). Registered Nurses in Primary Care: Strategies that Support Practice at the Full Scope of the Registered Nurse License. Commissioned Paper for the 2016 Macy Foundation Conference.

[6] Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E., Ulrich, S., Hayes, C., & Wood, L. (2015). *Role of the Registered Nurse in Primary Health Care: Meeting Health Care Needs in the 21st century.* Nursing Outlook, 63(2), 130-136. Retrieved from http://dx.doi.org/10.1016/j.outlook.2014.08.004

[7] More information on the HPSA criteria can be found at: http://bhw.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html. See HRSA's HPSA Finder Tool at https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx

Clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)) and that meet the requirements of section 334 in PHSA, related to charging for services, shall be automatically designated as having such a shortage.

4. **Interprofessional practice** is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

5. **Longitudinal experiential training** is the process of instruction between a designated faculty and/or nursing preceptor and an individual(s) that includes a component of direct work experience over a period of time to adequately immerse the individual(s) in that training (at least 150 hours).

6. **Medically Underserved Populations (MUP)** are federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services. MUPs are designated based on the Index of Medical Underservice. See http://www.hrsa.gov/shortage/mua/ or http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx for additional information.

7. **Non- institutional settings** are community-based primary care sites including: National Health Service Corps sites, Community Health Centers, FQHCs, Health Center Program Look-Alikes, Nurse-Managed Health Clinics, Rural Health Clinics, and Indian Health Services sites, state or local health departments, Veterans Affairs medical facilities, Area Health Education Centers, AIDS Education and Training Centers, and Public Health Training Centers.

8. **Population health** is the health outcomes of a group of individuals, including the distribution of such outcomes within the group.[8] It involves applying health strategies, interventions, and policies at the population level rather than through the episodic, individual-level actions common within acute care.[9]

9. **Primary care** is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

10. **Preceptor** is a RN responsible for specific aspects of the clinical learning experience. The preceptor is responsible for the daily teaching, assignment of patient panel, supervision, and evaluation of the RN student. The preceptor provides the student with an environment that permits observation, active participation, and management of primary health care.

11. **Registered Nurse** is a nurse who has graduated from a school of nursing, passed the National Council Licensing Registered Nurse (NCLEX-RN) examination, and is licensed to practice as a registered nurse in a state.

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[8] Kindig, D., & Stoddart, G. (2003). What is population health? American Journal of Public Health, 93, 380-383.

[9] National Advisory Council on Nurse Education and Practice – HRSA (2016). Preparing Nurses for New Roles in Population Health Management: 14th Annual Report to the Secretary of the United States, Department of Health and Human Services and the Congress of the United States. Retrieved from https://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fourteenthreport.pdf

12. **Registered Nurse student** is a student currently enrolled in an accredited undergraduate nursing program.
13. **Rural area**[10] is a geographical area located in a non-metropolitan county, or an area located in a metropolitan county designated by the Federal Office of Rural Health Policy as being considered rural.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA shall:
1. Provide ongoing input in all phases of the project to accomplish the goals;
2. Participate, as appropriate, in meetings or site visits;
3. Review and approve project information prior to dissemination;
4. Provide direction, assistance and referral in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA grant projects, and other resource centers and entities relevant to the project's mission;
5. Provide guidance concerning the content, structure and format of required reports; and
6. Support and direct the dissemination of effective clinical and/or community practice models that emerge from the NEPQR-RNPC Training Program, and identify opportunities to expand best practice models to diverse populations.

The RNPC awardee must:
1. Develop, implement, and evaluate projects to ensure that they meet the goals outlined in Section I of this NOFO;
2. Engage, collaborate, and communicate with HRSA staff for input on project activities, quality improvement, and dissemination of lessons learned and effective practice models;
3. Participate in HRSA-provided training and technical assistance as appropriate;
4. Engage with relevant stakeholders to ensure project success and sustainability;
5. Engage, collaborate, and communicate with other RNPC awardees in a learning community to share practice innovations and leverage resources; and

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[10] More information can be found at: http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html. Note: To determine whether a geographical area is considered rural, go to HRSA's Rural Health Grants Eligibility Analyzer.

6. Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the [R&R Application Guide](#) (**Acknowledgement of Federal Funding**).

2. Summary of Funding

Approximately $30,500,000 is expected to be available annually to fund approximately 43 RNPC recipients. You may apply for a ceiling amount of up to $700,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is July 1, 2018 through June 30, 2022 (4 years), including a 1-year capacity building period. Funding beyond the first year is dependent on the availability of appropriated funds for the NEPQR-RNPC Training Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements in [45 CFR part 75](#).

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent 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 subawards in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

In accordance with Sections 831(g) and 831A(f) of PHS Act, eligible applicants include accredited schools of nursing, as defined by section 801(2), health care facilities, or a partnership of such a school and facility.

Schools of nursing affiliated with the proposed project must be an accredited public or private school. Applicants must provide documentation of current accreditation by a national nurse education accrediting agency or state approval agency recognized by the U.S. Department of Education for the purposes of nursing education as **Attachment 1**.

Individuals are not eligible to apply.

In addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands,

the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Tribes and Tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
Applications that request amounts that exceed the ceiling amount of $700,000 per year will be considered non-responsive and deemed ineligible for review or consideration for funding under this notice.

Deadline
Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and deemed ineligible for review or consideration for funding under this announcement.

Maintenance of Effort (MoE)
The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Sec. 803 (b) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as **Attachment 8.**

Multiple Applications
NOTE: Eligible applicants may submit only one application in response to this NOFO. Multiple applications from any single organization are not allowed. Separate organizations are those entities that have unique DUNS numbers.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered non-responsive and deemed ineligible for review or consideration for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov. You must download the SF-424 Research and Related (R&R) application package associated with this NOFO

following the directions provided at https://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages. The application for NEPQR-RNPC is due January 29, 2018.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page and when downloading the NOFO (also known as "instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified announcement may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide,* except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit **includes** the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do NOT count in the page limitation. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included as **Attachment 10: Other Relevant Documents.**

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:
- A brief overview of the project as a whole;
- Specific, measurable objectives that the project will accomplish;
- How the project will be accomplished (i.e., the "who, what, when, where, why and how" of a project);
- Funding preference, if applicable; and
- The funding amount requested.

ii. Project Narrative
This section provides a comprehensive framework and description of all aspects of the proposed project. 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:

PURPOSE AND NEED - Corresponds to Section V's **Review Criterion #1**
The purpose of the NEPQR-RNPC Training Program is to recruit and train nursing students and current RNs to practice to the full scope of their license in community-based primary care teams.

You must describe the purpose and need for the proposed project, including:
- Community served, including demographics, health status, social determinants of health, unmet health care needs, and barriers to care;
- Current health care delivery system and primary care nursing workforce gaps, including recruitment and retention barriers;
- Barriers to clinical training in community-based primary care teams;
- Curricula modifications/enhancements needed; and
- Gaps in primary care competencies and training needs of faculty/preceptors.

RESPONSE TO PROGRAM PURPOSE - This section includes 3 sub-sections — (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).

a) METHODOLOGY/APPROACH - Corresponds to Section V's **Review Criterion #2 (a)**
In this section, you must propose the methods that will be used to address the community and system needs (identified in the Purpose and Need section above) and meet the program requirements (described in the Program Purpose section above).

Specifically, applicants must identify strategies and/or activities to address the community and system needs, explain the rationale for proposing specific activities, and present a clear connection between identified system gaps, needs, and the proposed activities.

You must submit a logic model for designing and managing the project as **Attachment 6**. A logic model is a one-page diagram that presents the conceptual framework for a project and explains the links among program elements to achieve the relevant outcomes. For the purposes of this announcement, the logic model should summarize the connections between the:
- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., beliefs about how the program will work based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, etc.);
- Target population (e.g., individuals served);
- Activities (e.g., approach, key interventions);
- Outputs (i.e., direct products or deliverables of program activities); and
- Outcomes (i.e., program results, change in people or systems).

(b) WORK PLAN - Corresponds to Section V's **Review Criterion #2 (b)**
You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope as **Attachment 2**. You must state objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed and clearly explain how they will be implemented. A sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

The work plan must include:
- Goals of the project (including objectives and sub-objectives);
- Responsible entity/entities (i.e., key staff and partners);
- Activities;
- Timeline (including up to 1-year capacity building period and 3 years of project implementation);
- Deliverables and/or products; and
- Proposed outcomes including the number of current and future RNs who will be trained each project year.

*(c) RESOLUTION OF CHALLENGES - Corresponds to Section V's **Review Criterion #2 (c)***

Discuss likely challenges and anticipated major barriers in the design and implementation of the activities described in the work plan and approaches that you will use to resolve such challenges. Describe how you monitor progress towards program objectives and strategies to address challenges or obstacles. Challenges discussed should be specific to the proposed project and relate to either the overall goal(s) or objective(s) proposed within the work plan.

IMPACT - This section includes 2 sub-sections - (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability - both of which correspond to Section V's Review Criteria #3 (a) and (b).

*(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY - Corresponds to Section V's **Review Criterion #3 (a)***

You must describe your plan for program performance. This plan must monitor ongoing processes and progress toward meeting program goals and objectives and describe how the unique needs of target populations of the communities served are routinely assessed and improved. The evaluation plan must, at a minimum, assess the effectiveness of the award-funded activities and include a continuous quality improvement plan. The evaluation plan must include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

Programs must report on their findings in their annual Performance and Progress Reports. You must also describe the systems and processes used by your organization to collect required HRSA performance metrics for this program. This includes your capacity to track, validate, and report required data to allow for accurate and timely reporting of performance outcomes to HRSA. The following link includes examples of the required program performance measures for this program: http://bhw.hrsa.gov/grants/reporting/index.html.

*(b) PROJECT SUSTAINABILITY- Corresponds to Section V's **Review Criterion #3(b)***

You must provide a clear sustainability plan for the project after the period of funding ends, including a description of specific actions to:
- Support all program requirements beyond the federal investment;
- Develop a business model that includes integration or enhancement of RNs into the community-based primary care delivery model;
- Leverage past program participants for future training and partnership opportunities;
- Identify and disseminate key project results and best practices to appropriate audiences; and
- Forecast likely challenges in sustaining the program, and outline approaches to resolve such challenges.

ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -
*Corresponds to Section V's **Review Criterion #4***
Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission, structure, scope and relevant experience. You must discuss the roles, responsibilities, and functions of each member of the academic-practice partnership and describe how these elements contribute to your ability to execute the program requirements and meet program expectations. Describe the qualifications of the Partnership Liaison and their role(s) in the success and sustainability of the project. (A project organizational chart is requested in Section IV.2.v, **Attachment 5**.) Discuss how you will implement the project, properly account for the federal funds and document all costs.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 3** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Biographical sketches, not exceeding two pages per person, should include the following information:
- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*optional*) **Other Support.** List both selected ongoing and completed (during the last three years) projects (Federal or non-Federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	Review Criteria
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii.   Budget
See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#)

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at **8 percent** 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 sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. *This section of the application guide provides clear guidelines on the expectations of the budget justification narrative (narrative description and itemized cost detail).* In addition, the NEPQR-RNPC Training Program requires the following, which corresponds to Section V's Review Criterion #5:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Proof of non-profit status will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Accreditation Documentation (Required)
The applicant organization must provide for all affiliated nursing programs: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not on probation, (2) the name of the accrediting body, (3) the date of initial accreditation, (4) the date of the next expected accrediting body review (or expiration date of current accreditation), and (5) a web link to the accreditation information on the accrediting body website (if available.) The full letter of accreditation is not required. Applicants on provisional accreditation status must provide proof of this status. Applicants whose accreditation status cannot be verified will be **considered nonresponsive and deemed ineligible under this funding notice**.

Attachment 2: Work Plan (Required)
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (Required)
See Section 4.1. of HRSA's SF-424 R&R Application Guide)
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Applicants shall identify only **one** Project Director who must be a licensed RN.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (As applicable)
Provide documents that describe working relationships between your organization and the required partner organization(s).

- If your organization is an accredited school of nursing, you must submit documentation of your partnership with community-based primary care sites (e.g., National Health Service Corps sites, Health Centers, Rural Health Clinics, and Indian Health Services sites).
- If your organization is a health care facility, you must submit documentation of your partnership with an accredited school of nursing.

You may also include documentation of partnerships with other health and community-based organizations, including state or local health departments, Veterans Affairs medical facilities, Area Health Education Centers, AIDS Education and Training Centers, and Public Health Training Centers.

Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated.

Attachment 5: Project Organizational Chart (Required)
Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 6: Logic Model (Required)
You must provide a Logic Model that presents the conceptual framework for your project.

Attachment 7: Tables, Charts, etc. (As applicable)
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 8: Maintenance of Effort (MoE) Documentation (Required)
Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MoE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY Prior to Application (Actual) Actual prior FY 2017 non-federal funds, including in-kind, expended for activities proposed in this application.	Current FY of Application (Estimated) Estimated current FY 2018 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: $_____	Amount: $_____

Attachment 9: Request for Funding Preference (As applicable)
To receive a funding preference, include information and data supporting your request for the funding preference as requested in Section V.2.

Attachment 10: Other Relevant Documents (As applicable)

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is January 29, 2018 *at 11:59 p.m. Eastern Time.*

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The NEPQR-RNPC Training Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a project period of up to 4 years, at no more than $700,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. If funds become available, 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 notice may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, funds may not be used for the following purposes:
   a. Subsidies or paid release time for project faculty
   b. Payment of temporary personnel replacement costs for the time faculty/ preceptors/participants are away from usual worksite during involvement in project activities
   c. laboratories
   d. Construction or renovations
   e. Provision of child care/child care costs
   f. Foreign travel
   g. Accreditation, credentialing, licensing, certification exam fees, and franchise fees and expenses
   h. Preadmission costs including college entrance exam costs
   i. Promotional items and memorabilia; and animal laboratories

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under

the program will be an addition. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you 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.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The NEPQR-RNPC Training Program has *5* (five) review criteria:

Criterion 1: *PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need*
Reviewers will consider the quality and extent to which you demonstrate:
- A compelling need to support RN workforce readiness for practice, recruitment and retention in community-based primary care teams;
- Gaps in, or demonstrated success at addressing, the educational and training needs of the current and future primary care RN workforce in the defined service area;
- Gaps in, or demonstrated success at addressing, the primary care competencies of faculty/preceptors;
- Significance of health status indicators, health disparities and the social determinants of health as evidence for the need for primary care in the defined service area; and
- Gaps and needs of the current RN workforce that significantly inhibit delivery of comprehensive, primary and preventative care.

Criterion 2: *RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges*

Criterion 2 (a): *METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach*
The application will be evaluated on the extent to which you demonstrate an understanding of the program requirements and expectations, and the extent to which the proposed goals, objectives, and activities will address the needs highlighted in the Purpose and Needs section. Reviewers will consider the extent to which you demonstrate:

- The overall approach aligns with the stated purpose of the funding opportunity;
- Clinical training experiences likely to yield graduates ready to practice in community-based primary care teams – including duration, role/skill set, location, and team composition;
- Ongoing professional development for current RNs/preceptors develops knowledge, skills, and experience needed to practice at the full scope of their license;
- Clinical training environment aligns with CMS's tenants of a transformed delivery system; [3]
- Didactic and/or clinical curricula aligns with the Quad Council's Public Health Nursing competencies;[11]
- Strategies for recruitment, placement and retention of current and future RNs likely to practice in community-based primary care in medically underserved communities;
- Preparation of faculty/preceptors to educate RN students in primary care knowledge, skills, and perspective;
- A reasonable timeline to enhance didactic curricula and initiate longitudinal clinical training experiences to include the need/justification for up to 1-year capacity building period that maximizes impact, if applicable;
- Projected number of RN students, current RNs/preceptors trained – both didactic and longitudinal clinical training;
- Scope of impact - number of RN students, current RNs and faculty/preceptors supported during the 4-year project period;
- Workforce models that facilitate interprofessional students, clinicians and staff working to the full extent of their education and scope of practice; and
- A logic model that clearly connects the activities, short- and long-term outcomes, and goals of the program.

Criterion 2 (b): *WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Work Plan*
Reviewers will consider the extent to which you:
- Outline a clear, comprehensive, and specific set of activities, timeframes, deliverables, and key partners to ensure successful implementation of the project;
- Develop a work plan that accounts for all functions or activities identified in the application;
- Describe the activities, timeframes, deliverables, and key partners required during the grant period of performance to address the needs described in the Purpose and Need section; and
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall implementation timeline.

Criterion 2 (c): *RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges*
Reviewers will consider the extent to which you:

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[11] Quad Council of Public health Nursing organizations. (2011). Quad Council Competencies for Public health Nursing. Retrieved from http://www.achne.org/files/Quad%20Council/QuadCouncilCompetenciesforPublicHealthNurses.pdf

- Describe the full breadth of potential obstacles and challenges likely to be encountered during the design and implementation of the activities described in the work plan; and
- Outline a reasonable and actionable plan and innovative approaches to address the challenges identified above.

Criterion 3: *IMPACT (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability*

Criterion 3(a): *EVALUATION AND TECHNICAL SUPPORT CAPACITY   (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity*
Reviewers will consider the extent to which you are able to effectively report on the measurable outcomes requested. This includes both your internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact sub-section (a).
Specific criteria include:
- The overall quality of the evaluation plan (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported);
- Demonstrated expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement;
- The quality of the methods and proposed approach for using results, and how performance outcomes will inform program development and service delivery;
- The strength of your plan to utilize both quantitative and qualitative data to accurately and promptly inform quality improvement efforts, periodically review program progress, and make adjustments in order to optimize program output; and
- The extent to which the long-term impact of the project is tracked and measured to assess progress toward increasing the number of RNs practicing at the full scope of their license in community-based primary care settings.

Criterion 3 (b): *PROJECT SUSTAINABILITY (15 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability*
Reviewers will consider the extent to which you describe a reasonable and feasible plan for project sustainability after the period of federal funding ends, including:
- A business model that demonstrates the added value of RNs on primary care teams;
- A commitment to ensure, to the extent possible, that the nursing workforce addresses diverse students interested in primary care and community practice;
- The ongoing engagement of current and future RNs to advance the goals of the program;
- Targeted job placement services for graduates in community-based primary cares settings;
- Curricula/learning modules to support professional development;
- Strategies to build needed infrastructure and capacity to achieve efficient and sustainable primary care curricula and clinical training practices; and

- Dissemination of primary care nursing clinical competencies and replicable evidence-based best practices.

Criterion 4: *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities*
Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through your project narrative as well as through your attachments. Reviewers will also consider the extent to which you clearly articulate:

- The quality and availability of facilities and personnel to fulfill the programmatic, fiscal, and administrative needs and requirements of the proposed project (include the project's organizational chart);
- The collaborative development of a shared vision, outcomes, and goals of the partnership;
- The partnership's capabilities and ability to leverage institutional resources to maximize project success;
- The partnership's commitment to a systematic approach to didactic and clinical training of RNs in primary care teams;
- The partnership's commitment to rural and underserved communities;
- The partnership's capacity to engage internal and external stakeholders to maximize project success;
- Evidence of specific collaboration and/or coordinated activities in support of the proposed project; and
- The roles and likelihood the Partnership Liaison will foster strategic partnerships and communication between academia and clinical practice (formal facilitator/feedback loop).

Criterion 5: *SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms*
Reviewers will consider the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to ensure commitment and achieve project objectives as well as the impact of in-kind support, if applicable;
- The proportion of program budget allotted to participant/trainee support, and the extent to which the costs are reasonable and supportive of the project objectives;
- The extent to which the application follows the program-specific budget guidelines under Section IV and the *SF-424 R&R Application Guide,* costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost; and
- The extent to which the budget justification is clear and aligned with the proposed budget for each project year, and includes a narrative description of all costs and itemized detailed cost breakdown.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

Funding Preferences
This program provides a funding preference as authorized by Section 805 of the Public Health Service Act (42 U.S.C. § 296d). Preference shall 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. For this competition, HRSA has interpreted "substantially benefit" to mean those projects that encompass clinical training at a site physically located in either (a) a rural primary care facility,[12] (b) a primary care geographic Health Professional Shortage Area,[13] and/or (c) a State or local health department.

Applicants should indicate in the program abstract their request for funding preference consideration. Only applications with **Attachment 9** will be considered for the funding preference. Applicants must supply the following information in **Attachment 9**:

- Name and physical address of the clinical training site(s) affiliated with proposed project;
- *For partnered clinical training sites in rural settings*, provide documentation of rural eligibility from the HRSA Rural Health Grants Eligibility Analyzer: https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx; and/or
- *For partnered clinical training sites in underserved settings*, provide documentation that the site qualifies as a primary care geographic HPSA from the HRSA HPSA Find Tool: https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx; and/or
- *For partnered clinical training sites that help meet public health nursing needs in State or local health departments*, provide documentation that the site is a state or local health department accredited by the Public Health Accreditation Board: http://www.phaboard.org/news-room/accredited-health-departments/.

HRSA staff will review the required documentation and award a funding preference to those applicants that meet the criteria described above. Applicants for whom HRSA staff is able to confirm eligibility will receive the statutory funding preference and be placed in a more competitive position amongst qualified applications. Applications that

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[12] HRSA Rural Health Grants Eligibility Analyzer: https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx
[13] HRSA HPSA Find: https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx

do not receive a funding preference will receive full and equitable consideration during the review process.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relate to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or other support information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2018.

VI.   Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2018. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 R&R Application Guide*.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts.
   - I. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and identify any technical assistance needs.
   - II. The second part collects information providing a comprehensive overview of recipient progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

   Further information will be provided in the award notice.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the award notice.

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the project period, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the project period ends.

   You may be asked to report general information about training programs, aggregate-level information about the number and demographics of program participants, individual-level information (demographics, training characteristics, and graduation/completion data) about participants, individual-level follow-up information about participants, information about sites used to provide training and the teams trained at those sites, information about courses and training activities that were developed or enhanced using HRSA funds and the

profession/discipline of participants, information about faculty development programs and the profession/discipline of participants, and information about courses/workshops led by faculty and the profession/discipline of participants.

3) **Final Report.** A final report is due within 90 days after the project period ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at https://grants.hrsa.gov/webexternal/home.asp.

The Final Report is designed to provide BHW with information required to close out a grant after completion of project activities. Recipients are 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

Further information will be provided in the award notice.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the award notice.

5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

6) **Uniform Data System (UDS) Report**. The UDS is an integrated reporting system used to collect data on all health center programs to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. All awardees are required to submit a Universal Report annually. The Universal Report provides data on patients, services, staffing, and financing across all Health Center Program grantees.

VII.   Agency Contacts

You may request additional information regarding business, administrative, or fiscal issues related to this NOFO by contacting:
  Barbara Ellis
  Grants Management Specialist
  HRSA, Division of Grants Management Operations, OFAM
  5600 Fishers Lane, Mailstop 10SWH03
  Rockville, MD 20857
  Email: Bellis@hrsa.gov

You may request additional information regarding overall program issues and/or technical assistance related to this NOFO by contacting:
  Carolyn Nganga-Good
  Nurse Consultant
  HRSA, Division of Nursing and Public Health, BHW
  5600 Fishers Lane, Room 11N100
  Rockville, MD 20857
  Email: RNPC@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:
  Grants.gov Contact Center
  Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
  Email: support@grants.gove
  Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:
  HRSA Contact Center
  Telephone: (877) 464-4772
  TTY: (877) 897-9910
  Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII.   Other Information

Logic Models
Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the

relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes of a project. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance
The following technical assistance webinar has been scheduled:

Tuesday, November 28, 2017, 2 p.m. (ET)
Call-In Number: 1-888-390-0787
Participant Code: 8934038
Web link: https://hrsa.connectsolutions.com/fy18_nepqr_rnpc_foa/
The recording will be available until 11:59 p.m. (ET) on January 28, 2018 –
Playback Number: 1-888-567-0687, Passcode: 1260

IX.   Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/.