

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

Bureau of Health Workforce  
Division of Nursing and Public Health

***Advanced Education Nursing Traineeship (AENT) Program***

**Announcement Type:** Initial: New

**Funding Opportunity Number:** HRSA-16-071

**Catalog of Federal Domestic Assistance (CFDA) No. 93.358**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**APPLICATION DUE DATE EXTENSION: February 16, 2016**

*Ensure 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.*

**Release Date: December 8, 2015**

**Issuance Date: December 8, 2015**

Modified December 22, 2015 - The Grants.gov application package was changed on 12/22/15. **All Applicants must re-download and submit using the new application package.** Grants.gov will not accept your submission using the previous package.

Modified December 11 - 2015 to 1) clarify focus of funding in the Executive Summary, and on pages 1, 3 and 8, and 2) correct TA call number.

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Authority: Section 811 of the Public Health Service Act, (42 U.S.C. 296j), as amended by Section 5308 of the Patient Protection and Affordable Care Act, Public Law 111-148.

## 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) 2016 Advanced Education Nursing Traineeship (AENT) Program. The purpose of this program is to increase the number of advanced practice nurses, with an emphasis on funding applicants who are prepared to meet the primary care needs of rural and underserved communities. This goal is accomplished by providing traineeship funds to schools of nursing that prepare graduates to practice in these communities.

Funding Opportunity Title:	Advanced Education Nursing Traineeship (AENT) Program
Funding Opportunity Number:	HRSA-16-071
Due Date for Applications:	February 16, 2016
Anticipated Total Annual Available Funding:	\$22,750,000
Estimated Number and Type of Award(s):	85
Estimated Award Amount:	Up to \$350,000
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2017 One year
Eligible Applicants:	Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments and other private or public nonprofit entities determined appropriate by the Secretary.  [See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]

### **Application Guide**

All applicants are responsible for reading and complying with the instructions included in [SF-424 R&R Application Guide](#), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf>, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

### **AENT Program Changes Include:**

The FOA 2016 solicits applications for a one year project period only. The one-year award period is July 1, 2016 through June 30, 2017.

AENT is no longer a two-tier applications submission process. Applicants must now submit their complete application through Grants.gov. Please refer to section IV.1 for additional important information.

**Technical Assistance**

Date: December 18, 2015

Time: 1:00 PM Eastern Time

Dial-in #: 1-800-475-0486

Participant Passcode: 4234205

URL: <https://hrsa.connectsolutions.com/fy16-aent-foa/>

Replays are generally available one hour after a call ends.

End date: February 18, 2016 11:59 PM Eastern Time

Phone: Toll free: (866) 351-5762

Passcode 7500

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## I. Program Funding Opportunity Description

### 1. Purpose

This announcement solicits applications for the Advanced Education Nursing Traineeship (AENT) Program. The purpose of the AENT program is to increase the number of primary care Advanced Practice Registered Nurses (APRN), with an emphasis on training them in rural and/or underserved communities to better prepare graduates to practice in these communities. The AENT grant provides traineeships to nurses who are pursuing advanced degrees as primary care nurse practitioners (NP) or nurse-midwives.

### Program Requirements

The AENT recipients will increase the number of primary care NP and nurse-midwives trained in primary care settings, with an emphasis on serving rural and underserved communities. To accomplish this goal, applicants must:

- Provide traineeship awards to nurse practitioner (NP) or nurse-midwife students who are enrolled in an accredited graduate-level nurse practitioner or nurse-midwife program;
- Recruit and match students to primary care practice sites, with a focus on underserved and/or rural settings for three to six-month clinical training intervals; and
- Track, collect and report student enrollee and graduate-level data for programmatic reporting requirements.

Applicants must:

- Demonstrate a high level of need for primary care NP's and/or nurse-midwives within the target community/population;
- Demonstrate the need for clinical training for primary care NP's and/or nurse-midwives located in community-based settings, with a focus on rural and underserved communities;
- Explain how they will recruit, place, and track the clinical training activities in longitudinal placements lasting three to six months; and
- Document understanding of diversity issues within primary care NP and nurse-midwife programs and the nursing workforce, as well as a knowledge of methods to address these issues.

### Funding Factors

If requesting one of the statutory funding preferences, **applicants should state their intention to request the funding preference in the Project Abstract and must demonstrate how they meet all** of the criteria of the requested funding preference as outlined in Section V.2. Review and Selection Process. This request must be stated in the Project Abstract and documented in AENT Program Specific Data Forms 1A and 1B.

### 2. Background

This program is authorized by Section 811 of the Public Health Service Act, 42 U.S.C. 296j, as amended by Section 5308 of the Patient Protection and Affordable Care Act, Public Law 111-148. This legislation authorizes grants to provide funding for traineeships to students in advanced nurse education programs for the costs of tuition, textbooks/e-Books, fees and stipends (reasonable living expenses) during the traineeship period.

## **Need for the Advanced Practice Nursing Workforce**

HRSA's health workforce programs are designed to address growing health care access shortages in the country. Nursing education and practice are central to the Bureau's mission to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. Advanced practice nurses have shown a demonstrated commitment to working in primary care, in rural and underserved communities, and provide high-quality care while improving health outcomes. Eighteen percent of Nurse Practitioners (NPs) practice in communities with less than 25,000 residents and the vast majority (89%) of NPs are trained in primary care<sup>1</sup>. Rural Americans face higher rates of chronic illness, disability and mortality.<sup>2</sup> African-Americans and Latinos continue to suffer higher rates of chronic illness and mortality than other racial groups and communities of color are more likely to be uninsured than white Americans<sup>3</sup>. Working to close these racial, ethnic and geographic disparities was a key component of the Affordable Care Act.

For communities most in need – those living in rural America and underserved urban areas – the Affordable Care Act helped address inequities in the availability of care, increased access to quality services and focused on prevention and wellness. An increase in access to quality services will improve health outcomes though primary care provider shortages continue to be a challenge.

Historically, access to primary care has been limited due to a lack of primary care physicians. Health Resources and Services Administration Bureau of Health Workforce (BHW) National Center for Health Workforce Analysis (NCHWA) projects the total demand for primary care physicians will grow from 212,500 FTEs in 2010 to 241,200 FTEs in 2020, a 14-percent increase. According to NCHWA, consistent with the demand for primary care physicians, the need for nurse practitioners is estimated to total 55,400<sup>4</sup>. One way to increase access to care for Americans is to expand the number of advanced practice nurses in the primary care workforce. Advanced practice nurses decrease health care spending while providing quality comprehensive care.<sup>5</sup>

Considering the newly increased demand for primary care and the increased affordability and access to care for rural and underserved populations, advanced practice nurses have continued to demonstrate the ability to meet the needs of these populations. As such, the purpose of the AENT program is to increase the number of advanced practice nurses, with an emphasis on training in

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<sup>1</sup> American Academy of Nurse Practitioners. (2013) Nurse Practitioners in Primary Care.

<sup>2</sup> U.S. Department of Health and Human Services  
<http://www.hhs.gov/healthcare/facts/factsheets/2013/09/rural09202013.html>

<sup>3</sup> U.S. Department of Health and Human Services <http://www.hhs.gov/blog/2015/04/13/minority-health-month-making-progress-health-disparities.html>

<sup>4</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis (2013). Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Retrieved from

<http://bhw.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf>

<sup>5</sup> Bauer, J. C. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. *Journal of the American Academy of Nurse Practitioners*, 22, 228–231 2010.

rural and/or underserved communities to better prepare graduates to practice in these communities.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a grant. New applicants and current recipients of an AENT award with a project period end date of June 30, 2016 will be considered for funding under this FOA.

### 2. Summary of Funding

The AENT Program will provide funding during Federal Fiscal Year 2016. The 12 month budget/project period will be from July 1, 2016 through June 30, 2017. Approximately \$22,750,000 is expected to be available to fund approximately 85 recipients. Applicants may apply for a ceiling amount of up to \$350,000 (which includes indirect costs). The actual amount available will not be determined until enactment of the final FY 2016 Federal budget. This program announcement 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.

**Allowable costs include traineeship support only.** Traineeship support is limited to \$22,000 annually for eligible **full-time** students. Support for **part time** eligible students is restricted to the last 12 months of study prior to graduation and is limited to \$11,000 annually.

For fiscal year 2016, support is limited to programs that lead to a master's and/or doctoral degree which prepares nurses to serve as primary care nurse practitioners and nurse-midwives.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance, [2 CFR part 200](#), as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

### Limitations on indirect cost rates

Indirect costs under training awards to applicants 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 tuition and fees in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible applicants are education programs that provide registered nurses with nurse practitioner and nurse-midwife education. Such programs may include schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities authorized by the Secretary to confer degrees to registered nurses for nurse practitioner nurse-midwife education. Federally recognized Indian Tribal Government and Native American Organizations may apply if they are otherwise eligible.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

#### **Schools of Nursing Accreditation**

All nursing programs, eligible entities and partners that are associated with the project must be accredited for the purpose of nursing education.

School of nursing programs must be accredited by a national nurse education accrediting agency recognized by the Secretary of the U.S. Department of Education.

These agencies include:

- The Commission on Collegiate Nursing Education (CCNE)
- The Accreditation Commission for Education in Nursing (ACEN).

For nurse-midwife programs accreditation from the Accreditation Commission on Midwifery Education of the American College of Nurse-Midwives (ACME) is required. Applicants **must** submit documentation providing proof of accreditation in the form of an accreditation letter from the accrediting agency in **Attachment 1. The letter must include expiration date.**

**Please note that links to the accrediting body website will not suffice as evidence of accreditation.**

#### **Accreditation for Newly Established Graduate Programs 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 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 **must** submit documentation from the Secretary of Education in the form of a letter in **Attachment 1.**



## Approvals for New Advanced Education Programs

Applicants must provide full documentation of all approvals (as defined in the Definitions section of this Funding Opportunity Announcement) needed to enroll students into a new graduate program. 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.

## Eligible Students

To be eligible for AENT support, the student must be:

- A licensed Registered Nurse, enrolled full- or part-time in an advanced nursing education program to become a primary care NP or nurse-midwife;
  - Pursuing a master's or post-BSN to DNP, a combined RN to master's degree, BSN to DNP (student must be a RN to receive AENT funds);
- A citizen of the United States, a non-citizen national or foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible to receive AENT support;
- Maintaining the predetermined academic standards of the institution; and
- Preparing to sit for national nursing certification in the nursing specialty or field of study following graduation.

## Appointment of Trainees and Length of Support

- A trainee may be appointed at the beginning of any academic period, including a summer session, which falls within the budget period specified by the current Notice of Award (NoA).
  - Full-time students may be appointed at any point during their course of study.
  - Funding for part-time students is restricted to students within their last 12 months of study prior to graduation.
- Any **new** appointment (*see program definitions in Section VIII*) must be made for a period of not less than nine months and must not exceed 12 months. The only exception to the minimum appointment is to allow a student to complete the program.
- The traineeship is not transferable from the recipient institution which provided the support. An appointment may be provided by more than one institution if the student who has a traineeship at one institution receives an appointment in another institution.
- Trainees must agree to provide the institution with the necessary information to complete the required Statement of Appointment form. The trainee should receive a copy. As an example, the Statement of Appointment form may be accessed via the following link: <http://grants.nih.gov/training/phs2271.pdf>. NOTE: disregard the direction "Return this form to the PHS awarding component." The form should be maintained at the institution and not submitted to HRSA.
- A Statement of Appointment form that is compliant with the provisions of this FOA must be signed by the Project Director and trainee, and must be maintained at the institution for a period of at least three years from the end of the cumulative trainee support for each individual, primarily for auditing and data collection purposes.
- Trainees must agree to submit data to the recipient institution regarding professional activity following graduation.

### Termination of Trainees

The recipient is responsible for monitoring the academic success of each trainee and for the termination of an AENT trainee from being a recipient of the AENT funds, if the trainee:

- is unable to complete the program of study for which the traineeship was awarded;
- withdraws from the institution prior to the scheduled completion of the program;
- fails to meet the predetermined academic standards of the institution; or
- requests to terminate AENT Program support.

### **Guidelines for Advanced Nursing Education Programs**

Proposed programs must 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 must prepare graduates to be eligible for national certification in an area of advanced nursing practice. Applicants must indicate the guidelines and competencies used by the programs for which support is requested.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for the AENT Program.

#### **3. Other**

##### **Ceiling Amount**

Applications that exceed the ceiling amount \$350,000 budget will be considered non-responsive and will not be considered for funding under this announcement.

##### **Deadline**

Any application that fails to include all required documents and 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 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 section 803(b) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as **Attachment 4**.

##### **Multiple Applications**

Multiple applications from an organization are allowable; however, 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. Each applicant must have its own DUNS number.

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 the applicant's **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.

### **Accreditation**

Applications that do not include document of accreditation or reasonable assurance in **Attachment 1**, as specified in this FOA, will be considered non-responsive and will not be considered for funding under this announcement.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 R&R application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

Applicants are encouraged to supply an e-mail address to Grants.gov when downloading a FOA or application package. As noted on the Grants.gov Application Package download page, as well as in the Grants.gov User Guide, this allows us to e-mail you in the event the FOA 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 that Grants.gov has a new application option called Workspace that enables multiple members of an organization to simultaneously access and edit different forms within an application. All program specific forms are in the process of being converted by [Grants.gov](https://www.grants.gov) for use in the new option. However, since the program specific forms for this funding opportunity are not yet available under the new option, for the purposes of this competition you must use Option 1 (the non-Workspace option) within [Grants.gov](https://www.grants.gov).

### **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 Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the FOA to do otherwise.

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 must not exceed the equivalent of **45 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and

letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 the announcement.**

### **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 proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.
- Statement identifying the statutory funding preference or special consideration (if applicable); refer to Section V.2 Review and Selection Process.

#### *ii. Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed project. The applicant must clearly indicate the national and professional guidelines and competencies used by the programs for which support is requested. This description must be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Project Narrative:

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1*

Applicants must describe the purpose and background of the academic program, critically demonstrating the need for clinical training for primary care NP's and nurse-midwives located in community-based setting, with a focus on rural and underserved communities. Applicants must also document the need for diversity in advanced practice nursing programs and the nursing workforce and address the program's successes and challenges with admitting, retaining, and

graduating students from minority groups underrepresented in the nursing profession and/or students from educationally or economically disadvantaged backgrounds.

This section orients reviewers to the academic program that would receive traineeship funds, as well as to the needs of the community that the trainees will ultimately serve. The targeted nursing specialty and its clinical training needs must be described and documented in this section. Data must be used and cited whenever possible to support the information provided.

This section must include but is not limited to a discussion of:

- The primary care NP and nurse-midwife program offered at the institution, identifying the educational levels of the programs (master's, doctoral or post masters) that are offered and describing how full-time and part-time enrollment status is defined by the institution. Describe the potential applicant pool in terms of demographic data;
  - Local and regional nursing workforce training needs that are aligned with the purpose of the program;
  - The institution's need for traineeship support, the benefit that the traineeship program is expected to have on the institution and the students, and the relevance and importance of the AENT support as it relates to preparing, graduating and having graduates serve in primary care;
  - The challenges of graduating advanced practice primary care NP and nurse-midwife students who are ready to practice in community-based primary care practice sites located in underserved and/or rural communities;
  - The type of clinical experiential training needed, the number of hours required, and how the proposed project will address this need;
  - The institution's commitment to supporting Medically Underserved Communities (MUCs) and health professional shortage areas (HPSAs). Include a discussion of factors and barriers contributing to the problem and describe how the primary care NP and/or nurse-midwife program is designed to address the needs of the medically underserved;
  - The population at the clinical training sites to be served by the advanced practice primary care NP and nurse-midwife students; and
  - The target community and its unmet health needs must be described and documented in this section. Include social determinants of health and health disparities impacting the population or communities served. Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand the community that will be served by the proposed project;
- *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 Criterion #2 (a), (b), and (c).*
  - *(a) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (a).*

The applicant must describe the objectives and provide evidence for how they link to the project purpose and stated needs above. Describe how your objectives link to each of the previously described program requirements and expectations in this FOA.

An essential focus of this FOA is the need to train and prepare advanced practice nurses to provide quality primary care and nurse-midwife services to rural and/or underserved populations. As such, a work plan must discuss how trainees will receive primary care training in these communities and a thorough description of clinical placements lasting in duration of 3-6 months to ensure training continuity. In the work plan also describe:

- How trainees will be selected and how traineeship funds will be disbursed; and
- The clinical sites in MUCs and HPSAs that will host AENT-supported students during clinical rotations, if applicable.

▪ *(b) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (b).*

Applicants must provide a detailed work plan that addresses all of the proposed activities identified in the methodology/approach section above (a sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.) The methodology must align with and drive the work plan. The applicant must describe:

- The activities, timeframes, deliverables, and key partners required to address the needs described in the purpose and need section;
- A plan to ensure that longitudinal clinical placements support educational experiences, including, types of sites, a description of medically underserved community settings, characteristics of patients, and experiences available;
  - Clearly describe contractual agreements planned or in place with agencies and preceptors; and plans for clinical site evaluation and collection and monitoring of student and preceptor feedback;
- The recruitment plan and selection criteria used by your institution for determining recipients for traineeship support. Provide evidence in the recruitment plan of efforts to increase the number of disadvantaged trainees, trainees underrepresented in the nursing profession, and veterans, as applicable;
- The program pass rate on certification exams over the last 2 years, and the total estimated time to complete the program; and
- The plan to implement [Rapid Cycle Quality Improvement](#) (RCQI) to continuously monitor the training and longitudinal placement of advanced practice primary care nurses in rural and/or underserved areas.

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

Applicants must discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

In this section, provide information including, but not limited to, a discussion of challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan and approach that will be used to resolve such challenges.

For applicants that have received AENT funding within the last four (4) years, include a brief description of the challenges, if any, that the AENT Program has encountered and the approaches used to resolve such challenges.

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

Applicants must describe their plan for program performance evaluation. The evaluation must, at a minimum, assess the success of the grant-funded efforts and contribute to continuous quality improvement. The evaluation plan must include descriptions of the input, key processes, variables and outcomes expected as it relates to trainee recruitment, retention, graduation, grant disbursement activities and ongoing monitoring and tracking of AENT graduates. The applicant must demonstrate evidence that the evaluative measures selected will be able to assess the extent to which the program objectives have been met, and the extent to which these can be attributed to the project.

The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess:

- The extent to which program objectives have been met;
- Dissemination of project outcome and/or outputs; and
- That these accomplishments can be attributed to the activities of the proposed project.

Applicants must outline their [Rapid Cycle Quality Improvement](#) (RCQI) plan for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections.

Please include a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes to HRSA. At the following link, you will find the required data forms for this program:

<http://bhw.hrsa.gov/grants/reporting/index.html>.

Applicants must describe any potential obstacles for implementing program evaluation and meeting HRSA's performance measurement requirements, and how those obstacles will be addressed.

▪ *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4*

Applicants must describe their capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. All applicants must:

- Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the

ability of the organization to conduct the program requirements and meet program expectations;

- Provide evidence of applicant organization's commitment to improving access to primary care, such as mission statements describing support for institutional development, training and graduating trainees in primary care disciplines;
- Describe applicant organization's ability to conduct the proposed project, such as evidence of prior, current, or successful outcomes from prior AENT funding;
- Document the skills, experiences and capabilities of the named Project Director, and evidence that the individual will successfully direct the project. The Project Director for the proposed project should be a licensed Registered Nurse with demonstrated competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise and experience as an educator. The Project Director must be employed by the applicant, and be nationally certified and doctorally prepared. **NOTE:** there may only be one Project Director for the AENT project; and
- Describe the ability and capacity to retain training sites located in rural and/or underserved communities.

▪ *DIVERSITY AND CULTURAL COMPETENCE -- Corresponds to Section V's Review Criterion #6*

Applicants must:

- Describe the school of nursing's history of performance in admitting, retaining, and graduating students from groups underrepresented in the nursing profession, and/or students from educationally or economically disadvantaged backgrounds;
- Describe the need for diversity within the nursing student body and the nursing workforce, specifically addressing the program's successes and challenges in admitting, retaining, and graduating students from disadvantaged backgrounds or groups underrepresented in the nursing profession.
- Describe the school of nursing's current plan for recruiting, admitting, retaining, and graduating students from groups underrepresented in the nursing profession and/or students from educationally or economically disadvantaged backgrounds;
- Explain how that the training experiences will develop students' knowledge and appreciation of how culture impacts health, and the delivery of quality healthcare services. Provide a rationale for how the training experiences will increase the student's self-awareness of multicultural issues and engage individuals, families, and communities from diverse social and cultural backgrounds in their own health care;
- Identify the number of students from groups underrepresented in the nursing profession and students from educationally, or economically disadvantaged backgrounds, or that have expressed a commitment to serving and are serving clients from minority or educationally or economically disadvantaged backgrounds enrolled in the school of nursing within the past three years and strategies that have been effective in assisting these students to graduate;
  - Please identify these students as separate and distinct groups: (1) *groups underrepresented in the nursing profession*, (2) *educationally disadvantaged*, (3)



*economically disadvantaged background, and (4) students that are serving clients from minority or educationally or economically disadvantaged backgrounds; and*

- Provide a summary of required courses and learning experiences that will develop students’ knowledge and appreciation of how culture impacts health, and the delivery of quality healthcare services. Provide a rationale for how the courses and learning experiences will increase the student’s self-awareness of multicultural issues and engage individuals, families, and communities from diverse social and cultural backgrounds in their own health care.

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Purpose and Need	(1) Purpose and Need <i>and</i> (6) Program-Specific Review Criteria – Diversity and Cultural competence
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, and (6) Program-Specific Review Criteria – Diversity and Cultural competence
Impact: (a) Evaluation and Technical Support Capacity	(3) Impact: (a) Evaluation and Technical Support Capacity
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.
Diversity and Cultural Competence	(6) Diversity and Cultural Competence

**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 differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, *if applicable*, the additional budget instructions provided below

**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.

In addition, the AENT program requires the following which corresponds to Section V's Review Criterion #5:

On the SF-424 R&R, complete Sections E through Section I for both Budget Period 1 and Budget Period 2 (see below). Fees must be itemized.

The total number of students who receive traineeship awards for participant support costs multiplied by the projected traineeship award per student should be consistent with the requested budget amount. *For example, if an applicant is proposing to provide traineeship funds to 10 full-time students at \$22,000 per student (inclusive of tuition and fees, stipend (general living expenses) and textbooks/eBooks), the total direct costs for the budget period would be \$220,000.*

The amount of AENT grant funds per student cannot exceed a total **of \$22,000** for a full time student or **\$11,000** for a part time student (inclusive of tuition and fees, stipend and textbooks/e-Books).

Note that the maximum traineeship award for participant support costs of \$22,000 per full-time student includes only the following:

1. Full or partial tuition and fees.
2. Stipends (reasonable living expenses) that are pro-rated for training periods involving less than 12 months.
3. Required textbooks including e-Books. These should be entered in the Other budget category.
4. Indirect Costs (Facilities and Administrative - F&A Costs) up to 8% are allowable and included in the \$350,000 annual budget limit.

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

#### ***iv. Budget Justification Narrative***

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, AENT program requires the following:

The budget narrative should match the SF424R&R line item forms and provide details of the allocation of the AENT grant funds.

#### ***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.

Upload the Budget Justification Narrative for the entire project period. The budget justification **must clearly** describe the traineeship award support for each proposed student trainee. The budget justification narrative must be consistent with the amounts requested for the SF-424 R&R Budget Forms for Line **Item E** Participant/Trainee Support Costs and **Line Item H** Indirect Costs for both Budget Periods 1 and 2 (see below).

A **disbursement plan** must be included in the budget justification narrative at the time of application. The disbursement plan refers to awards to be made to students using funds from the AENT grant. The plan should include a schedule of disbursement for student awards for the year of the project period. The schedule should document the following:

- The frequency of disbursement, e.g., annually at the start of the academic year or by semester at the start of each semester.
- Identification of a plan to establish a Point-of-Contact within the applicant organization for student enrollee questions about disbursement; and to provide student trainees with necessary information about trainee support, for example, direct deposit or tax questions.
- For **each student enrollee** for which support is being requested please list the traineeship amount itemized by tuition and fees, reasonable living expenses and textbooks/ebooks.

**Ensure that total traineeship award amounts per full-time student do not exceed \$22,000 and traineeship total award amounts per part-time student do not exceed \$11,000.**

For example, Student A (full-time) is allotted to receive:

Tuition and Fees	\$10,250.00
Reasonable Living Expenses	\$10,250.00
Textbooks/e-Books	\$1,500.00
Total	\$22,000.00

**Please Note: The total number of trainees for which support is being requested must be consistently reported in the Budget (SF-424 R&R Budget Forms for Line Item E ), Budget Justification and the traineeship data reported in Tables 2A and 2 B in the EHBs. The total number of trainees must be the same in all 3 sections.**

v. ***AENT Program Specific Data Forms (AENT Tables)***

As part of the application submitted through Grants.gov, applicants must also complete and electronically submit the AENT Program Specific Data Forms (AENT Tables) by the established and published application due date. **The AENT Tables are essential in determining the funding preference and special consideration.** These AENT Tables are part of the Grants.gov application package.

Copies of the AENT Program Specific Data Forms (AENT Tables) are included in the appendix.

*vi. Program Specific Attachments*

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, all attachments count toward the page limit and are required.** Indirect cost rate agreements and proof of non-profit status, if applicable, will not count toward the page limit. **Each attachment must be clearly labeled.** Please ensure that each attachment is actually uploaded and submitted with your application. The attachments include:

***Attachment 1: School of Nursing Accreditation Documentation –***

***All nursing programs that are associated with the project must be accredited for the purpose of nursing education.***

An official letter of accreditation from the appropriate national nurse education accrediting agency must be submitted with the application. No other forms of accreditation documentation, including certificates of accreditation, will be accepted. The letter must be signed and dated by the accrediting agency. Where applicable, applicants must provide information for provisional accreditation or re-accreditation status.

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. Nurse Anesthetist program applicants must include accreditation from COA for both master's and doctoral level programs.

**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.

The following process must be followed for new nursing programs associated with the proposed project that are just beginning the accreditation process and wish to establish eligibility: The applicant must contact a national nursing accrediting agency recognized by the Secretary of the Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. The nursing program will need to request a letter from the recognized accrediting agency describing the new program's progression toward accreditation by answering the six questions below:

- Is this program actively pursuing accreditation with the agency?
- What is the date of the program's pending application for accreditation and the date or approximate date when the agency's decision-making body is likely to decide whether to grant or deny accreditation for this program?

- Does the agency accredit any other nursing education programs at this institution and, if so, are those programs in good standing with the agency?
- Currently, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program’s application and reviewed by the agency, as well as any on-site visits that have occurred.
- Based on the agency records, what will be the start date or approximate start date of the program’s academic year that immediately follows the expected graduation date for the students comprising the program’s first entering class?
- Based on the agency’s review of each program to date, is there any reason to believe that the program will be unable to demonstrate compliance with the agency’s standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? In the affirmative case, provide an explanation.

The applicant will submit the request for a letter of assurance, along with attached copies of the letter from the recognized body and any supporting documentation regarding the accreditation or approval of the nursing program, to:

United States Department of Education  
 Office of Postsecondary Education  
[Department of Education Organizational Structure and Offices](#)  
[Accreditation and State Liaison \(ASL\)](#)  
 1990 K Street NW, Room 7008  
 Washington, District of Columbia 20006-8509  
 Telephone: (202) 219-7011 or 202-219-7018  
 Fax: (202) 219-7005  
 Attn: Cathy Sheffield, Email to: [Cathy.Sheffield@ed.gov](mailto:Cathy.Sheffield@ed.gov)

To allow for processing time, at least 45 days prior to the HRSA application due date, applicants should submit to the Department of Education the above information, with their request for a letter documenting the Secretary’s determination that there is “reasonable assurance” the new graduate program will meet the appropriate accreditation standards and achieve accreditation prior to the beginning of the academic year following the graduation date of students of the first entering class in the program.

The program will need to include a contact name(s), address (es), phone number(s), and email addresses with all correspondence sent to the Department of Education.

The Department of Education staff will review the documents submitted by the applicant, make a “reasonable assurance” determination, and send the applicant a letter documenting the Secretary’s determination.

The applicant **must** include this letter from the Department of Education with the HRSA program application.

### **Substantive Change Notification**

Accredited nursing programs that modify (for example, a change to a BSN-DNP program) or add a nursing specialties (for example, Psych Mental Health NP program) that require substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change from the accrediting agency.

#### ***Attachment 2: Approval of PhD programs and/or New Programs – As 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, as appropriate. 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 3: Job Description and Biographical Sketch for the Project Director.***

*See Appendix A of the SF-424 R&R Application Guide for format.*

See Section 4.1.vi. of HRSA's SF-424 R&R Application Guide for required information. Keep the job description to one page in length.

Applicants must provide a Biographical Sketch that includes education and experience and qualifications for the Project Director who will be assigned to the project. When applicable, Biographical Sketches should include education, training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs. Each proposed project may have **only one** Project Director. **Applicants should upload the biographical sketch in the SF-424 R&R Senior/Key Person Profile form.**

#### ***Attachment 4: Maintenance of Effort***

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 15 (Actual) Actual FY 15 non-federal funds, including in-kind, expended for activities proposed in this application.  Amount: \$ _____	FY 16 (Estimated) Estimated FY 16 non-federal funds, including in-kind, designated for activities proposed in this application.  Amount: \$ _____

**Applicants are reminded that failure to include all required documents, including both AENT Program Specific Data Tables and attachments, as part of the application prior to the established deadline may result in an application being considered as incomplete or non-responsive to this FOA, and therefore not considered for funding.**

**3. Dun and Bradstreet Universal Numbering System Number and System for Award Management**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has 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 an applicant has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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](#).

**Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is February 16, 2016 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

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

See Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) for additional information.

#### **6. Funding Restrictions**

- Applicants responding to this announcement may request funding for a project period of one (1) year at no more than \$350,000.
- AENT award funds may be used only to support traineeships awarded under the Terms of the NoA. Funds may only be used for required textbooks/e-Books, tuition and fees, and stipends (reasonable living expenses).
- Funds under this announcement must conform to the Uniform Administrative Requirements at 45 CFR 75. Funds 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:
  - Trainee travel,
  - Trainee daily commuting costs and non-trainee expenses,
  - Books for library or personal use, or
  - Certification exams



## V. Application Review Information

### 1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The AENT has six (6) review criteria:

*Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's Purpose and Need*

The extent to which the application illustrates the need for the proposed activities, and demonstrates an understanding of the associated factors that contribute to addressing the identified need.

The need for the project will be evaluated based on the significance of the problem and associated contributing factors to the problem. The evaluation will be based on the extent to which the applicant describes:

- The institution's need for traineeship support and the benefit that the traineeship program is expected to have for the institution and students;
- The institution's programs which focus on providing care to special populations, including rural, underserved, and public health nursing programs;
- That AENT traineeships will support the preparation, graduation and employment of trainees in primary care, rural or underserved areas/populations, or public health practice settings;
- The community needs and the populations served by the primary care NP and nurse-midwifery students and graduates;
- Thorough documentation of the need for supporting the number of primary care NP and nurse-midwife students, delineated as full time and/or part time, expected to receive traineeship support;
- Thorough documentation of evidence to support an increasing number of graduates serving in rural or underserved areas/populations or public health practice settings.

*Criterion 2: RESPONSE TO PROGRAM PURPOSE (25 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Methodology/Approach (b) Work Plan and (c) Resolution of Challenges*

The responsiveness of the project will be evaluated based on the extent to which the proposed project responds to the “Purpose” included in the program description, including:

*Criterion 2(a) Methodology and Approach (10 points)*

Reviewers will consider:

- Quality of the evidence to support an increasing number of trainees who have meaningful experiential longitudinal (3 – 6 months) clinical experiences in medically underserved communities;
- The extent to which the applicant outlines clear goals and strategies, specific and measurable objectives, and the feasibility of accomplishing those ends within the performance period;
- The strength of the applicant’s plan to select trainees and disburse funds in order to increase the number of 3-6-month clinical training experiences for primary care NP’s and nurse-midwives located in community-based, primary care, rural, and underserved communities;
- The strength of existing institutional and community partnerships between school(s) of nursing and clinical training sites located in MUCs and HPSAs that will host AENT-supported students during clinical traineeships – or the detail and feasibility of planned partnerships – and the extent to which the applicant conveys the likelihood that those partnerships will enhance the project’s goals and objectives; and
- The extent to which the applicant outlines clear mechanisms to recruit, retain, and mentor all nursing students, particularly those from disadvantaged backgrounds or from groups underrepresented in the nursing profession, to ensure completion of studies.

Competing continuation projects will be evaluated on their ability to demonstrate:

- Efforts made to build upon current goals and objectives and demonstrate potential for further programmatic success.

*Criterion 2(b) Work Plan (10 points)*

Reviewers will consider the extent to which the applicant:

- Describes the strength of the proposed goals and objectives and their relationship to the identified project;
- Provides a clear work plan and includes the activities to be taken to achieve each of the project objectives;
- Demonstrates that the recruitment plan and selection criteria will increase the number of students from disadvantaged backgrounds, trainees from groups underrepresented in the nursing profession, and veterans (as applicable) supported with AENT funding;

- Documents the pass rates on Specialty Certification Exams among prior graduates;
- Explains the steps that will be taken to assist trainees from educationally disadvantaged backgrounds to achieve and maintain the predetermined academic standards of the institutions;
- Presents a work plan to track student employment after graduation;

*Criterion 2(c) Resolution of Challenges (5 points)*

Reviewers will consider the extent to which the applicant:

- Describes the plan to ensure that clinical placements and experiences support educational experiences;
- Describes the settings where clinical experiences occur are in medically underserved communities;
- Includes a plan to ensure the quality of clinical placements and experiences; and
- Identifies barriers in the service area; challenges to implementing the work plan; or obstacles for implementing the program performance evaluation plan and the solutions resolve these challenges.

*Criterion 3: IMPACT (15 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity*

The impact of the project will be evaluated based on the extent to which the applicant demonstrates the potential effectiveness of the proposed project to carry out the intent of the AENT Program and project objectives.

- The degree to which the applicant proposes to increase the number, distribution and diversity of primary care NPs and nurse-midwives;
- Describe current community-based underserved training settings and how they will participate in NP and midwife education; and
- Describe how Rapid Cycle Quality Improvement (RCQI) will be used in enhancing success of the project.

*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities*

The resources and capability of the applicant to conduct the project will be evaluated based on the extent to which the applicant addresses the criteria below. Past performance will also be considered for competing continuations.

- The capabilities of the Project Director for the AENT Program (**Attachment 3**);
- The capabilities of the applicant organization, and the quality and availability of personnel to implement and support the proposed project;
- Identify institutional and human resources available to implement and support the project;
- Provide evidence of applicant organization’s commitment to improving access to primary care, such as mission statements describing support for institutional development, training

- and graduating trainees in primary care disciplines;
- The extent to which project contributors reflect the diversity (cultural, linguistic and geographic) of the populations and communities served;
- The institution's commitment, experience, and success in enrolling and graduating primary care NPs and/or nurse-midwives;
- Describe the ability and capacity to retain training sites located in rural and/or underserved communities; and
- Quality of current community-based underserved training settings.

*Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms*

The support requested for the project will be evaluated on 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. The project will be evaluated based on the extent to which the applicant addresses the criteria below:

- The support requested reconciles with the proposed number of students/trainees that will receive traineeship support;
- The support requested per student does not exceed \$22,000 per full-time student, and/or \$11,000 per part-time student;
- The key personnel have adequate time devoted to the project to achieve project objectives;
- The adequacy of the budget to meet the stated project objectives;
- The consistency of the budget request with the enrollment and graduation history and projections; and
- The adequacy of a disbursement plan for awarding traineeships among eligible students.

*Criterion 6: DIVERSITY AND CULTURAL COMPETENCE: (10 Points)*

Reviewers will consider the extent to which the applicant describes in both the Purpose and Need sections and the Work Plan the following:

- A demonstrated institutional commitment to increasing diversity both within the nursing student body and the nursing workforce. An institutional commitment must address a plan to admit, retain and graduate students from groups underrepresented in the nursing profession and/or students from educationally or economically disadvantaged backgrounds;
- A demonstrated plan to include curriculum and training experiences to develop students' knowledge and appreciation of how culture impacts health and the delivery of quality healthcare services.

## 2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 R&R Application Guide](#).

### Funding Factors

HRSA will use factors in addition to merit criteria in selecting applications for federal award. For this program, HRSA will use funding preference and special consideration. Additionally, in FY16 support will be limited to programs that lead to a master's and/or doctoral degree which prepares nurses to serve as primary care nurse practitioners and nurse-midwives.

Section 805 of the Public Health Service Act provides a funding preference and section 811(g)(2) provides a special consideration for applicants meeting certain criteria. Applicants receiving either of the funding factors will be placed in a more competitive position among applications that can be funded. Applications that do not receive either of the funding factors will be given full and equitable consideration during the review process. The Objective Review Committee, with guidance from the Program Staff, will determine if the applicant requested and met the funding preference and/or special consideration as documented in the abstract and in the *AENT Program Specific Data Tables 1A and 1B*. A funding preference and/or special consideration will be granted to any qualified applicant that specifically requests the statutory funding preference and provides the necessary data to demonstrate that they meet the relevant criteria.

### Statutory Funding Preference

The authorizing legislation provides a funding preference for applicants with “projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.”

To be considered for a funding preference, HRSA requires that applicants specifically request the preference in the Project Abstract and complete *Table 1A: Graduate Data - Rural, Underserved, or Public Health (7/01/2014 - 6/30/2015)* with complete and accurate data.

#### Meeting the Statutory Funding Preference:

To qualify for the statutory funding preference, an eligible applicant must have a high rate of graduates during the academic year 7/1/2014 to 6/30/2015 currently employed in practice settings that substantially benefit rural or underserved populations, or help meet public health nursing needs when compared to the rest of the 2015 eligible applicants. The numerator will be the number of graduates between 7/1/2014 to 6/30/2015 who are currently employed and practicing in rural or underserved populations or public health nursing needs. The denominator will be total number of nursing school graduates from 7/1/2014 to 6/30/2015. Applicants who meet or exceed the median rate will qualify for the statutory funding preference.

Based on the data provided in Table 1A (see Appendix A of this funding opportunity announcement), “high rate” is determined for each AENT applicant based on the median rate among all applicants. The median number of graduates employed in rural or underserved communities or addressing the needs of public health nursing is calculated from the eligible pool

of applicants requesting the statutory funding preference. HRSA project staff will compare the rate reported by the applicant in Table 1A to the median among the eligible pool of applicants. The preference will be awarded to those applicants whose rates are greater than the median. For example, in the FY14 competition, the median rate was 60% of program graduates employed in rural or underserved communities or addressing the needs of public health nursing. Only applicants who demonstrated meeting the high rate greater than 60% in FY14 were awarded funding.

### **Special Consideration**

As provided in Section 811(g)(2) of the PHS Act, Special Consideration will be applied to any eligible entity that “agrees to expend the award to train advanced education nurses who will practice in health professional shortage areas (HPSAs) designated under Section 332” of the PHS Act.

#### Meeting the Special Consideration:

Special Consideration will be given to those applicants who demonstrate a high rate of graduates supported by AENT program traineeships practicing in HPSAs after graduation. For the purpose of this Special Consideration, data collected for the number of graduates supported by AENT program traineeships reported under the HPSA category in the ***AENT Program Specific Data Form Table 1B*** will be used to determine if the applicant has met the requirement. To receive the Special Consideration, a minimum of 40% of graduates supported by AENT program traineeships in the academic year 7/01/2014 - 6/30/2015 must be employed in HPSAs. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

### **3. Assessment of Risk**

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant'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 § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

#### 4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. 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 of HRSA's [SF-424 R&R Application Guide](#).

### 3. Reporting

Recipients under this FOA must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

- (1) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All BHW 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 (GPRM). 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 NoA.

The annual performance reports will cover activities between July 1, 2015 and June 30, 2016. The report must be submitted by July 31, 2016.

- (2) **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. Every recipient 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.

Further information will be provided in the NoA.

- (3) **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 NoA.
- (4) **Attribution.** HRSA requires recipients to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

*“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This 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 HRSA, HHS or the U.S. Government.”*

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

- (5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [2 CFR 200 Appendix XII](#).



## VII. Agency Contacts

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

Bruce Holmes  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-0752  
Email: [BHolmes@hrsa.gov](mailto:BHolmes@hrsa.gov)

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

Michael McCalla  
Project Officer  
Bureau of Health Workforce  
Division of Nursing and Public Health (DNPH)  
Advance Nursing Education Traineeship (AENT)  
Health Resources and Services Administration  
5600 Fishers Lane, Room 9-89  
Rockville, MD 20857  
Telephone: (301) 443-0856  
Fax: (301) 443-0791  
Email: [MMcCalla@HRSA.gov](mailto:MMcCalla@HRSA.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (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:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## VIII. Other Information

### PROGRAM DEFINITIONS

**“Academic Health Center”** means 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. While the organization and structure may vary, it must include an 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.

**“Accreditation”** of health care facilities is a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency. Accreditation represents agencies

as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standard of quality (<http://www.achc.org/getting-started/what-is-accreditation>).

**“Advanced Education Nurse Trainee”** means a student enrolled in a graduate program receiving traineeship support from an Advanced Education Nursing Traineeship grant.

**“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.

**“Advanced Public Health Nurse”** is a registered nurse educated at the masters or doctoral level to in a specialty that provides a foundation for planning and evaluating community/public health programs; learning about community/public health concepts, health promotion, population-level interventions, grant writing, health care systems, leadership, and health policy; addressing health disparities of vulnerable and diverse populations; and practicing and consulting in diverse and multicultural settings (<http://nursing.ucsf.edu/programs/specialties/advanced-public-health-nursing-aphn>).

**“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.

**“Authorized Official / Authorized Organizational Representative”** means the individual authorized by the applicant organization to act for the applicant and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards. Responsibilities include: submitting the grant on behalf of the company, organization, institution, or Government and signing grant applications and the required certifications and/or assurances necessary to fulfill the requirements of the application process.

**“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 functional or 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 NP/ Mid -Wife 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, 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.

**“Direct Costs”** means costs that can be specifically identified with a particular project or activity. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the project or activity.

**“Disadvantaged Background”** means an individual who comes from an environmentally *or* economically disadvantaged background.

**1) Environmentally disadvantaged** means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.

**2) Economically disadvantaged** means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

The Secretary defines a “low income family/household” for various health professions 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. A *household* may be only one person.

<b>2015 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)</b>			
<b>Size of parents’ family*</b>	<b>Income Level**</b>		
	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$23,540	\$29,440	\$27,100
2	\$31,860	\$39,840	\$36,660
3	\$40,180	\$50,240	\$46,220
4	\$48,500	\$60,640	\$55,780
5	\$56,820	\$71,040	\$65,340
6	\$65,140	\$81,440	\$74,900
7	\$73,460	\$91,840	\$84,460
8	\$81,780	\$102,240	\$94,020
For each additional person, add	\$8,320	\$10,400	\$9,560

\* Includes only dependents listed on federal income tax forms. Some programs will use the student’s family rather than his or her parents’ family.

\*\* Adjusted gross income for calendar year 2014.

**SOURCE:** *Federal Register*, Vol. 80, No. 51, March 17, 2015, pp. 13879-13880.

The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned “low” rates based on its own enrollment populations. It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.** The most recent annual data available for the last four examples below can be found on your state’s Department of Education website under your high school’s report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available:
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available—had either a:
  - low percentage of seniors receiving a high school diploma; or

○ low percentage of graduates who go to college during the first year after graduation.

- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

**“Diversity”** refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing an individual’s, groups or organizations cultural competence; in other words, the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, including, but not limited to sex, sexual orientation and gender identify, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities, and language.

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

**“Educationally Disadvantaged”** means an individual who comes from a social, cultural, or educational environment that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program.

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

**“Enrollee”** means a student/trainee who is receiving training in a program, but has not finished the program during a given grant year. Enrollees do not include graduates or program completers.

**“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.

**“Full-Time Student”** means a student who is enrolled on a full-time basis as defined by the institution.

**“Graduate”** means a trainee who has successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.

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

**“Health 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.

**“Health Professional Shortage Area” (HPSA)** 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 federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)) that meet the requirements of section 334 in PHSA, shall be automatically designated as having such a shortage. More information on the HPSA criteria can be found at:

<http://bhw.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>.

**“Indirect Costs (Facilities and Administrative - F&A Costs)”** means costs incurred by an organization for common or joint objectives and, therefore, cannot be identified readily and specifically with a particular project, program, or activity, but are nevertheless necessary to the operations of the organization. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs (also known as Facilities and Administrative - F&A Costs by some types of organizations). Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed **at a rate not to exceed 8 percent** of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Funds may be used to support appropriate and justifiable costs directly related to meeting data reporting requirements.

**“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.

**“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. 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 2015 Poverty Guidelines to determine Disadvantaged status can be located at the following website.

<http://www.gpo.gov/fdsys/pkg/FR-2015-03-17/pdf/2015-06008.pdf>.

**“Medically Underserved Areas” (MUAs)** are counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. MUAs are designated based on the Index of Medical Underservice. MUAs are a subset of a

Medically Underserved Community. See <http://www.hrsa.gov/shortage/mua/> for additional information.

**“Medically Underserved Community (MUC)”** is a geographic location or population of individuals that is eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor’s Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

**“Medically Underserved Populations” (MUPs)** 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/> for additional information.

**“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. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

**“New”** means any program that has graduated less than three classes. After a program has graduated three classes, that program will be able to provide the information necessary for the general funding preference as defined in the law and will no longer be considered a new program.

**“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-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. 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.

**“Part-time Student”** means an individual enrolled in an advanced education nursing program, carrying less than the full-time credit load in a term, as defined by the institution, who will meet degree requirements within the twelve months following appointment as an AENT trainee.

**“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.

**“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 community. The term clinician refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients. A clinician has direct

contact with patients and may be a physician, nurse practitioner, or physician assistant. Primary Care specialties eligible for AENT in fiscal year 2016: adult, pediatric, geriatric, adult-gerontology, family, psychiatric-mental health and women's health.

**“Primary care setting”** means a setting that provides integrated comprehensive and continuous, 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.

**“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 competence(s) 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 the proposed activities, including educational programs, specified or described in a grant application.

**“Project Director”** means an individual designated by the grantee to direct the project or activity being supported by the grant. He or she is responsible and accountable to the grantee and HRSA for the proper conduct of the project or activity.

**“Rapid Cycle Quality Improvement” (RCQI)** – a simple yet powerful tool used to achieve improved outcomes by health care professionals and educators, asking three simple questions: (1) What are we trying to accomplish? (2) How will we know if a change is an improvement? and (3) What changes can we make that will result in improvement. By allowing the application of several tests over time, the RCQI model can identify the most successful ideas: those that have the largest impact on the overall program outcomes. Additional information on RCQI is available at the following website:

<http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>

**“Reasonable living expenses (stipend)”** means a payment made to an individual under a fellowship or training grant in accordance with pre-established levels to provide for the individual's living expenses during the period of training.

**“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”** encompasses all population, housing, and territory not included within an urban area. Whatever is not urban is considered rural. Rural is also defined as 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 an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are – (A) authorized to sit for the National Council Licensure Examination-Registered Nurse (NCLEX-RN); or (B) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by Section 811(b). See PHS Act Section 801(2), as amended.

**“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.

**“Social Determinants of Health”** are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

**“State”** means 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.

**“Trainee”** means a student/person receiving training or education in a vocation, occupation or profession.

**“Underserved area/population”** means but is not limited to:

- The elderly, individuals with HIV/AIDS, substance users, and survivors of domestic violence

- Homeless populations
- Health professional shortage areas/populations
- Medically underserved areas/populations
- Migrant and seasonal farm workers
- Nurse shortage areas
- Residents of public housing
- Rural communities
- Rural health clinic

### **Technical Assistance Call**

A technical assistance call has been scheduled to help applicants understand, prepare and submit a grant application. The call is scheduled for:

Date: December 18, 2015

Time: 1:00 PM Eastern Time

Dial-in #: 1-800-475-0486

Participant Passcode: 4234205 <https://hrsa.connectsolutions.com/fy16-aent-foa/>

Technical Assistance will help to prepare AENT applicants for the FY 2016 application submission process, highlight significant program changes, illustrate key steps and procedures on the AENT Tables and offer participants an opportunity to ask questions pertaining to program requirements. For details and registration information regarding the webinar please check the Division of Nursing website <http://bhpr.hrsa.gov/nursing/index.html>.

## **IX. Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [\*SF-424 R&R Application Guide\*](#).

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at: <http://bhw.hrsa.gov/grants/technicalassistance/index.html>

## Appendix A

### LIST OF AENT ATTACHMENTS AND AENT PROGRAM SPECIFIC DATA FORMS

Reference HRSA's SF-424 R&R Application Guide for instructions on the document submission process for Grants.gov.

#### **AENT Application Attachments**

Attachment 1 Accreditation and Approval Documentation of the Program - **required**

Attachment 2 Approval of New PhD Programs and/or New Programs (*if applicable*)

Attachment 3 Job Description and Biographical Sketch of the Project Director - **required**

Attachment 4 Maintenance of Effort Documentation - **required**

#### **AENT Program Specific OMB Approved Data Collection Forms and Instructions**

Table 1A - AENT: Graduate Data – Rural, Underserved, or Public Health Practice Settings

Table 1B – AENT: Graduates Supported by Traineeship Data - Rural, Underserved, or Public Health Practice Settings

Table 2A- AENT Enrollment, Traineeship Support Projected Data – Master's and Post-Master's Certificate Data

Table 2B – AENT Enrollment, Traineeship Support Projected Data – Doctoral Data

Applicants must adhere to the table instructions to ensure that the data provided are accurate and complete. Schools are encouraged to consult with Program Staff for technical assistance prior to submitting the grant application.

**Table 1A - AENT: Rural, Underserved, or Public Health Practice Settings Data**

**Graduate Data from 7/01/2014 to 6/30/2015**

Practice Settings	PC-NP	PNMC	NMW Certificate	NMW Master's	NMW Post-BSN to Doctoral	Grand Total
Community Health Centers						
Migrant Health Centers						
Health Care for the Homeless Grantees						
Rural Health Clinics						
National Health Service Corps Sites						
Indian Health Service / Tribal Health Sites						
Federally Qualified Health Centers						
State or Local Health Departments						
Ambulatory Practice Sites Designated by State Governors						
Health Professional Shortage Areas (HPSAs)						
Rural Populations / Settings						
Underserved Populations / Settings						
1. Total Number of Graduates Employed in these Settings (from 07/01/2014 – 06/30/2015)						
2. Total Number of Graduates (from 07/01/2014 – 06/30/2015)						
3. Percentage of Graduates Employed in these Settings (SFP) (Number 1 divided by Number 2)						
4. Percentage of Graduates Employed in HPSAs (SPC) Total Number of Graduates Employed in HPSAs divided by Total Number of Graduates (from 07/01/2014-06/30/2015)						

Post Nursing Master's Certificate students who complete all program requirements are recognized as graduates.

## **Instructions for Completing Table 1A - AENT: Rural, Underserved, or Public Health Practice Settings Data - Graduate Data from 7/01/2014 to 6/30/2015**

In order to be eligible for the Funding Preference and/or the Special Considerations applicants must complete Table 1A (please see the Funding Preference and Special Consideration information in Section V.2 of this application).

Data on Table 1A should reflect graduate totals for the Master's and Post Nursing Master's Certificate Primary Care Nurse Practitioner, Nurse-Midwifery Certificate, Nurse-Midwifery Master's, and Nurse-Midwifery Post-BSN to Doctoral students who completed program/degree requirements between 07/01/2014 and 6/30/2015.

Complete Table 1A, as appropriate, providing data on the number of graduates in academic year 7/1/2014-6/30/2015 who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Each graduate is to be counted only once. Table 1A is used to determine if the institution meets the Statutory Funding Preference and also used to determine if the institution meets the Special Consideration.

In the "Total Number of Graduates Employed in These Settings" row, the system will automatically calculate the total number of graduates per specialty employed in these settings. The grand total will be system generated. This is a subset of "Total Number of Graduates".

In the "Total Number of Graduates" row, enter the total number of graduates who completed degree requirements between 7/01/2014 and 6/30/2015 in the appropriate column. Enter the grand total: The Grand Total will be system generated. Numbers omitted in this row of Table 1A will not be counted.

In the "Percentage of Graduates Employed in these Settings" row, the system will automatically calculate this figure.  $\text{Percentage of Graduates Employed in these Settings} = \frac{\text{Total Number of Graduates Employed in these Settings (from 07/01/2014 - 06/30/2015)}}{\text{Total Number of Graduates (from 07/01/2014 - 06/30/2015)}}$ .

In the "Percentage of Graduates Employed in HPSAs" row, the system will automatically calculate this figure.  $\text{Percentage of Graduates Employed in HPSA's} = \frac{\text{Total Number of HPSAs}}{\text{Total Number of Graduates (from 07/01/2014-06/30/2015)}}$ .

**Table 1B - AENT: - Rural, Underserved, or Public Health Practice Settings Data**

**Graduates Supported by Traineeship from 7/01/2014 to 6/30/2015**

Practice Settings	PC-NP	PNMC	NMW Certificate	NMW Master's	NMW Post-BSN to Doctoral	Grand Total
Community Health Centers						
Migrant Health Centers						
Health Care for the Homeless Grantees						
Rural Health Clinics						
National Health Service Corps Sites						
Indian Health Service / Tribal Health Sites						
Federally Qualified Health Centers						
State or Local Health Departments						
Ambulatory Practice Sites Designated by State Governors						
Health Professional Shortage Areas (HPSAs)						
Rural Populations / Settings						
Underserved Populations / Settings						
1. Total Number of Graduates Supported by Traineeship Employed in these settings (from 07/01/2014 – 06/30/2015)						
2. Total Number of Graduates (from 07/01/2014 – 06/30/2015)						
3. Percentage of Graduates Supported by Traineeship Employed in these Settings (Number 1 divided by Number 2)						
4. Percentage of Graduates Supported by Traineeship Employed in HPSAs (Total Number of HPSAs divided by Total Number of Graduates from 07/01/2014- 06/30/2015)						



**Instructions for Completing Table 1B – AENT: Rural, Underserved, or Public Health Practice Settings Data - Graduates Supported by Traineeship from 7/01/2014 to 6/30/2015**

Data on Table 1B should reflect graduates supported by AENT traineeship totals for the Master’s and Post-Nursing Master’s Certificate Primary Care Nurse Practitioner, Nurse-Midwifery Certificate, Nurse-Midwifery Master’s, and Nurse-Midwifery Post-BSN to Doctoral students who completed program/degree requirements and were supported by the AENT Program between 07/01/2014 and 6/30/2015.

Complete Table 1B, as appropriate, providing data on the number of graduates supported by traineeship in academic year 7/1/2014-6/30/2015 who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Each graduate is to be counted only once. Table 1B is for data analysis and reporting; thus, all applicant institutions must complete Table 1B.

In the “Total Number of Graduates Supported by Traineeship Employed in these Settings (from 07/01/2014 to 06/30/2015)” row, the system will automatically calculate the total number of graduates who received traineeship support and completed degree requirements between 7/01/2014 and 6/30/2015 and worked in the identified setting. The Grand Total will be system generated. This is a subset of “Total Number of Graduates”.

In the “Total Number of Graduates (from 07/01/2014-06/30/2015)” row, the system will prepopulate data entered on Table 1A.

In the “Percentage of Graduates Supported by Traineeship Employed in these Settings” row, the system will automatically calculate this figure.  $\text{Percentage of Graduates Supported by Traineeship Employed in these Settings} = \frac{\text{Total Number of Graduates Supported by Traineeship Employed in these Settings (from 07/01/2014 – 06/30/2015)}}{\text{Total Number of Graduates (from 07/01/2014 – 06/30/2015)}}$ .

In the “Percentage of Graduates Supported by Traineeship Employed in HPSAs” row, the system will automatically calculate this figure.  $\text{Percentage of Graduates Supported by Traineeship Employed in HPSAs} = \frac{\text{Total Number of HPSAs}}{\text{Total Number of Graduates (from 07/01/2014-06/30/2015)}}$ .

**Table 2A: Projected Master’s Degree and Post Nursing Master’s Certificate Data**

TRAINEESHIP DATA	PRIMARY CARE NURSE PRACTITIONER		NURSE-MIDWIFERY	
	FT	PT	FT	PT
Total # of Master Degree Students Projected to Receive Traineeship Support in Budget Year 1				
Total # of Master Degree Students Projected to Receive Traineeship Support in Budget Year 2				
Total # of Post Nursing Master’s Certificate Students Projected to Receive Traineeship Support in Budget Year 1				
Total # of Post Nursing Master’s Certificate Students Projected to Receive Traineeship Support in Budget Year 2				

**Instructions for Completing AENT Table 2A: Projected Master’s Degree and Post Nursing Master’s Certificate Data**

- Enter the total number of Master Degree students projected to receive traineeship support in Budget Year 1 (July 1, 2016 to June 30, 2017) by their enrollment status (FT or PT) and their specialty role (Nurse Practitioner or Nurse-Midwife).
- Enter the total number of Post Nursing Master’s Certificate students projected to receive traineeship support in Budget Year 1 (July 1, 2016 to June 30, 2017) by their enrollment status (FT or PT) and their specialty role (Nurse Practitioner or Nurse-Midwife).
- **For Budget Year 2 fields in Table 2A, please enter zero (0). Do not leave blank or enter Not Applicable (N/A).**

**Table 2B: Projected Doctoral Data**

TRAINEESHIP DATA	PRIMARY CARE NURSE PRACTITIONER		NURSE-MIDWIFERY	
	FT	PT	FT	PT
Total # of DNP Students Projected to Receive Traineeship Support in Budget Year 1				
Total # of DNP Students Projected to Receive Traineeship Support in Budget Year 2				
Total # of PhD Students Projected to Receive Traineeship Support in Budget Year 1				
Total # of PhD Students Projected to Receive Traineeship Support in Budget Year 2				

**Instructions for Completing AENT Table 2B: Projected Doctoral Data**

- Enter the total number of DNP students projected to receive traineeship support in Budget Year 1 (July 1, 2016 to June 30, 2017) by their enrollment status (FT or PT) and their specialty role (Nurse Practitioner or Nurse-Midwife).
- Enter the total number of PhD students projected to receive traineeship support in Budget Year 1 (July 1, 2016 to June 30, 2017) by their enrollment status (FT or PT) and their specialty role (Nurse Practitioner or Nurse-Midwife).
- **For Budget Year 2 fields in Table 2A, please enter zero (0). Do not leave blank or enter Not Applicable (N/A).**