U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Health Workforce

Division of Nursing and Public Health

Nurse Anesthetist Traineeship (NAT) Program

Funding Opportunity Number: HRSA-23-002

Funding Opportunity Type(s): New and Competing Continuations

Assistance Listings Number: 93.124

Application Due Date: February 10, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: *December 12, 2022*

Santhana B. Webb, MS, BSN, RN, OCN®
Theresa Acholonu, DNP©, MBA, BSN, PHN
Project Officers, Advanced Nursing Education Branch
Phone: (301) 443-3524 / (301) 287-2254
Email: NAT@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. § 296j(a)(2) (Section 811(a)(2) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Nurse Anesthetist Traineeship (NAT) Program. The purpose of this program is to increase the supply and distribution of Certified Registered Nurse Anesthetists (CRNAs) who are well prepared and well positioned to practice independently and collaboratively within interprofessional teams and to deliver evidence-based, high quality, and safe anesthesia and pain management services. The program also aims to expand access to anesthesia services, especially to rural, urban, and tribal underserved communities nationwide. Grants are awarded to accredited institutions that educate registered nurses to become nurse anesthetists; recipient institutions, in turn, disburse funds to students in the form of traineeship support.

Funding Opportunity Title:	Nurse Anesthetist Traineeship Program
Funding Opportunity Number:	HRSA-23-002
Due Date for Applications:	February 10, 2023
Anticipated FY 2023 Total Available Funding:	$2,250,000
Estimated Number and Type of Award(s):	Up to 80 grants annually
Estimated Annual Award Amount:	Award amount determined by formula subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023, through June 30, 2027 (4 years)

Eligible Applicants:	Eligible applicants are schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities determined appropriate by the Secretary. Tribes and tribal organizations are eligible.
	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 R&R Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website to learn more about the resources available for this funding opportunity.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose.

The purpose of the Nurse Anesthetist Traineeship (NAT) program is to increase the supply and distribution of Certified Registered Nurse Anesthetists (CRNAs) who are well prepared and well positioned to practice independently and collaboratively within interprofessional teams and to deliver evidence-based, high quality, and safe anesthesia and pain management services. The program aims to expand access to anesthesia services, especially to rural, urban, and tribal underserved communities nationwide. Eligible grant award recipients are accredited institutions that educate registered nurses to become nurse anesthetists; recipient institutions, in turn, disburse funds to students in the form of traineeship support.

Program Goals

1. Increase supply of qualified working CRNAs by providing traineeship support.

2. Increase the diversity of the CRNA workforce to better address the needs of the populations they serve by recruiting students from diverse populations such as students from disadvantaged backgrounds and underrepresented racial and ethnic minorities in the nursing profession.

3. Enhance training capacity by addressing health equity and expanding clinical training sites through partnerships.

4. Expand distribution and access of CRNAs serving in rural, urban, and tribal underserved communities.

Program Objectives

1. Provide traineeship awards to eligible Student Registered Nurse Anesthetists (SRNAs), enrolled full-time in an accredited nurse anesthesia program.

2. Recruit, train, and provide support (e.g., stipends, mentorship, peer support) to students including those from diverse populations such as those from disadvantaged backgrounds and underrepresented racial and ethnic minorities in the nursing profession, thereby promoting the diversity of the CRNA workforce.

3. Enhance didactic and clinical curriculum that provides trainees experiential learning opportunities which focus on delivery of culturally competent care and addressing health equity and social determinants of health (SDOH) in vulnerable and underserved populations.

[For more details, see Program Requirements and Expectations](#).

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected.

A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities.

2. Background

The NAT Program is authorized by 42 U.S.C. § 296j(a)(2) (Section 811(a)(2) of the Public Health Service (PHS) Act).

CRNAs are advanced practice registered nurses (APRNs) who have completed extensive clinical training to provide anesthetics to patients for every type of surgery or procedure. CRNAs play an essential role in ensuring patients have access to critical anesthetic services, especially in rural and other underserved populations. They are the main provider for anesthesia service in rural areas and, in some states, the sole provider of anesthesia services.[1] Currently, there are more than 55,000 CRNAs in the United States[2] however, studies report an ongoing shortage of CRNAs in addition to other anesthesia providers, especially in rural hospitals due to growing demand, aging workforce, and burnout.[3] [4] [5] Additionally, the shortage of nurse faculty impacts the ability of the CRNA programs to meet the demand for qualified CRNAs to meet the needs of patients.[6]

Despite the many efforts made to improve the health of the U.S. population, health inequities persist. The COVID-19 pandemic further highlighted such health inequities. These disparities also exist in anesthesia care. Studies have shown that racial and ethnic minority women are less likely to receive epidural analgesia for labor.[7] Racial and ethnic minorities also receive less comprehensive pain management compared to whites.[8] [9] Furthermore, SDOH have a major impact on people's health, well-being, and quality of life, and contribute to widespread health disparities and inequities.[10] However, SDOH has not traditionally been integrated in most nursing education curricula, and this

---

[1] American Association of Nurse Anesthesiology. (2022).Certified Registered Nurse Anesthetists Fact Sheet. AANA. https://www.aana.com/membership/become-a-crna/crna-fact-sheet
[2] *About Us | NBCRNA*. (n.d.). NBCRNA. https://www.nbcrna.com/about-us/history
[3] Daugherty, L., Benito, R. F., Kumar, K. B., Michaud, P. (2010). Is There a Shortage of Anesthesia Providers in the United States? RAND Health. https://www.rand.org/pubs/research_briefs/RB9541.html
[4] Nagrusa, S., Hogan, P., Cintina, I., Quraishi, J., Hoyem, R., Jordan, L., Zhou, M. (2021). Anesthesia Services: A Workforce Model and Projections of Demand and Supply. Nursing Economic $, 39(6) 274-284
[5] Association of American Medical Colleges. The complexities of physician supply and demand: projections from 2018 to 2033. https://www.aamc.org/media/45976/download?attachment
[6] Lee, R., Bonanno, L., O'Sullivan, C., Everson, M., Kazer, M. W., Moore, E., O'Guin, C., Thompson, J., Morgan, B., & Greenier, E. (2022). Supporting the Foundation of Nurse Anesthesia Education: A Report of the Faculty Stabilization Taskforce. AANA Journal, 3–9.
[7] Glance, L. G., Wissler, R., Glantz, C., Osler, T. M., Mukamel, D. B., Dick, A. W. (2007). Racial Differences in the use of Epidural Analgesia for Labor. Anesthesiology, 106(1):19-25. DOI: 10.1097/00000542-200701000-00008
[8] Mossey J. M. (2011). Defining Racial and Ethnic Disparities in Pain Management. Clinical Orthopedic and Related Research, 469(7):1859-1870. DOI: 10.1007/s11999-011-1770-9
[9] Carey, T. S., Garrett, J. M. (2003). The Relation of Race to Outcomes and the use of Healthcare Services for Acute Low Back Pain. Spine, 28(4):390-394. DOI: 10.1097/01.BRS.0000048499.25275.51
[10] Social Determinant of Health— Healthy People 2030 | health.gov. (n.d.). Health.gov. https://health.gov/healthypeople/priority-areas/social-determinants-health

prevents nurses from acquiring knowledge necessary to assess and address key drivers of health inequities. In addition to inclusion in didactic coursework, clinical and experiential learning experiences are considered an effective teaching methodology for increasing awareness of SDOH[11] and addressing health inequities and disparities.

CRNAs have an important role in understanding and recognizing healthcare disparities to effectively address patients' needs from diverse racial and ethnic backgrounds. A diverse nursing workforce is a critical part of preparing nurses to address SDOH and health equity, and increasing the diversity of the nursing workforce is one solution for eliminating health disparities and increasing care quality,[12] yet, 87.2 percent of Nurse Anesthetists are White (Non-Hispanic).[13] The U.S. population is changing and becoming more diverse, but the CRNA workforce is not keeping up with the changing demographics. It is imperative to diversify the CRNA workforce in order to meet the needs of the populations served.

In addition to the need for a more diverse CRNA workforce, there is an urgent need for solutions to address burnout and well-being among the nursing workforce. Burnout and mental health problems among the nursing workforce has been extensively reported for decades, and COVID-19 has exacerbated this problem. Nearly 40 percent of CRNAs reported high levels of occupational burnout during the pandemic and approximately 80 percent reported high levels of disengagement along with exhaustion.[14] These findings suggest that improving nurse well-being and making necessary changes to workplace culture and environment should be prioritized. The CRNA workforce's health and well-being is critical because it influences the quality, safety, and cost of the care they provide, as well as organizations and systems of care.[15] Organizations that educate and employ the nursing workforce need to adopt/enhance, implement, and demonstrate an organizational culture of wellness using evidence-based/evidence-informed strategies.[15]

The NAT program facilitates growth of the CRNA workforce by providing financial traineeship support to full-time SRNA trainees. Between academic years 2014-2019 the program supported over 7,900 nursing anesthetist students, of whom nearly 6,500 graduated from their degree programs and entered the nursing workforce[16].

[11] Sabato, E., Owens, J., Mauro, A., Findley, P, Lamba, S., & Fenesy, K. (2018). Integrating social determinants of health into dental curricula: An interprofessional approach. Journal of Dental Education, 82(3) 237-245. doi: 10.21815/JDE.018.022

[12] Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. Journal of the National Medical Association, 111(4), 383–392. https://doi.org/10.1016/j.jnma.2019.01.006

[13] Nurse Anesthetists / Data USA.(n.d.). Datausa. https://datausa.io/profile/soc/nurse-anesthetists

[14] Lea, J., Doherty, I., Reede, L., Mahoney, C. B. (2022). Predictors of Burnout, Job Satisfaction, an Turnover Among CRNAs During COVID-19 Surging. AANA Journal, 90(2) 141-147. https://www.aana.com/docs/default-source/aana-journal-web-documents-1/lea-r.pdf?sfvrsn=71269756

[15] National Academies of Sciences, Engineering, and Medicine. 2021. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/25982.

[16] National Center for Health Workforce Analysis. (n.d.) Nurse Anesthetist Traineeship (NAT) Program. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/nat-outcomes-report-2014-2019.pdf

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the HRSA Health Workforce Glossary.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuations.

HRSA will provide funding in the form of a grant. The amount of funding awarded to each recipient will be determined according to a formula described in Section V.1.

2. Summary of Funding

HRSA estimates approximately $2,250,000 to be available annually to fund 80 recipients. Awards will be distributed among all eligible institutions based on a formula calculation using data supplied by applicants in the ANE Program Specific Data Forms (see sample in Appendix A). Applicants that fail to submit this information will not be considered for funding. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2023, through June 30, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the NAT Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

Limitations on Indirect Cost Rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts 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 include accredited schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities determined appropriate by the Secretary. Domestic community-based organizations, Tribes, and tribal organizations are also eligible to apply, if otherwise eligible.

Individuals and foreign entities are not eligible applicants under this NOFO.

Applicants must be accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs at the time of application, and for the duration of the award.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Fails to satisfy the deadline requirements referenced in Section IV.4

- Fails to submit ANE Program Specific Data Forms (see sample in Appendix A)

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 296b(b) (Sec. 803(b) of the Public Health Service Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as *Attachment 4*.

HRSA will enforce statutory MOE requirements through all available mechanisms.

Beneficiary Eligibility Requirement
A trainee receiving support from grant funds under this program must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other "qualified alien" under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended. Individuals on temporary or student visas are not eligible to participate.

To be eligible for NAT traineeship support, the student/trainee must meet all of the following:
- Be a licensed registered nurse (RN)

- Be eligible to work in the United States
- Be enrolled full-time in an accredited course of study leading to a graduate degree in nurse anesthesia and be eligible to sit for the national certification examination to become a CRNA upon program completion
- Maintain the predetermined academic standards of the recipient institution

Multiple Applications

NOTE: Multiple applications from an organization are not allowed. An organization is an entity with its own Unique Entity Identifier (UEI). Applicants can submit only one application per campus. A campus is defined as a division of a university that has the same name yet has a separate UEI and is separate with its own grounds, buildings (e.g., school of nursing) and faculty. For example, the University of Homestate at Smalltown and the University of Homestate at Anytown can each submit an application for this program.

HRSA will only accept and review your **last** validated electronic submission under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive. **Applications received without the appropriate tables will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form, and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-002 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov.

You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the*http://apply07.grants.gov/search/spoExit.jsp?p=search-grants.html *For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **40 pages** when printed by HRSA. **Forms that DO NOT count in the Page Limit:**

- Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." does not count in the page limit.

- The Indirect Cost Rate Agreement does not count in the page limit.

- The proof of non-profit status (if applicable) does not count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-002, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

➢ HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to HRSA review.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-002 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8-15*: *Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

Applicants funded under this funding opportunity will be required to implement the following:

1. Provide full-time anesthetist education and traineeship award funds to eligible SRNAs enrolled full-time in an accredited nurse anesthesia program. The cumulative traineeship support disbursed may not exceed 48 months per trainee.

2. Recruit, train, and provide support (e.g. mentorship, peer support, etc.) to students, including those from diverse populations such as those individuals from disadvantaged backgrounds and underrepresented racial and ethnic minorities in the nursing profession.

3. Secure technical assistance from the HRSA-supported nursing workforce development technical assistance provider to enhance curriculum, including clinical training opportunities, to prepare trainees to efficiently address SDOH and improve health equity for populations they serve, by offering the trainees direct experiences working with rural, urban and tribal underserved populations.

4. Follow-up with graduates to collect post-graduation employment demographics for a minimum of 1 year after graduation. Trainees who receive HRSA funds from the NAT program must apply for and obtain a National Provider Identifier (NPI) number as a condition of their traineeship support. Award recipients must collect and report the NPI numbers of nursing students who receive traineeship funds.

Discontinuation of Traineeship Support

The recipient institution is responsible for monitoring the academic success of each trainee and shall ensure the discontinuation of traineeship support under the NAT program in cases where 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 NAT Program support.

Program-Specific Instructions

Applicants are expected to develop and upload (in Attachment 5) a disparities impact statement.

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), include the following:

Applicants are encouraged to adopt, implement, and demonstrate an organizational culture of wellness using evidence-based/evidence-informed strategies aimed at promoting wellness, enhancing resiliency, fostering retention, and preventing/reducing burnout in the nursing workforce (e.g., mindfulness and resilience training for trainees as well as incorporation of burnout prevention/reduction activities and resources in the clinical setting).

Applicants are encouraged to develop or expand academic clinical partnerships to provide didactic and clinical training opportunities for SRNAs. These partnerships should target increasing supply and access to CRNA services in rural, urban, and tribal underserved communities nationwide. You are also encouraged to partner with organizations that promote health equity, diversity of the workforce, workforce wellness and resiliency.

To help increase the number of CRNA training sites in rural areas, improve access to CRNA services in rural communities, and improve health outcomes for those who live in rural communities, applicants are encouraged to partner with HRSA-supported small rural hospitals and Critical Access Hospitals (CAHs) to train and provide experiential learning opportunities for trainees. There are approximately 1,600 HRSA-supported small rural hospitals and CAHs across the United States. To find the location of the closest CAHs, utilize the locator tool (https://www.flexmonitoring.org/critical-access-hospital-locations-list). Applicants can collaborate with State Offices of Rural Health (SORHs) through the SORH Program, to facilitate rural partnerships.

i. ***Project Abstract***

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See **Form Alert** in Section IV.1 of this NOFO. For information required in the Project Abstract Summary Form, 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.

- If applicable, is a funding preference/special consideration being requested?

ii. ***Project Narrative***

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *PURPOSE AND NEED*

  - Briefly describe the purpose and need of the proposed project and outline the needs of the training project. Describe and document the targeted discipline and its training needs.

  - Demonstrate the alignment of the project and institution with the NAT goals and objectives; including an alignment of the project with HRSA's mission to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.

  - Highlight the need to incorporate SDOH into nursing curricula and experiential training to address health disparities, and to achieve health equity; and describe how your project and innovative technology will improve health outcomes and contribute to enhancing health equity of the population served.

  - Describe the current issues in CRNA workforce including students and faculty diversity, burnout, and mental health, and needs for wellness and resiliency training, and discuss how your project is expected to improve such issues.

- Incorporate a Disparities Impact Statement (DIS) (attachment 5), which is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

- Please note that elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections. See Section IV.2.vii Attachment 5 of this NOFO for further details.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges.*

  - *(a) METHODOLOGY/APPROACH*

  - Describe your objectives and proposed activities and provide evidence for how they link to the project purpose and stated needs.

  - Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. Include a description of any innovative methods that you will use to address the previously stated needs of the project.

  - Describe the strategies that you will develop to address SDOH and health disparities impacting rural, urban, tribal underserved populations.

  - Describe the process for encouraging graduates to find employment in rural, urban, and tribal underserved communities using available resources as appropriate, including the HRSA's Health Workforce Connector.

  - *(b) WORK PLAN*

  - Provide a detailed work plan that demonstrates your proposal and capacity to implement a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. Applicants should include a brief workplan narrative. Your workplan must include the following:

    - Describe the activities or steps you will use to achieve each of the goals and objectives proposed during the entire period of performance.

    - Describe the timeframes, deliverables, and key partners required during the grant period of performance to address each of the needs described in the Purpose and Need section.

    - Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.

    - Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and the extent to which these contributors address the cultural, racial, linguistic, and/or geographic diversity of the populations and communities served.

The SWP Form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP Form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP Form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP Form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP Form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA electronic handbook (EHB) once award is made, in order to review and finalize the completed SWP.** You must complete the Standardized Work Plan mandatory form in the Application Package. The Work Plan section of the NOFO should be as comprehensive and specific as possible. In response to this section, applicants will demonstrate how, through concrete steps, they plan to implement the proposed project in order to achieve the goals of the NOFO.

- *(c) RESOLUTION OF CHALLENGES*
  - Outline and discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to mitigate such challenges.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability*

  - *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY*

  - Describe the plan for continuous quality improvement monitoring for the Program Performance Evaluation e.g., how it will monitor the ongoing process and progress towards meeting those objectives and goals of the program. Include descriptions of the inputs (e.g., Organization profile, key personnel, collaborative partners, budget, and other resources); key processes; variables to be measured; and expected outcomes of the funded activities.

  - Demonstrate evidence that the Evaluative Measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

  - Describe the data collection strategy that will be used to collect, manage, analyze, and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html.

  - Describe your process to track trainees, during and after program completion/graduation, for up to 1 year. Include the collection of trainees' NPIs. **Note**: Trainees who receive HRSA funds as a result of this award must apply for

and obtain an NPI for the purpose of collecting post-graduation employment demographics.

- Describe any potential obstacles to implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The Evaluation and Reporting Plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

- Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, progress toward meeting grant goals and objectives, and the implementation of necessary adjustments to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted under the SWP. Additional information on RCQI is available at the following website: https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.

  Performance Reporting Plan:

  All award recipients are required to collect and report data such as, but not limited to the following, on an annual basis:

  - Training program characteristics, including the education level of the training program.
  - The number and characteristics of all students in the training program, including age, sex, race, ethnicity, disadvantaged background, and rural background.
  - The National Provider Identifier for each NAT trainee.
  - The number and types of sites (e.g., CAHs) and settings (e.g., Health Professional Shortage Areas (HPSAs), rural, underserved, etc.).
  - Number and profession/disciplines of interprofessional trainees at clinical sites.
  - Employment information for trainees at graduation and one-year post-graduation, including zip code, setting, and type of employment.
  - Number of patient encounters NAT trainees have in telehealth, in medically underserved communities, rural areas, and/or primary care settings.

- *(b) PROJECT SUSTAINABILITY*

  Propose a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services

and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- ▪ *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES*

Succinctly describe your organization's current mission, structure, scope of current activities including faculty development training and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart (requested in Section IV.2.vii., *Attachment 3*)

Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

The staffing plan and job descriptions for key faculty/staff must be included in *Attachment 2* (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

HRSA is no longer using NIH's sample format and biographical sketch instructions that have been removed from the HRSA's *SF-424 R&R Application Guide* , therefore, the necessary information has been included below.

Project Director: The Project Director for the proposed project must at a minimum be a licensed Registered Nurse, with a master's or doctoral level degree. HRSA encourages applicants to select Project Directors with demonstrated competence (e.g., publications, funded research), appropriate academic preparation, clinical (nurse anesthetist) expertise, and experience as an educator. NOTE: There may only be one Project Director for the NAT project.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:

  - o Institution and location

  - o Degree (if applicable)

  - o Date of degree (MM/YY)

  - o Field of study

- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*optional*) **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. *Budget*
The NAT Program is a formula-based grant program that does not require submission of a budget.

iv. *Budget Justification Narrative*
The NAT Program is a formula-based grant program that does not require submission of a Budget Justification Narrative

v. *Standardized Work Plan Form*

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Corresponds to Section IV.2.ii. Project Narrative – WORK PLAN

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. *Program-Specific Forms (ANE Tables)*

As part of the application submitted through Grants.gov, you must complete and electronically submit the ANE Program Specific Data Forms.

ANE Program Specific Data Forms (Tables 1 & 2)

Sample of the ANE Program Specific Data Forms (Tables 1 & 2) are included in *Appendix A* for your reference. The Tables must be completed electronically and submitted as part of the official electronic application package. The data in the ANE Program Specific Data Forms (Tables) are essential in projecting the number of participants to be trained, and in making award funding preference & special consideration determinations in accordance with the legislative statute. Applicants must adhere to the Table instructions to ensure that the data provided are accurate and complete. These tables are not included in the application page count**.**

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

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

vii. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: (Required) Accreditation Documentation

Schools of nursing affiliated with the proposed project must be accredited by a recognized body or bodies or by a State agency approved for such purpose by the Secretary of the U.S. Department of Education. Applicants must submit appropriate accreditation or approval documentation to be deemed eligible. Applicants must submit documentation that (1) demonstrates continuing accreditation from the relevant accrediting body and are not on probation, (2) the name of the accrediting body, (3) the date of initial accreditation, (4) the date of the next expected accrediting body review (or expiration date of current accreditation), and (5) a web link to the accreditation information on the accrediting body website (if available). Applicants on provisional accreditation

status must provide proof of this status. Applicants whose accreditation status cannot be verified will be considered nonresponsive and deemed ineligible under this funding notice.

Substantive Change Notification

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

Newly Established Programs of Nursing Accreditation

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program. The Letter of Reasonable Assurance from the U.S. Department of Education must be submitted with the application.

Attachment 2: (Required) Staffing Plan and Job Descriptions for Key Personnel *(see Section 4.1.vi. of* HRSA's *SF-424 R&R Application Guide)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: (Required) Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 4: (Required) Maintenance of Effort Documentation.
You 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 2022 (Actual)         │     FY 2023 (Estimated)      │ │
│  │                              │                              │ │
│  │  Actual FY 2022 non-federal  │  Estimated FY 2023 non-      │ │
│  │  funds, including in-kind,   │  federal funds, including    │ │
│  │  expended for activities     │  in-kind, designated for     │ │
│  │  proposed in this            │  activities proposed in this │ │
│  │  application.                │  application.                │ │
│  │                              │                              │ │
│  │  Amount: $_____       │  Amount: $_____     │ │
│  └──────────────────────────────┴──────────────────────────────┘ │
└─────────────────────────────────────────────────────────────────┘
```

***Attachment 5:* Disparities (As applicable) Impact Statement**

A Disparities Impact Statement (DIS) is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

Please note that **elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections.** Please include any relevant information from those sections into this attachment.

1.) The efforts your organization will make to prepare trainees to address the social determinants of health, including but not limited to access barriers to health services, and health literacy.
- For example: after considering data about the percentage of non-English-speaking residents of the local geographical area, design training related to overcoming language barriers to service utilization.

2.) The strategies your organization will engage to improve trainee cultural competence to meet the needs of underserved communities by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
- For example: In order to improve cultural and linguistic competence, our trainings will utilize the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include a focus on:
  a. Diverse cultural health practices
  b. Preferred languages/language translation services
  c. Training and integration of CLAS Standards, health literacy and other communication needs of the disparity sub-populations identified

3.) Measure and report where graduates (completers of training programs) are 1 year following completion and how many of them align demographically with the community and/or disparity sub-populations they are serving, such as graduates/program completers from rural areas now practicing in a rural area.

Project activities must comply with the non-discrimination requirements described in [Section VI](#).

Attachment 6: (As applicable) Letters of Agreement or Memoranda of Understanding (MOU)

Provide any documents that describe working relationships between your organization and other entities, such as key partners cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Letters of Support from Partner Organizations can be used to substitute for Letters of Agreement or Memoranda of Understanding.

Letters of Support

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

Attachment 7: (As applicable) Request for Funding Preference or Special Consideration

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2.](#)

Attachments 8–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.

- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an

individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://www.sam.gov/https://sam.gov/content/home | SAM Knowledge Base)

- Grants.gov (http://www.grants.gov/https://www.grants.gov/)

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***February 10, 2023, at 11:59 p.m. ET.*** HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The NAT Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at an award amount determined by formula per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can

process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions of the Continuing Appropriations Act of FY 2023 (P.L. 117-180) apply to this program. See Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

Funds under this notice may not be used for purposes specified in HRSA's http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf.

The Award recipient must ensure that:
- NAT Traineeship support does not exceed a maximum of $30,000 (with a minimum amount of $1,000) per eligible trainee per year;
- NAT Traineeship funds may only be used to cover full or partial costs of tuition and fees, cost for books, and other reasonable living expenses (such as stipends); and
- NAT Traineeship funds may only be used for traineeship support, with the exception of Indirect Costs at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement and are not subject to upward or downward adjustment.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 R&R Application Guide.* Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: **2021-01E.**

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

The NAT Program is a formula-based program. HRSA has procedures for assessing the technical merit of applications and to assist you in understanding the standards against which your application will be reviewed. HRSA will review each application for completeness and eligibility, all required documents, and compliance with the requirements outlined in this NOFO. The NAT Program funds are distributed among eligible entities as formula-payment based awards according to data supplied in your application. HRSA will calculate FY 2023 award amounts based on the following:

- Number of students enrolled in master and doctoral programs
- Total number of graduates employed in rural, underserved and state/local health department settings (Funding Preference)
- Total number of graduates employed in HPSAs (Special Consideration)

2. Review and Selection Process

The funds appropriated for the NAT are distributed among eligible participating institutions as formula-based awards. Program data reported on the **ANE Program Specific Data Form** are used to determine funding and administer the program. All required program data tables must be submitted electronically in Grants.gov as part of the application.

HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details. HRSA approving officials will apply other factors described below in making awards.

For this program, HRSA will use the Statutory Funding Preference and Special Consideration. To be considered for the Statutory Funding Preference or for the Special Consideration, applicants need to demonstrate that they meet the criteria by submitting the required data in Program Specific Tables (*Appendix A*) and providing supporting documentation in *Attachment 7*. During the formula calculation, applicants that qualify for either the Statutory Funding Preference or the Special Consideration Funding Factors, will receive a 7.5 percent increase in their calculated award amount. Applicants that qualify for both the Statutory Funding Preference and the Special Consideration Funding Factors will receive a maximum 10 percent increase in their calculated award amount. Applications that do not meet the Funding Factors will be given full and equitable consideration during the review process.

Funding Preferences

This program provides a funding preference for some applicants as authorized by Section 805 of the Public Health Service Act (42 U.S.C. § 296d). Applicants will receive the funding preference for projects that will substantially benefit rural or underserved

populations or help meet public health nursing needs in State or local health departments. Applicants will qualify for the funding preference if they demonstrate a high rate of graduates from the preceding academic year (AY) are currently employed in rural, underserved, or State or local health departments settings. For the purpose of this funding announcement, "high rate" is defined as a **minimum of 60 percent of graduates** in AY 2021 to 2022, employed in rural, underserved, or State or local health department practice sites. Applicants must include a copy of the output/documentation for the following with the application in ***Attachment 7*** (*Request for Funding Preference*), as applicable.

To determine whether you meet the preference for projects that will substantially benefit rural populations, insert the address of the practice site for at least one of your graduates into HRSA's Rural Health Grants Eligibility Analyzer or "Am I Rural?". Note that the output included in the attachment should include relevant funding preference eligibility information and must not exceed three pages.

To determine whether you meet the preference for projects that will substantially benefit underserved populations, insert the address of the practice site for at least one of your graduates in the Find Shortage Areas - MUA Find tool. Note that the output included in the attachment should include relevant funding preference eligibility information and must not exceed three pages.

To determine whether you meet the preference for projects that will help meet public health nursing needs in State or local health department, provide documentation that shows that at least one of your graduates is working in a state or local health department. Note that the documentation included in the attachment should include relevant funding preference eligibility information and must not exceed three pages.

Funding Special Considerations

This program includes special consideration as authorized by Section 811(g)(2) of the Public Health Service Act (42 U.S.C. § 296j(h)(2)) for an eligible entity that agrees to expend the award to train SRNAs who will practice in HPSAs, as designated under PHS Act Section 332. To qualify for the special consideration, applicants must demonstrate a high rate of graduates from the preceding academic year (AY), 2021 to 2022, are currently employed in HPSAs. For the purpose of this funding announcement, "high rate" is defined as a **minimum of 60 percent of graduates** in the preceding AY employed in HPSA practice sites. Applicants must include a copy of the output for the following with the application in ***Attachment 7*** (*Request for Funding Preference*), as applicable. To determine whether you meet the special consideration for projects that agree to expend the award to train SRNAs who will practice in HPSAs, insert the address of the practice site for at least one of your graduates into HRSA's **HPSA Find**. Note that the documentation included in the attachment should include relevant funding consideration eligibility information and must not exceed three pages.

Assessment of Risk

HRSA 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).

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

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

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

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2023. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 R&R Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- All provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,

- Other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and

- Applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

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

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project. The Noncompeting Continuation (NCC) Report is utilized as the Progress report and will capture this information.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA.

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

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

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

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.

- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.

- Summary Information:

  - Project overview.

  - Project impact.

  - Prospects for continuing the project and/or replicating this project elsewhere.

  - Publications produced through this grant activity.

  - Changes to the objectives from the initially approved grant.

Further information will be provided in the NOA.

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

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

John Gazdik
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-6962
Email: JGazdik@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Santhana Webb, MS, BSN, RN, OCN®
Project Officer
Attn: Nurse Anesthetist Traineeship Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N124A
Rockville, MD 20857
Telephone: (301) 443-3524
Email: NAT@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: Sample ANE Program Specific Data Forms (Table 1 & 2)

Table 1 - Graduate Data – Rural, Underserved, Public Health Practice Settings and Health Professional Shortage Areas (HPSAs) (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))

Public Burden Statement: HRSA uses the data from the ANE Program-Specific Data Collection Forms/Tables as part of the process for determining the award amount, ensuring compliance with programmatic and grant requirements, and to provide information to the public and Congress. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0375 and it is valid until 11/30/2024. This information collection is required to obtain or retain a benefit (Section 811 of the Public Health Service Act). Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Graduate Data from 7/01/2020 to 6/30/2021

Fields marked with an asterisk (*) are required

ADVANCED NURSING EDUCATION

* Current Fiscal Year:
(Select the fiscal year date that is provided in the current ANE Funding Opportunity Announcement cover page)

Table 1: Graduate Data - Rural, Underserved, Public Health Practice Settings and Health Professional Shortage Areas (HPSAs) (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))

Graduate Data from 07/01/2019 - 06/30/2020

Practice Settings	Nurse Practitioner	Nurse Midwife	Clinical Nurse Specialist	Nurse Anesthetist	Additional Specialty (see NOFO Table 1 Instructions)	Total
Statutory Funding Preference						
1a. Total Number of Graduates Employed in Rural Settings						
1b. Total Number of Graduates Employed in Medically Underserved Communities						
1c. Total Number of Graduates Employed in State or Local Health Departments						
2. Total Number of Graduates Employed in these Funding Preference Settings [Rows 1a + 1b + 1c = Row 2]						
3. Total Number of Graduates						
4. Percentage of Graduates Employed in these Funding Preference Settings [Row 2 divided by Row 3, multiplied by 100]						
Special Consideration						
5a. Total Number of Graduates Employed in Health Professional Shortage Areas (HPSAs)						
5b. Total Number of Graduates Employed in the Additional Settings specified in the NOFO (Refer to Table 1, Row 5b instructions in the NOFO).						
6. Total Number of Graduates Employed in these Special Consideration Settings [Rows 5a + 5b = Row 6]						
7. Total Number of Graduates (Same number as in Row 3)						
8. Percentage of Graduates Employed in these Special Consideration Settings [Row 6 divided by Row 7, multiplied by 100]						

Instructions for Completing Table 1: Graduate Data - Rural, Underserved, Public Health Practice Settings and HPSA Data - Graduate Data from 7/01/2021 to 6/30/2022

For all programs, refer to the program Notice of Funding Opportunity (NOFO) for specific instructions.

All applicants requesting a Funding Preference as outlined in the NOFO, must complete Table 1. In order to be eligible for the **Statutory Funding Preference**, applicants must complete Table 1.

Graduates are to be counted only once in Table 1.

Data on Table 1 should reflect graduate totals for nurse practitioners (NPs) and certified nurse-midwives (CNMs) who completed program/degree requirements between 07/01/2021 and 06/30/2022. Ensure to enter the correct specialty under the correct column. For example, **CNMs should not be entered in the NP column, or vice versa. Additionally, the "Additional Specialty" Column should only be completed if specified in the NOFO.** Complete Table 1, as appropriate, providing data on the cumulative number of graduates from your institution (whether supported with HRSA grant Funds or not) in the previous academic year, who obtained employment and spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or medically underserved populations, state or local health departments, health professional shortage areas, and other specified settings as outlined in the NOFO.

If the applicant organization is a health facility or other entity (as outlined in the Notice of Funding Opportunity), the data that should be entered in Table 1 is to be obtained from the applicant's academic partner.

The system will automatically calculate the Total for each row and the percentage of Graduates Employed in these Settings.

Statutory Funding Preference
In Table 1 Rows 1a, 1b and 1c, enter the **"Total Number of Graduates Employed" for Rural Settings** (Row 1a), **Medically Underserved Communities** (Row 1b) and **State or Local Health Departments** (Row 1c) by Specialty, as applicable. The data in each row (Rows 1a, 1b, 1c) is a subset of **"Total Number of Graduates"** (Row 3).

In Row 2, the sum for **"Total Number of Graduates Employed in these Funding Preference Settings**" will be automatically calculated by the system from numbers entered for Rows 1a, 1b, and 1c.

In Row 3, enter **"Total Number of Graduates"** (whether supported with HRSA grant funds or not) who completed degree requirements and graduated from your institution in the previous academic year between 7/01/2021 and 06/30/2022 in the appropriate column. This number will be system populated into Special Consideration Row 6.

In Row 4, the **"Percentage of Graduates Employed in these Settings"** will be automatically calculated. "**Percentage of Graduates Employed in these Settings**" equals the **"Total Number of Graduates Employed in these Settings"** (from 07/01/2021 – 06/30/2022) divided by **"Total Number of Graduates"** (from 07/01/2021 – 06/30/2022) multiplied by 100, or Row 2 divided by Row 3 multiplied by 100. Row 4 is a component of determining if the **Statutory Funding Preference** is met (refer to the Notice of Funding Opportunity section V.2 for further details and criteria).

Special Consideration

In Row 5a, enter **"Total Number of Graduates Employed in Health Professional Shortage Areas (HPSAs)"** (whether supported with HRSA grant funds or not) who completed degree requirements and graduated from your institution in the previous academic year between 7/01/2021 and 06/30/2022 in the appropriate column. This number will be system populated into Special Consideration Row 6.

In Row 7, **"Total Number of Graduates"** This number will be system populated from the number in Row 3.

In Row 8, the **"Percentage of Graduates Employed in these Special Consideration Settings"** will be automatically calculated.

Table 2 - Projected Traineeship Data for Master's, Post Master's Certificate, Doctoral, and Post-Graduate Residency Programs (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))

Public Burden Statement: HRSA uses the data from the ANE Program-Specific Data Collection Forms/Tables as part of the process for determining the award amount, ensuring compliance with programmatic and grant requirements, and to provide information to the public and Congress. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0375 and it is valid until 11/30/2024. This information collection is required to obtain or retain a benefit (Section 811 of the Public Health Service Act). Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Projected Traineeship Support Data

Table 2: Projected Traineeship Data for Master's, Post Master's Certificate, Doctoral, and Post-Graduate Residency Programs (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))

Projected Traineeship Support Data

Traineeship Data	Budget Year	Nurse Practitioner		Nurse Midwife		Clinical Nurse Specialist		Nurse Anesthetist		Additional Specialty (See NOFO Instructions Table 2)		Total
		FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	
Total # of Master's Degree Participants/ Trainees Projected to Receive Traineeship Support by Budget Year	1											
	2											
	3											
	4											
	5											
Total # of Doctoral Degree Participants/ Trainee Projected to Receive Traineeship Support by Budget Year	1											
	2											
	3											
	4											
	5											
Total # Post-Master's Certificate Participants/ Trainees Projected to Receive Traineeship Support by Budget Year	1											
	2											
	3											
	4											
	5											
Additional Degree/Certificate	1											
	2											
	3											
	4											
	5											
Total												

Instructions for Completing Table 2: Projected Traineeship Data for Master's, Post Master's Certificate, Doctoral and Post-Graduate Residency Programs.

For all programs, refer to the program Notice of Funding Opportunity section IV.2.vi for specific instructions.

All applicants must complete Table 2.

The system will automatically calculate the Total for each row and column.

Participants/Trainees to be supported are to be counted only once in a given budget year and for a specific specialty or degree/certificate.

Only complete for the applicable budget years. For example, complete only Budget Years 1 and 2 for a two-year funding announcement. In other words, if the application is for a two-year funding announcement, leave Table 2 boxes blank for Budget Years 3, 4 and 5.

Enter the "**Total Number of Master's, Post-Master's Certificate, Doctoral Degree, and Post-Graduate Residency Participants/Trainees Projected to Receive Traineeship Support**" in Budget Years 1, 2, 3, 4 and 5 as appropriate by their enrollment status (FT or PT) and their specialty role.

Appendix B: Resources

- **Training Resources**

    o **Nurse Corps Loan Repayment Program (Nurse Corps LRP)**: Serves to alleviate the critical shortage of nurses in healthcare facilities. The Nurse Corps LRP pays up to 85% of unpaid nursing education debt for eligible loans leading to a degree in nursing, such as CRNAs, in exchange for serving at least two years full-time at a Critical Shortage Facility (CSF). Program gives funding preference to those who need the most help financially. https://bhw.hrsa.gov/funding/apply-loan-repayment/nurse-corps

    o **Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP)** - recruit and retain medical, nursing, behavioral/mental health clinicians and paraprofessionals who provide direct treatment or recovery support of patients with or in recovery from a substance use disorder. CRNAs are eligible to apply. https://bhw.hrsa.gov/funding/apply-loan-repayment/star-lrp

    Partnership Resources

    o **National Organization of State Offices of Rural Health (NOSORH)** - Enhances the capacity of SORH by supporting the development of state and community rural health leaders; creating and facilitating state, regional and national partnerships that foster information sharing and spur rural health-related programs/activities; and enhancing access to quality healthcare services in rural communities. https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

    o **State Offices of Rural Health (SORH) Program** - All 50 states have a SORH. Most SORHs can be found within a state health department. Universities or non-profit organizations run some SORHs. Each SORH's activities depend on the needs in their state. SORHs may help with the following: Keeping providers aware of new health care activities; offering technical assistance for funding and health care improvement; and helping to recruit and retain rural health care workers. https://www.hrsa.gov/rural-health/grants/rural-hospitals/sorh

- **Other Resources**

    o **Federal Office of Rural Health Policy (FORHP)** - Part of HRSA, FORHP has department-wide responsibility for analyzing the possible effects of policy on the 57 million residents of rural communities and provides grant funding at the state and local levels to improve access, quality and financing for rural health care. https://www.hrsa.gov/about/organization/bureaus/forhp

    o **Search HRSA Awarded Grants** – https://data.hrsa.gov/tools/find-grants?program=All%20HRSA%20Program%20Areas

    o **Health Professions Dashboard** – Provides data on HRSA's health workforce training programs https://data.hrsa.gov/topics/health-workforce/training-programs

- **HPSA Shortage Pages** – links to HPSA resources including HPSA locator https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas

- **HRSA's Health Workforce Connector -** Features career and training opportunities and customized profiles. Clinicians can find career and training opportunities by location, discipline, or other criteria, while the sites can recruit qualified candidates. https://connector.hrsa.gov/connector/

- **Indian Health Service (IHS) –** offers CRNA Scholarship Program for qualified American Indian and Alaska Native health professions students in exchange for a service commitment. https://www.ihs.gov/nursing/studentops/

- **Rural Health Grants Eligibility Analyzer –** to determine whether the Federal Office of Rural Health Policy considers a geographical area rural. https://data.hrsa.gov/tools/rural-health?tab=Address

- **Rural Health Information Hub – Rural Workforce Issues -** The RHIhub is a guide to improving health for rural residents. RHIhub provides access to publications, maps and websites; news and events; funding; organizations; and more. https://www.ruralhealthinfo.org/topics

- **U.S. Department of Veterans Affair (VA)** – VA and the Army have partnered to educate interested and qualified VA nurses in the field of nurse anesthesia through the US Army Graduate Program in Anesthesia Nursing (USAGPAN). https://www.baylor.edu/nursing/armydnp/index.php?id=947250