U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Bureau of Health Workforce
Division of Health Careers and Financial Support

Scholarships for Disadvantaged Students:

Funding Opportunity Number: HRSA-20-006
Funding Opportunity Type: New and Competing Continuation

Assistance Listings (CFDA) Number 93.925

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: March 3, 2020

*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, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

**Issuance Date*: January 3, 2020*

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Authority: Section 737 of the Public Health Service Act (42 U.S.C. § 293a)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Scholarships for Disadvantaged Students (SDS) program, hereinafter referred to as the SDS Program." The SDS Program increases diversity in the health professions and nursing workforce by providing awards to schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, graduate programs in behavioral and mental health practice, and physician assistant programs, to provide eligible health profession schools for scholarships to students from disadvantaged backgrounds who have financial need, including students who are members of racial and ethnic minority groups.

The SDS Program aims to enroll and retain full-time students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. The program also exposes students to primary care and placements in Medically Underserved Communities, (MUCs).

Funding Opportunity Title:	Scholarships for Disadvantaged Students (SDS) Program
Funding Opportunity Number:	HRSA-20-006
Due Date for Applications:	March 3, 2020
Anticipated Total Annual Available FY2020 Funding:	$48,200,000
Estimated Number and Type of Award(s):	Approximately 79 grants
Maximum Award Amount:	Up to $650,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2025 (5 years)

Eligible Applicants:	Eligible applicants are accredited programs or schools of medicine, osteopathic medicine, dentistry, nursing (as defined in section 801 of the PHS Act), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants. 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 HRSA's *SF-424 R&R Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold two pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) 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 at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Scholarships for Disadvantaged Students (SDS) Program.

Program Purpose

This program promotes diversity among the health professions by providing awards to eligible health professions and nursing schools, for schools to provide scholarships to students from disadvantaged backgrounds who have a demonstrated financial need and are enrolled full-time in a health profession program or nursing program.

Participating schools are responsible for selecting scholarship recipients, making reasonable determinations of need, and providing scholarships that do not exceed the allowable costs (i.e., tuition, reasonable educational expenses and reasonable living expenses with a cap for the total scholarship award of $ 40,000).

Program Goals

The SDS Program aims to increase the: 1) number of graduates practicing in primary care, 2) retention of full-time students from disadvantaged backgrounds including students who are members of racial and ethnic minority groups, and 3) number of graduates working in MUCs.

Program Objectives

The SDS Program objectives are to: 1) improve distribution, diversity, and supply of primary care providers, 2) improve and strengthen the health profession and nursing workforce by facilitating the entry of individuals from disadvantaged backgrounds into those professions, and 3) improve quality and access to healthcare to individuals in MUCs.

You are encouraged to select and address one of HHS's and HRSA's clinical priorities below:
- Combatting the opioid crisis* / Improving Mental Health
- Value-based care delivery and quality improvement initiatives
- Transforming the workforce – targeting the need
- Telehealth
- Childhood Obesity
- Maternal Mortality

2. Background

This program is authorized by the Public Health Service (PHS) Act § 737 (42 U.S.C. § 293a). The SDS Program was established by the Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527). The program provides awards to eligible entities for use in awarding scholarships to full-time students from disadvantaged backgrounds or those accepted for full-time enrollment including students who are members of racial and ethnic minority groups.

As the U.S. population continues to grow and change, the need for a health workforce that represents the U.S. population becomes increasingly important. Health workforce needs are also influenced by an aging population, increased health care spending, and a transforming health care delivery system. Improving access to innovative, patient-centered care is a critical pathway to reducing health disparities. Greater diversity among health professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better patient-clinician communication[1]. In addition, evidence suggests that minority health professionals are more likely to serve in areas with a high proportion of uninsured and underrepresented racial and ethnic groups[2].

Despite strong evidence supporting the value of having a diverse health care workforce representative of the communities it serves, many groups continue to be underrepresented across the health professions. For example, for the primary care discipline of dentistry, only nine (9) percent of 182,000 dentists currently practicing in the United States are African American, Hispanic or American Indian. Also, only 10 percent of 316,000 pharmacists currently practicing in the United States are African American, Hispanic or American Indian. This issue is also highlighted in the health workforce career pathways. Of the 2017-2018 Medical School graduates, the distribution was as follows: Asian 20.97 percent; African American/Black 5.72 percent; Hispanic 5.42 percent; American Indian/Alaskan Native 0.11 percent; Native Hawaiian/Other Pacific Islander 0.05 percent[3]. Graduates receiving a Doctor of Pharmacy degree as a first professional degree in 2018 were comprised of: African American/Black 8.28 percent; Hispanic 5.44 percent; Native Hawaiian/Other Pacific Islander 0.22 percent; American Indian/Alaskan Native 0.24 percent[4]. Since evidence supports the value of having a diverse health care workforce, a lack of diversity is in turn considered detrimental.

Factors that negatively influence college enrollment and graduation of disadvantaged students have been well documented in the research literature. These determinants include lower socio-economic status; inadequate academic preparation in high school; breaks in college attendance or enrollment; lower parental educational

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[1] U.S. Department of Health and Human Services, 2006; In the Nation's Compelling Interest: Ensuring Diversity in the Health Professions

[2] Health Resources and Services Administration, 2017. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015) https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/diversityushealthoccupations.pdf

[3] https://www.aamc.org/data/facts/enrollmentgraduate/

[4] American Association of Colleges of Pharmacy, 2018, Number of Doctor of Pharmacy Degrees Conferred as First Professional Degrees (Pharm.D.1) 1985–2018 by Gender and Race/Ethnicity. The remaining race/ethnicity data from this source are as follows: White 50.63%; Asian 25.80%; Two or more races 2.41%; Unknown 4.23%; International/Foreign 2.66%; Unknown/Other Gender 0.13% https://www.aacp.org/research/institutional-research/student-applications-enrollments-and-degrees-conferred

attainment; poor parental involvement in the college preparation process; attending underperforming schools; and high risk behavior, such as having children at an early age or substance abuse[5]. The SDS Program works to identify and assist individuals who are more likely to experience one or more of the above negatively influence college enrollment and graduation.

Due to the increased demand for qualified health care professionals, advanced education and training beyond high school is imperative. According to the Bureau of Labor Statistics, employment in the health care industry is projected to increase 19 percent through 2024, compared to an average of 6.5 percent for all other industries[6]. Specifically, health care practitioners and technical occupations are expected to increase by 16.4 percent and health care support occupations by 23.0 percent[7]. With respect to educational attainment, 35.0 percent of the job openings in health care will require at least a bachelor's degree and an additional 30.0 percent will require some college or an associate degree[8].

In order to ensure that limited federal funds are used to the greatest advantage, the SDS Program will direct funds to health care disciplines that are projected to experience shortages of health professionals in the near future. HRSA's National Center for Workforce Analysis (NCHWA), which provides HRSA with national health workforce projections, projects both a shortage and surplus in the registered nurse (RN) workforce in 2030 across the United States depending on geographic location, shortage in graduate mental and behavioral health professionals[9], as well as a shortage in allied health professionals[10]. The SDS Program supports national efforts to diversify the health care workforce by funding health professions and nursing programs that demonstrate a commitment to educating students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups, and connecting them with opportunities to serve in primary care professions and in medically underserved areas and populations.

 In FY 2016, the last competitive cycle, the SDS Program made 79 awards, and $42.6 million was distributed to programs to provide students with scholarships, with approximately 2,811 students receiving funds from the SDS Program.

To address HRSA's emphasis on innovation, collaboration, impact and effectiveness, the SDS Program has been updated to reflect these agency priorities. Updates

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[5] Cabrera, A.F., Burkum, K.R., & La Nasa, S.M. (2003). Pathways to a Four-Year Degree: Determinants of Degree Completion among Socioeconomically Disadvantaged Students. Paper presented at the 2003 annual meeting of the Association for the Study of Higher Education, Portland, OR.

[6] Data are from the Monthly Labor Review, U.S. Department of Labor, U.S. Bureau of Labor Statistics, available at https://www.bls.gov/opub/mlr/2015/article/overview-of-projections-to-2024-1.htm

[7] Data are from the Monthly Labor Review, U.S. Department of Labor, U.S. Bureau of Labor Statistics, available at https://www.bls.gov/opub/mlr/2015/article/overview-of-projections-to-2024-1.htm

[8] Data are from the Occupational Employment Statistics program, U.S. Department of Labor, U.S. Bureau of Labor Statistics, available at https://www.bls.gov/ooh/healthcare/home.htm.

[9] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. National and Regional Supply and Demand Projections of the Workforce: 2016-2030. Rockville, Maryland. Available at: https://bhw.hrsa.gov/health-workforce-analysis/research/projections/behavioral-health-workforce-projections.

[10] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. National and Regional Supply and Demand Projections of the Allied Workforce: 2016-2030. Rockville, Maryland. Available at: https://bhw.hrsa.gov/health-workforce-analysis/research/projections/allied-health-workforce-projections.

include: 1) strategically targeting certain health professions to address identified need and to support the broad range of health professions included in section 737[11]; 2) using 3 years of data instead of one so that HRSA has a more comprehensive overview of student enrollment and graduation levels; 3) changing the project period to 5 years to improve program outcomes; and 4) increasing the maximum per academic year scholarship awards to assist scholarship recipients. The proposed changes were announced in Federal Register Notice (Volume 84, Number 99, pp. 23571–23572); the final changes were announced in Federal Register Notice (Volume 84, Number 109, pp. 53740–53742).

Specifically, beyond the statutory requirement of allocating 16 percent of funds to nursing schools, HRSA will distribute SDS program funding to award recipients in a manner consistent with the promotion of career entry into the health professions projected to experience the most severe national and subnational workforce shortages, as determined by NCHWA. Distributions for each funding cycle will be announced in the applicable Notice of Funding Opportunity.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce Notice of funding Opportunity (NOFOs) can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the SDS Program for Fiscal Year 2020:

Allied Health Professional – The term allied health professional for this NOFO means a health professional (other than a registered nurse or physician assistant) who –
   A. has received a certificate, an associate degree, bachelor's degree, master's degree, doctoral degree, or post-baccalaureate training, in a science relating to health care;
   B. shares in the responsibility for the delivery of health care services or related services, including services related to the identification, evaluation and prevention of disease and disorders; dietary and nutritional services; health promotion services; rehabilitation services; or health systems management services;
   C. has not received a degree of doctor of medicine, doctor of osteopathic medicine, doctor of dentistry, doctor of veterinary medicine, doctor of optometry, doctor of podiatric medicine, doctor of pharmacy, or doctor of chiropractic; a degree of bachelor of science in pharmacy; a graduate degree in public health, health administration, social work, or counseling; or a doctoral degree in clinical psychology.

Disadvantaged background means an individual comes from an educationally/ environmentally or economically disadvantaged background.

Economically disadvantaged means an individual comes from a family with an annual income below the low-income thresholds, according to family size established

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[11] Chapman, S., & Chan, K. (2015). Behavioral Health Workforce: Summary of Literature and Data on Supply, Demand, and Need for Behavioral Health Services From UCSF Health Workforce Research Center on Long-Term Care Research Report

by the U.S. Census Bureau. The low-income thresholds are adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services (HHS), for use in all health professions programs. The Secretary updates these income levels in the Federal Register annually. Since Department of Education changes were made to the Free Application for Federal Student Aid (FAFSA) to begin using prior-prior year data, please use the HRSA Poverty Guideline table for one (1) year preceding the data submitted on the FAFSA. For example, since this year's FAFSA 2019-2020 is using prior-prior year data which is from 2017-2018, use the 2018 HRSA Poverty Guideline table. (See page 7)

Educationally/Environmentally disadvantaged means an individual comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession.

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

- The individual graduated from (or last attended) a high school that has a low overall student average SAT score, based on most recent annual data available.
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either a:
    - Low percentage of seniors receiving a high school diploma; or
    - Low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where— based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

Other **examples** of an educationally/environmentally disadvantaged background include:
- The individual is the first generation in his or her family to attend college.

Federal Pipeline Programs:
Federal pipeline programs are designed to enhance educational opportunities and increase the number of students who progress from elementary through post-undergraduate levels. These programs offer an array of academic enrichment activities and services to better prepare students from disadvantaged backgrounds to successfully graduate from a health professions school.

a. U.S. Department of Education (ED)
   i. [Federal TRIO Programs](#)
   ii. [Promising Neighborhoods Program](#)
   iii. [Student Support Services](#)
   iv. [Educational Opportunity Centers](#)
   v. [Talent Search](#)
   vi. [Upward Bound](#)
   vii. [Upward Bound Math-Science](#)
   viii. [Veterans Upward Bound](#)
   ix. [Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)](#)

b. U.S. Department of Health and Human Services (HHS)
   i. [Health Careers Opportunity Program (The National HCOP Academies)](#)
   ii. [Centers of Excellence (COE) Program](#)
   iii. [Area Health Education Centers Program (AHEC)](#)
   iv. [Health Profession Opportunity Grant (HPOG)](#)
   v. [National Workforce Diversity Pipeline Program (NWDP)](#)
   vi. [Community Health Worker Health Disparities Initiative](#)

c. National Science Foundation
   i. [Tribal Colleges and Universities Program (TCUP)](#)
   ii. [Alliance for Graduate Education and the Professoriate (AGEP)](#)
   iii. [Historically Black Colleges and Universities - Undergraduate Program (HBCU-UP)](#)

Graduate Program in Behavioral and Mental Health – A graduate program in clinical psychology, clinical social work, professional counseling, marriage and family therapy, gerontological counseling, mental health counseling, or rehabilitation counseling.

Low income family/household is defined by the Secretary for various health professions programs included in Titles III, VII and VIII of the PHS Act, as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

Parental income will be used to determine a student's eligibility as economically disadvantaged in all cases except those where the student is considered independent by being at least 24 years old and has not been listed as a dependent on his or her parents' income tax for 3 or more years. In those cases, the student's family income will be used instead of parental family income (please see the poverty guideline below for parental and student's family income).

Documentation must be provided to the school for age and independent status. The school will be responsible for gathering and obtaining accurate information to determine the student's independent status. Schools may use whichever documentation they choose, such as the student's last three (3) years income taxes

or the parents' last three (3) years income taxes or other sources of proof of independence. For proof of age, some examples are a driver's license, birth certificate, or passport. Schools must maintain this documentation for their own records. (Refer to Beneficiary Eligibility section for additional information)

2018 Low Income Levels (200 percent of HHS Poverty Guidelines)			
	Income Level **		
Size of parents' family*	48 Contiguous States and D.C.	Alaska	Hawaii
1	$24,280	$30,360	$27,920
2	32,920	41,160	37,860
3	41,560	51,960	47,800
4	50,200	62,760	57,740
5	58,840	73,560	67,680
6	67,480	84,360	77,620
7	76,120	95,160	87,560
8	84,760	105,960	97,500
For each additional person, add	$8,640	$10,800	$9,940

*Includes only dependents listed on federal income tax forms. Some programs will use the student's family rather than his or her parents' family.
**Adjusted gross income for calendar year 2017.
SOURCE: Federal Register, Vol. 83, No.29, February 12, 2018, pp. 6039-6040
https://www.govinfo.gov/content/pkg/FR-2018-02-12/pdf/2018-02707.pdf

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

Non-profit – refers to the status of an entity owned and operated by one or more corporations or associations no part of the net earnings of which insures, or may lawfully inure, to the benefit of any private shareholder or individual.

Primary Care – The SDS Program will use the definition of primary care provided by the Institute of Medicine: the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (IOM. 1996. *Primary care: America's health in a*

new era. Washington, DC: National Academy Press). Primary care excludes internships or residency training. The focus of primary care should be reflected in the delivery of community-based and outpatient health care services. As it relates to allopathic, osteopathic, dentistry, dental hygiene, graduate nursing, physician assistant and behavioral and mental health primary care disciplines.

Program for the Training of Physician Assistants – An educational program in a public or private institution in a state that- (A) has as its objective the education of individuals who, upon completion of their studies in the program, will be qualified to provide primary care medical services with the supervision of a physician; and (B) is accredited by the Accreditation Review Commission on Education for the Physician Assistant.

School of Allied Health – a public or nonprofit private college, junior college, or university or hospital-based educational entity that-
   A. provides, or can provide, programs of education to enable individuals to become allied health professionals or to provide additional training for allied health professionals;
   B. provides training for not less than a total of 20 persons in the allied health curricula (except that this subparagraph shall not apply to any hospital-based educational entity);
   C. includes or is affiliated with a teaching hospital; and
   D. is accredited by a recognized body or bodies approved for such purposes by the Secretary of Education, or which provides to the Secretary satisfactory assurance by such accrediting body or bodies that reasonable progress is being made toward accreditation.

School of Chiropractic Medicine – An accredited public or nonprofit private school in a state that provides training leading to a degree of doctor of chiropractic or an equivalent degree.

School of Dentistry – An accredited public or nonprofit private school in a state that provides training leading to a degree of doctor of dentistry or an equivalent degree.

School of Medicine – An accredited public or nonprofit private school in a state that provides training leading to a degree of doctor of medicine.

School of Optometry – An accredited public or nonprofit private school in a state that provides training leading to a degree of doctor of optometry or an equivalent degree.

School of Osteopathic Medicine – An accredited public or nonprofit private school in a state that provides training leading to a degree of doctor of osteopathy.

School of Pharmacy – An accredited public or nonprofit private school in a state that provides training leading to a degree of bachelor of science in pharmacy or an equivalent degree, or a degree of doctor of pharmacy or an equivalent degree.

School of Podiatric Medicine – An accredited public or nonprofit private school in a state that provides training leading to a degree of doctor of podiatric medicine or an equivalent degree.

School of Public Health – An accredited public or nonprofit private school in a state that provides training leading to a graduate degree in public health or an equivalent degree.

School of Veterinary Medicine – An accredited public or nonprofit private school in a state that provides training leading to a degree of doctor of veterinary medicine or an equivalent degree.

Underrepresented minorities means, with respect to a health profession, racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. Asian individuals shall be considered by the various subpopulations of such individuals.

II. Award Information

1. Type of Application and Award

Type of applications sought: New and Competing Continuation

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $48,200,000 to be available annually to fund approximately 79 recipients. You may apply for a ceiling amount of up to $650,000 per year.

The period of performance is July 1, 2020 through June 30, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the SDS Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

In an effort to combat health workforce shortages, HRSA will distribute SDS program funding to award recipients in a manner consistent with the promotion of career entry into the health professions projected to experience the most severe national and subnational workforce shortages, as determined by NCHWA. HRSA announces the distribution for each funding cycle in the applicable NOFO. Section 740(a) of the PHS Act requires HRSA to distribute at least 16 percent of the SDS program funding to nursing schools. Additionally, for this NOFO up to 25 percent of funds will be designated for graduate programs in behavioral and mental health, up to 25 percent will be designated for programs in Allied Health. In addition to these allocations no less than $2,500,000 of the funding will be awarded for the purpose of educating both nursing and non nursing midwives to address the national shortage of maternity care providers, and

specifically to address the lack of diversity in the maternity care workforce, as reflected in House Report No. 116-62 (2020). BHW is including funding percentages for these disciplines to more closely align with the health professional shortage needs across the country and to provide support across the broad range of health professions included in Section 737. Please note that while multiple applications from an institution are allowable, a maximum of three per institution may be funded.

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

This program does not allow any indirect costs.

III.   Eligibility Information

1.   Eligible Applicants

Eligible applicants are as listed below. For-profit nursing and physician assistant schools are eligible to apply under the SDS Program. All other applicants must be public or non-profit private schools. Domestic faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply if all other eligibility requirements are met. A listing of the eligible program disciplines for which individual separate applications are required are as follows:

Medicine
- doctor of allopathic medicine
- doctor of osteopathic medicine

Dentistry
- doctor of dentistry

Other Health Disciplines
- doctor of veterinary medicine
- doctor of optometry
- doctor of podiatry medicine
- doctor of pharmacy
- doctor of physical therapy
- doctor of chiropractic medicine

Behavioral and Mental Health
- graduate degree in clinical psychology
- graduate degree in clinical social work
- graduate degree in gerontological counseling
- graduate degree in marriage and family therapy
- graduate degree in mental health counseling
- graduate degree in rehabilitation counseling

Public Health
- graduate degree in health administration
- graduate degree in public health

Allied Health
- baccalaureate and graduate degrees in dietetics
- graduate degree in audiology
- graduate degree in occupational therapy
- graduate degree in speech pathology
- baccalaureate and graduate degree in dental hygiene
- baccalaureate and graduate degrees in medical laboratory technology
- baccalaureate degree in radiologic technology

Nursing
- associate, diploma, baccalaureate and graduate (including doctoral and Certified Nurse-Midwife) degrees in nursing (pre-nursing is not eligible).
  - **ALL Non-nursing accredited midwifery programs please select the nursing DIPLOMA option on the program specific form from the discipline dropdown box.** Non nursing midwifery funding will not affect the nursing funding allocation.

Physician Assistant
- graduate degree in physician assistant studies

Applicants must be carrying out a program to recruit and retain students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. Applicants must demonstrate that the program has achieved success based on the percentage of students from disadvantaged backgrounds who are enrolled full-time and have graduated from the school. **For the most recent 3-year period, at least twenty percent of the school's full-time enrolled students and graduates must be from a disadvantaged background.**

- At least 20 percent of the total enrollment (full-time enrolled) of the degree program during Academic Years (AY) 2016-2019 (7/1/16-6/30/19) must be students from disadvantaged backgrounds;

  And

- At least 20 percent of the total graduates (who were full-time students) of the degree program during Academic Years 2016-2019 must have been from disadvantaged backgrounds.

Please note that institutions who do not qualify for the newly established school exception as described below and fail to meet an average of 20 percent disadvantaged enrollment and 20 percent disadvantaged graduates for the most recent 3-year period are ineligible, and will not be considered for funding under

this notice. Newly established schools are not subject to the three (3) years of data requirement.

Additionally, newly established schools (that is, schools that have not been in existence long enough to have three years of enrollment and graduation data), may apply for the SDS Program as long as the school had students enrolled for the academic years covering the period of 9/1/17 - 6/30/19. Since newly established schools do not have three years of data for program enrollment and graduates, such schools shall provide at least two (2) years of student enrollment and at least one (1) year of graduation data that demonstrates at least 20 percent of the total enrollment and graduates are from disadvantaged backgrounds.

Each institution's program that is applying for SDS Program (e.g., pharmacy, baccalaureate nursing, dentistry, etc.) must be accredited by the recognized, major accrediting body **for each specific health discipline.** If not, the institution must be accredited by the relevant accrediting body recognized by the U.S. Department of Education, prior to submission of the SDS Program application. You must provide proof of accreditation as an attachment to the application. Acceptable forms of proof can be certificates or letters with dates that are in effect prior to the start of the budget/project period during which support will be received.

Applicants must provide proof of accreditation by a recognized body or bodies approved for such purpose by the Secretary of Education as Attachment 8 to the application. Please refer to the U.S. Department of Education's accreditation database. (https://ope.ed.gov/dapip/#/home).

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $650,000 non-responsive and will not consider it for funding under this notice.

Deadline
HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

Use of Funds
Funds are to be used for scholarships only. Indirect costs are not allowable. Administrative costs are not allowed. HRSA will consider any application that includes direct or indirect costs for items other than scholarships non-responsive and will not consider it for funding under this notice.

Maintenance of Effort (MoE)
The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Section 797(b) of the PHS Act. Complete the MOE information and submit as Attachment 6.

Required Forms
HRSA will consider any application received without the required SDS Program-specific forms and accompanying tables non-responsive and will not consider it for funding under this notice.

Multiple Applications
Multiple applications from an organization with the same DUNS number are allowable; however, only one application may be submitted per one health profession degree program (refer to section III). Institutions must not submit a single application for multiple health profession degree programs; rather, each application will represent one discipline. While multiple applications from an institution are allowable, a maximum of three per institution may be funded. Collaborative proposals are not allowed.

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

Beneficiary Eligibility
Under the SDS Program, scholarships are awarded by eligible entities to any full-time student who is an eligible individual as defined by the statute in Section 737(d)(2) of the PHS Act. The definition of "eligible individual" means an individual who: (A) is from a disadvantaged background; (B) has a financial need for a scholarship; and (C) is enrolled (or accepted for enrollment) at an eligible health professions or nursing school as a full-time student in a program leading to a degree in a health profession or nursing.

A student receiving support from grant funds must be a citizen or national of the United States, or a lawful permanent resident of the United States, or a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national.

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

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

See Section 8.5 of the *[SF-424 R&R Application Guide](#)* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (bio sketches), and letters of commitment and support required in HRSA's *[SF-424 R&R Application Guide](#)* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limit. Biographical Sketches **do** count in the page limit.

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 9: Other Relevant Documents.

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

Program Specific Instructions

Program Requirements
Students are required to be from a disadvantaged background, enrolled or accepted for enrollment as full-time, and must demonstrate **financial need** to be eligible for the SDS Program. To ensure consistency in assessing financial need, HRSA has adopted the need analysis procedure approved by the Department of Education (see 20 U.S.C. 1087kk–1087vv). Financial need is determined only by the completion of the Free Application for Federal Student Aid (FAFSA). Schools must refer to the following link and follow the steps detailed on the site to calculate financial need: https://studentaid.ed.gov/sa/fafsa/next-steps/how-calculated. Any student who is enrolled (or accepted for enrollment) in a health professions school or nursing school must provide information on his or her parents' financial situation or his or her own financial situation, depending upon his or her tax status.

The amount of a scholarship may not exceed a recipient's cost of tuition expenses, other reasonable educational expenses and reasonable living expenses incurred in attendance at the health professions or nursing school. The scholarship may be expended by the student only for these expenses. In determining financial need for potential SDS recipients, the school must take into consideration the:

- Financial resources available to the student (Expected Family Contribution); and
- Costs reasonably necessary for the student's attendance at the school (Cost of Attendance).

General Requirements for Calculating Financial Need
The following general requirements apply when calculating financial need:
- SDS recipients must use the expected family contribution calculated from the need analysis formula as detailed by the Higher Education Act of 1965, as amended (See 34 CFR 682.200).
- Parental income must be used to determine a student's eligibility for financial need in all cases except in those cases where the student is considered independent by being at least 24 years old and not listed as a dependent on his or her parents' income tax for 3 or more years. In those cases, the student's income will be used instead of parental income.
- Recipients must be able to produce documentation of a student's age and independent status, if applicable. Schools have discretion in determining which documentation to use to demonstrate this status, such as the student's or parents' last three years of income taxes. For proof of age, examples of sufficient documentation include a photocopy of a driver's license, birth certificate, or passport. The school must determine whether a student should be deemed independent.
- If a student satisfies the age requirement but is unable to provide proof that he or she can be deemed independent, then he or she will be considered dependent and schools must use the parental income for financial need.

- Recipients must consider a student's estimated other financial resources, including financial aid.
- The information collected by the schools to make an assessment of a student's need for SDS funds must be extensive enough to include a student's (and his or her spouse and parents') current income, assets and other resources such as trust funds or support from other family members.

Cost of Attendance (COA)

Developing a student's budget requires careful identification of reasonable costs necessary for the student's attendance at the school, including any special needs or financial obligations of each student, or costs common to particular groups of students. The school must develop student budgets which treat students within groups consistently, but are sensitive to individual circumstances. Schools must be able to document the various student budgets used in determining financial need. Child care expenses are not allowed.

The COA is the total amount it will cost a student to go to college each year. The COA includes tuition and fees; on-campus room and board (or a housing and food allowance for off-campus students); and allowances for books, supplies, and transportation. See sample calculation below:

Tuition and fees	$30,000
On-campus room and board	$15,000
Books	$700
Supplies	$1,000
Transportation	$3,500
Cost of Attendance	**$50,200**

You are required to give preference to students for whom the cost of attendance would constitute a severe financial hardship and to former recipients of scholarships under sections 736 [Scholarships for Students of Exceptional Financial Need] and 740(d)(2)(B) [Financial Assistance for Disadvantaged Health Professions Students] (as such sections existed on the day before the date of enactment of this section) of the PHS Act. Eligible students who have a greatest financial need are considered to have a severe financial hardship.

Strategic plans and policies to recruit students from disadvantaged backgrounds must be completed for the health profession or nursing program specifically. Recruitment and retention programs are encouraged to include activities that allow students to gain exposure to working in a primary care setting and medically underserved areas or populations, especially rural and underserved areas. This exposure can be accomplished via partnerships. SDS funds may not be used to carry out these activities.

You are required to have all trainees in eligible health professions to obtain National Provider Identifier (NPI) numbers to aid long-term assessment of the program's impact on access and delivery of quality health care services. Eligible trainees who receive HRSA funds as a result of this award must apply for an NPI for the purpose of collecting

post-completion employment demographics, and you are required to report the NPI numbers for all individuals participating in the program to HRSA.

i. Project Abstract

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

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project; and
4. Identification of the Program Discipline (see listing in section III.1).

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized 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 -- Corresponds to Section V's Review Criterion #1*
Please provide a brief statement of the purpose of the proposed project.

NEEDS ASSESSMENT
This section outlines the needs of your institution/organization. In this section, you must describe how the institution's ability to meet the needs of students from disadvantaged backgrounds will be improved by the proposed project.

1. Provide a description of your commitment to the education of students from disadvantaged backgrounds, including underrepresented minorities (URM's). You must describe and discuss:
   - How this commitment is evidenced in strategic planning and organizational policies, including collaborations with other institutions to enhance the education pathway of students from disadvantaged backgrounds.
   - The demographics of the student population to be served:
     - Three year trend data in the number/percentage of educationally/ environmentally disadvantaged per the SDS definition;
     - Three year trend data in the number/percentage of economically disadvantaged per the SDS definition; and
     - Three year trend data in the number/percentage of URM's per the SDS definition.

- The academic performance and social support needs of the students in the health profession program and the description of the activities you provide to address these needs.
- Current recruitment and retention activities for students from disadvantaged backgrounds in place. You must describe:
  - Frequency, type, and variety, of current recruitment and retention activities;
  - How to connect SDS students to retention activities;
  - Provision of in-kind resources (staff, time, and funds) to the project and initiatives that promote and facilitate the matriculation of students from disadvantaged backgrounds;
  - Effectiveness of the current recruitment and retention activities;
  - Gaps in recruitment and retention activities that may be addressed by you to further the goals of the SDS Program;
  - How the proposed project will develop and/or strengthen existing collaborations, to work with community-based partners, institutions of higher learning, school districts, technical and vocational training programs, and other community-based and rural entities; and
  - How the proposed project will develop and/or strengthen existing collaborations with other Federal pipeline programs as listed under the "Strategic Partnership Activities" section.
- Financial assistance already provided to students from disadvantaged backgrounds, including:
  - Percentage of students from disadvantaged backgrounds already receiving financial assistance;
  - Average financial aid package amount received; and
  - Gaps in financial assistance that will be addressed by the SDS Program.

2. If applicable, provide a description of your commitment to increasing the number of graduates who practice as primary care providers. All applicants who wish to receive priority must describe:
- Activities to support placing graduates in primary care settings, for example, including primary care in your program mission statement, etc.;
- Clinical site placements in primary care including listing of actual clinical sites, number and percentage of students being placed in primary care settings;
- The development and maintenance of partnerships with primary care health providers for the purpose of providing and connecting SDS students with training/work experience in medically underserved communities;
- Demonstrate how applicant's recruitment and retention activities encourage and allow students to gain exposure in working in a primary care setting, particularly in medically underserved communities; and
- Gaps in activities related to increasing primary care that will be addressed by you to further the goals of the SDS Program.

3. Provide a description of the applicant's commitment to increasing graduates working in MUCs. If you wish to receive priority points you must describe:
   - Activities to support placing graduates in underserved communities or serving underserved populations, such as including MUCs in mission statement, recruitment materials, and recruitment plans;
   - Clinical site placements in MUCs including listing of actual clinical sites, number and percentage of students being placed in MUCs;
   - Educational preparation of students from disadvantaged backgrounds including description of current activities/curricula to be evaluated for adequate instruction regarding health issues relevant to the health profession;
   - Course work reflecting an institutional awareness of the special health needs of unique populations (i.e. URMs, homeless individuals, migrant or seasonal workers, and residents of public housing);
   - Number and percentage of graduates entering service in MUCs;
   - Demonstrate how your recruitment and retention activities encourage and allow students to gain exposure in working in a MUC; and
   - Gaps in activities related to increasing graduates working in MUCs that will be addressed by you to further the goals of the SDS Program.

4. Provide a description of how strategic partnership activities would be encouraged:
   - Effective partnerships that engage key stakeholders (e.g., federal, state, local, and national organizations) are important to implementing, advancing, and sustaining the work of the SDS Program. Partners help to ensure the relevancy, coordination, and timeliness of the education and training provided, and provide employment opportunities in medically underserved communities.
   - You are encouraged to establish or strengthen strategic partnerships with organizations that align with the SDS Programs' goal to maximize the impact and outcomes. Such partnering organizations may include:

   a) High Schools – Partnerships with high schools that meet one or more of the following criteria in order to increase recruitment and retention of individuals from disadvantaged backgrounds as defined by:
      - Low percentage of seniors receiving a high school diploma;
      - Low percentage of graduates who go to college during the first year after graduation;
      - Low per capita funding; and
      - High percentage of the enrolled students is eligible for free or reduced-price lunches.

   b) Post-secondary Institutions – Partnerships between community colleges and four-year colleges and universities to recruit and retain a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers; including Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs), and Alaska Native and Native Hawaiian Serving Institutions in the state and region.

c) State or Community-based Organizations – Partnerships with state and/or community-based organizations to assist in addressing the social needs of students from disadvantaged backgrounds.

d) State-level Entities – Partnerships with entities such as State Workforce Agencies and State and Local entities, Primary Care Associations, Primary Care Organizations, State Offices of Rural Health, State Minority Health Contacts, and State Education Agencies in order to support clinical rotations.

e) Community-based Health Care Entities – Partnerships with entities such as Health Care Safety Net Sites (e.g., Federally-Qualified Health Centers and Look-Alikes, including school-based health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers), Native Hawaiian Health Centers, outpatient health clinics associated with tribal or Urban Indian Health Organizations, and Rural Health Clinics to support health professions training.

f) Other Institutions of Higher Education Programs – Partnerships with pipeline programs such as Federal TRIO Programs, including Student Support Services, Educational Opportunity Centers, Talent Search Upward Bound, Upward Bound Math-Science, Veterans Upward Bound, Gaining Early Awareness and Readiness for Undergraduate Programs, and Promising Neighborhoods for recruitment and health careers exposure activities, particularly those focused on individuals who come from disadvantaged backgrounds.

g) Other Federal Programs – Partnerships with federal programs such as entities who have received awards under the Behavioral Health Workforce Education and Training (BHWET) Program, Advanced Nursing Education - Nurse Practitioner Residency (ANE-NPR) Program, Nurse Education, Practice, Quality, and Retention - Registered Nurses in Primary Care Program (NEPQR-RNPC), Opioid Workforce Expansion Program (OWEP) Professionals, Health Careers Opportunity Program (HCOP), Centers of Excellence (COE) Program, Medical Student Education Program (MSE), and Area Health Education Centers (AHEC) Program to support health professions education and training.

You are **strongly encouraged** to describe how they will connect program graduates to the HRSA Health Workforce Connector and other existing support resources so they can obtain employment with medically underserved communities.

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:

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

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

Describe in detail the activities or steps for achieving each of the activities proposed during the entire project period. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders (e.g., partnering institutions, school districts, and community-based entities) in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served. A sample work plan can be found at
http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

You should clearly explain how the proposed objectives and sub-objectives will be implemented. Objectives and sub-objectives should be specific, measurable, achievable, realistic and time-framed. The objectives and sub-objectives should also address:

A plan and strategy for:
- Recruitment and retention of individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups, interested in health profession or nursing careers;
- A plan for how you will use SDS funding to measurably increase enrollment and support levels above the current baseline for individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups interested in health profession or nursing careers;
- The specific criteria to be used to identify, recruit and retain students from disadvantaged backgrounds;
- A plan for how the proposed project will work with community-based partners, including linkages with school districts, technical and vocational training programs, and other community-based and rural entities to recruit students from disadvantaged backgrounds;
- A plan for how the proposed project will collaborate with other pipeline programs as listed in the "Strategic Partnership Activities" section;
- A plan for how to increase the number of graduates that will go on to practice in primary care, as applicable;
- A plan for how to increase the number of graduates that will go on to serve in medically underserved areas, as applicable;
- A plan for how a data system will be developed or is currently used to document over a project period the number of graduates practicing primary care and serving in medically underserved areas (MUCs) and medically underserved populations (MUCs); and
- A plan for how to disburse scholarship funds to eligible health profession and nursing students.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*

You must describe the project objectives and how they will address Section IV.2 of the NOFO, *Program Requirements*, as well as the applicant's stated needs.

You must provide a detailed description of the proposed recruitment and retention activities for students from disadvantaged backgrounds, including members of racial and ethnic minority groups who enter into the health professions. Specifically, you must:

- Discuss how you will address the gaps in recruitment and retention activities described above to further the goals of the SDS Program;
- Propose retention supports, e.g. mentoring, tutoring, counseling, and summer/bridge programs, study skills, note taking, test taking skills, as well as involvement of students, community health professionals, faculty, alumni, and past recipients.

You must provide a proposed plan describing how your school will increase educational support and training opportunities for students from disadvantaged backgrounds, including URM students, and encourage students to enter primary care and serve in MUCs. Specifically, you must:

- Describe proposed activities that provide educational preparation and clinical services preparation;
- Describe current activities/curricula or proposed plans to ensure adequate instruction regarding MUC populations in the curricula of the school, including course work reflecting an institutional awareness of the special health needs of URMs, homeless individuals, migrant or seasonal workers, and residents of public housing;
- Demonstrate opportunities for clinical training and employment upon graduation in medically underserved communities, including a description of partnerships with health clinics providing services in a MUCs; and
- Describe how proposed plan will increase URM students' graduation, increase graduates practicing primary care, and increase graduates working in MUCs.

You must provide a detailed description of the proposed SDS funding and disbursement strategies and processes. Specifically, you must include the following items:

- Tracking and monitoring of enrollment and support levels above the current baseline for individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups interested in health profession or nursing careers;
- Tracking and monitoring of graduates and their career outcomes, including the pursuit of further/graduate-level education in health professional degree programs;
- Processes to identify and address individual students' barriers to ensure persistence in school; and

- Processes to identify recruitment and retention challenges institution-wide and make improvements to the program to address those challenges.

The methodology components should also be summarized in a **logic model.** A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. Information about logic models may be found in Section VIII of the NOFO. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the following:

- Target population(s) (e.g., the individuals to be served);
- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., evidence to support how the program will work and its supporting resources. Assumptions should be based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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

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

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

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

Describe your plan and capacity for monitoring and evaluating the progress and outcomes associated with your proposed project. The proposed evaluation should be able to ensure the applicant has the ability to frequently monitor ongoing processes and progress toward achieving the project's goals and objectives and identify timelines for doing so.

The plan should provide outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

You must also describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes. 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.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must describe any potential obstacles for 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.

You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/

You must describe your capacity to collect and report data such as the following on an annual basis:
- The number of disadvantaged background and URM students who have received SDS scholarships;
- The number of SDS-funded scholarship recipients who were successfully retained in their degree program from one year to the next;
- The retention and completion rate of the SDS recipients;
- The number of SDS-funded scholarship recipients who graduated from their degree program and indicated an intention to pursue further/graduate-level education in health professional degree programs;
- The number of SDS-funded scholarship recipients who graduated from their degree program and indicated an intention to work or pursue training in primary care settings or MUCs;
- The type of academic performance and social support needs of the students;
- The number of SDS-funded scholarship recipients who went on to practice in primary care settings or MUCs; and
- The number of SDS-funded scholarship recipients receiving training at health care facilities located in a MUC.

Document the procedure for assuring the data collection, management, storage, and reporting of NPI numbers for individuals participating in the Program who are eligible

to obtain an NPI. Describe your process to track trainees after program completion/ graduation for up to five years, to include collection of trainees' National Provider Identifiers (NPI). (Note: Applicable trainees who receive HRSA funds as a result of this award must apply for an NPI for the purpose of collecting post-completion employment demographics).

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

You must provide 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. You must 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 -- Corresponds to Section V's Review Criterion #4*

You must describe their capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. You are required to provide information on the applicant organization's current mission and structure, organizational chart, relevant experience, and scope of current activities (a project organizational chart is requested in Section IV.2.v, Attachment 4). The applicant must describe how the organization has the ability to implement the proposed project and meet the program requirements and expectations. You must provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services.

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 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.

The Principal Investigator/Project Director (PI/PD) is the individual, designated by the recipient, responsible for the scientific, technical, or programmatic aspects of the grant and for day-to-day management of the project or program. The PI/PD generally is an employee of the recipient. The PI/PD is encouraged to maintain contact with the Project Officer (PO) with respect to the scientific, technical, or programmatic aspects of the

project or program and, as applicable, the Grants Management Specialist (GMS) concerning the business and administrative aspects of the award.

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 him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

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

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

- Section D (*optional*) **Other Support.** List both selected ongoing and completed (during the last 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.

| NARRATIVE GUIDANCE |

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

Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need

Response to Program Purpose:
(a) Work Plan
(b) Methodology/Approach
(c) Resolution of Challenges
	(2) Response to Program Purpose
	   (a) Work Plan
	   (b) Methodology/Approach
	   (c) Resolution of Challenges

Impact:
(a) Evaluation and Technical Support Capacity
(b) Project Sustainability
	(3) Impact:
	   (a) Evaluation and Technical Support Capacity
	   (b) Project Sustainability

Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions included the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase. Budgetary related questions may be directed to the GMS listed in Section VII.

Additional Budget Instructions: Funds are to be used for scholarships only. Indirect costs are not allowed. Administrative costs are not allowed.

The Departments of Health and Human Services, and Education and Related Agencies Appropriations Act, 2020 (P.L.116-94), Division A § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. In addition, the SDS Program requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. You may request costs for tuition, other reasonable educational expenses, and reasonable living expenses. All costs should be included in Section E of the SF-424 R&R budget form. The amount of the scholarship to students must be at least half of the cost of the annual tuition at such school (with a cap of $40,000 per student award per year). The scholarship may not exceed a recipient's cost of tuition expenses, other reasonable educational expenses and reasonable living expenses incurred in attendance at such school. You may not request funds to cover administrative costs associated with carrying out the SDS Program. For example, costs associated with personnel salary, travel and recruitment events are not allowable. The budget justification should also specifically describe how each item will support the achievement of proposed objectives. The budget period is for one (1) year. However, you must submit 1-year budgets for each of the subsequent budget periods within the requested five year period of performance at the time of application.

Scholarship/Participant Costs: List tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of scholarship participants. Child care expenses are not allowed. Ensure that your budget breakdown separates these costs, and includes a separate sub-total entitled "Total Scholarship Participant Support Costs" which includes the summation of all scholarship participant costs. When calculating the "**Total Scholarship Participant Support Costs**", it must be based on the average student's financial need for the institution and **not** on the cap of $40,000 per student. See sample calculation below.

   a. The three year (7/1/16-6/30/19) average Total Full-Time Disadvantaged Background Enrollment by Class Year for Students in your Program (from Section D in the Program Specific Form).

   Multiplied by:

   b. The three year (7/1/16-6/30/19) average student financial need as calculated via the Free Application for Federal Student Aid (FAFSA) for those reported in "a." above, not to exceed the cap of $40,000 per student award per year.

New Schools

   a. The two year (7/1/17-6/30/19) average Total Full-Time Disadvantaged Background Enrollment by Class Year for Students in your Program (from Section D in the Program Specific Form).

Multiplied by:

  b. The two year (7/1/17-6/30/19) average student financial need as calculated via the Free Application for Federal Student Aid (FAFSA) for those reported in "a." above, not to exceed the cap of $40,000 per student award per year.

v. Program-Specific Forms (Required)

As part of the application submitted through Grants.gov, you must also complete and electronically submit the SDS Program Specific Data Forms by the established and published application due date. These SDS Forms are part of the Grants.gov application package. As indicated above, these forms contain tables that are essential in determining both eligibility and award calculations. **Institutions that fail to complete these forms will be unable to show that they meet the average 20 percent disadvantaged enrollment and average 20 percent disadvantaged graduates requirement, will therefore be ineligible, and will not** be considered for funding in the current competition. Newly established schools are required to provide at least two (2) years of student enrollment and at least one (1) year of graduation data that demonstrates at least 20 percent of the total enrollment and graduates are from disadvantaged backgrounds. Entities who fail to complete this information will **be considered ineligible, and will not** be considered for funding in the current competition. **ALL Non-nursing accredited midwifery programs please select the nursing DIPLOMA option on the program specific form from the discipline dropdown box.**

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan (Required)
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel
(See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide) (Required)*
  Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed in-kind project staff.

Attachment 3: Letters of Agreement, Memoranda of Understanding (MOU), and/or Description(s) of Proposed/Existing Contracts (project-specific)
  Provide any documents that describe working relationships between your organization and other entities and programs 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.

Attachment 4: Project Organizational Chart (Required)
  Provide a one-page figure that depicts the organizational structure of *the project
  (not the applicant organization)*.

Attachment 5: Tables, Charts, etc.
  To give further details about the proposal (e.g., Gantt or PERT charts, flow
  Charts, etc.). Attachment should include anything you feel would add benefit to
  your proposal.

Attachment 6: Maintenance of Effort Documentation (Required)
  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 2019 (Actual)	FY 2020 (Estimated)
Actual FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated 2020 non-federal funds, including in-kind, designated for activities proposed in this application Amount: $_____

Attachment 7: Request for Funding Priority (as applicable)
  To receive a funding priority, include a statement that the applicant is eligible for
  a funding priority and identify the priority. Include documentation of this
  qualification. See Section V.2.

Attachment 8: Accreditation Documentation (required)

As detailed below, include proof of program accreditation.

Documentation of Accreditation

Each institution's program that is applying for SDS Program (e.g., pharmacy,
baccalaureate nursing, dentistry, etc.) must be accredited by the recognized, major
accrediting body **for each specific health discipline.** If not, the institution must be
accredited by the relevant accrediting body recognized by the U.S. Department of
Education, prior to submission of the SDS Program application. You must provide
proof of accreditation as an attachment to the application. Acceptable forms of proof
can be certificates or letters with dates that are in effect prior to the start of the
budget/project period during which support will be received.

If accreditation is pending or not yet granted:

Requests for letters of reasonable assurance made to the U.S. Department of Education to allow for processing time, should be submitted **at least 45 days prior to the HRSA application due date of March 3, 2020.**

- The letter of reasonable assurance, from or on behalf of the U.S. Department of Education, must be submitted along with the application stating that the program will meet the accreditation standards effective prior to the start of the budget/project period during which support will be received.
- The accrediting body must be identified by the U.S. Department of Education within the letter of reasonable assurance.
- You will need to submit contact names, addresses, phone numbers, email addresses and all correspondence sent to the U.S. Department of Education.

Attachment 9: Other Relevant Documents (as applicable)

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

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

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

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

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

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

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more about this and the current login process for SAM.gov.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is March 3, 2020 *at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications 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 SDS Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

You may request funding for a period of performance for up to five (5) years, at no more than $650,000 per year in total costs (direct costs only; indirect costs are unallowable). Funds are to be used for scholarships only. Administrative costs and child care expenses are not allowed. Costs associated with Strategic Partnership Activities described elsewhere in this NOFO are not allowed. 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.

Estimated funding (up to $650,000 per award) may be requested only to provide scholarships for students. The amount of the scholarship to students must be at least half of the cost of tuition (with a cap of $40,000 per student award per year). The scholarship may not exceed a recipient's cost of tuition expenses, other reasonable

educational expenses, and reasonable living expenses incurred in attendance at such school, nor exceed the student's financial need.

There are no explicit requirements for the number or timing of disbursements of SDS funds to eligible students who have been designated as scholarship recipients. However, requirements for other programs and good practice strongly suggest that funds should not be disbursed in one lump sum. Instead, awards that are earmarked to pay for tuition should be disbursed in an efficient and timely manner at the beginning of each period within the academic year (e.g., semester, trimester, quarter). Also, every student award should be disbursed prior to the end of each specific academic period, and in the case of graduating students, prior to the actual graduation date.

Disbursing funds in logical increments throughout the academic and calendar years helps students budget their resources. In addition, this approach protects the institution in case an SDS recipient drops below full-time student status due to academic failure, disability, or death. If a recipient becomes ineligible to receive funds, the school may award the money to another eligible student at that institution. However, if the school cannot award the funds to another eligible student, the school must return the funds to HHS. A student must maintain good academic standing according to the school's guidelines. Schools must track academic standing and take appropriate action, depending on the school's internal policies. This could mean loss of funding for a certain period of time as determined by the school.

Funds under this announcement may not be used for purposes specified in the *SF-424 R&R Application Guide*.

The General Provisions in Division A, title II and title V of the Departments of Health and Human Services, and Education and Related Agencies Appropriations Act, 2020 (P.L. 116-94) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information.

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

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

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The SDS Program has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (30 points) – Corresponds to Section IV's Purpose and Need

Reviewers will consider the quality of and extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem as evidenced by the following:

- Demonstrates commitment to the education of students from disadvantaged backgrounds, including URMs. Reviewers will consider the:
    - Documentation of commitment in institutional policies, mission statements, strategic planning, as well as other relevant data or information;
    - Strength and breadth of current recruitment activities for students from disadvantaged backgrounds, including the provision of significant staffing and financial resources to promote and facilitate the matriculation of students from disadvantaged backgrounds;
    - Evidence of effectiveness of the current recruitment activities and whether there are any remaining gaps that SDS funds can be used to reduce or close;
    - The success in recruiting students from disadvantaged backgrounds and URM's per the SDS definition based on the total number/percentage of full-time enrollment during AY's 2016-2019; and
    - Quality of evidence of collaborating with strategic partners that align with the SDS Program's goal to maximize the impact and outcomes.

- Demonstrates success in educating and graduating students from disadvantaged backgrounds. Reviewers will consider:
    - The diversity and efficacy of current programming to identify and remediate academic shortcomings; and
    - The success in retaining and graduating students from disadvantaged backgrounds based on the total number/percentage of full-time enrollment during AY's 2016-2019 and new schools for AY's 2017-19.

- Demonstrates commitment to providing financial aid to students from disadvantaged backgrounds, including:
  - A significant percentage of students from disadvantaged backgrounds already receiving financial assistance from other sources; and
  - Remaining unmet financial assistance needs of students that can be addressed by the amount of funds available through the SDS Program.

- Demonstrates commitment to increasing the number of primary care practitioners, if applicable. Reviewers will consider:
  - Documentation of commitment in institutional policies, mission statements, and strategic planning, and other data;
  - Documentation of commitment to recruitment and retention activities to encourage and allow students to gain exposure in working in a primary care setting: The percent of graduates entering service in primary care; and
  - Strength and breadth of current primary care training and placement activities, including:
    - Whether the current curriculum will ensure students are prepared to deliver care in primary care settings upon graduation; and
    - The strength of partnerships with primary care health providers.

- Demonstrates commitment to increasing graduates working in MUCs, if applicable. Reviewers will consider:
  - Documentation of commitment in institutional policies, mission statements, and strategic planning, among others;
  - Documentation of commitment to recruitment and retention activities to encourage and allow students to gain exposure in working in MUCs especially in medically underserved communities; dated (within the past 12 months), formal signed Memorandum of Understanding/letters of agreement/letters of support describing partnerships with key stakeholders indicating their willingness to perform in accordance with the plan presented in the application;
  - Documentation of commitment to disciplines experiencing a workforce shortage in the applicant's region and how those activities resulted in their graduates working in MUCs;
  - The percent of graduates (30 percent or more) entering service in MUCs; and
  - Strength and breadth of current training and placement activities, including:
    - Curriculum in place will ensure students are prepared to deliver culturally competent care upon graduation; and
    - The strength of partnerships with health providers in MUCs.

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

Criterion 2 (a): WORK PLAN (8 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

Reviewers will consider the quality of and extent to which the application is clear, comprehensive and provides specific goals and objectives that are measurable, attainable and realistic; and the concrete steps that will be used to achieve those goals and objectives are outlined. The description should include a timeline, stakeholders, and a description of the populations and communities served.

They will consider the quality of and extent to which the proposed project responds to the "Purpose" included in the program description; the strength of the proposed goals and objectives and their relationship to the identified project; and the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. Specifically, reviewers will assess:

- The extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve the goals and objectives of the SDS Program;
- The feasibility of successfully completing all proposed activities and timelines within the performance period;
- The extent to which the applicant demonstrates an award implementation timeline that ensures that the applicant has resources and program staff to recruit and enroll students in Academic Years 2020-2024;
- The extent in which the applicant can successfully recruit and retain individuals from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups, interested in health profession or nursing careers;
- The adequacy of the staffing plan to implement the proposed work plan, such as the level of staffing and skill sets proposed;
- The extent to which the applicant can effectively collect, monitor, and evaluate data over a project period on the number of graduates practicing primary care and serving in MUCs;
- The extent to which objectives are measurable (using baseline data) with specific outcomes for each budget period of the project; and provide anticipated outcome data in quantitative and qualitative terms using actual numbers and percentages; and
- The process to track trainees after program completion/ graduation for up to five years to assess career choices. At a minimum this must include tracking eligible health profession trainees' NPIs.

Criterion 2 (b): METHODOLOGY/APPROACH (9 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the quality of and extent to which the proposed project responds to the requirements and expectations of the program and addresses the "needs" highlighted in the Purpose and Need section. This includes describing, as

appropriate, tools and strategies for meeting stated needs. The extent to which you provide a logical description of proposed activities and describe why the project is innovative and the context for why it is innovative. The sophistication and plausibility of the logic model proposed also will be evaluated. Specifically, reviewers will assess:

- The quality and extent to which the applicant describes their methodology and ensures that it reflects all the requirements and expectations of the SDS Program. The applicant proposes activities that will address fully the project purpose, stated goals, program requirements, and expectations of the NOFO;
- The proposed approach and ensures it addresses fully the needs and gaps highlighted by the applicant in the Purpose and Need section. The applicant also proposes appropriate and relevant tools and strategies for meeting stated needs;
- The proposed educational support and training plan is actionable, feasible, and robust, including whether it is likely to result in significantly increased educational support and training opportunities for students from disadvantaged backgrounds;
- The proposed plans and how it will result in significant numbers of students graduating, entering primary care and serving in MUCs and graduates understand minority health issues and/or possess an awareness of the special health needs of URM populations; and
- The extent to which the application provides an actionable, feasible, and strong recruitment and retention plan for students of disadvantaged backgrounds, including:
    - A robust and actionable plan to identify academic shortcomings early on and implement remediation before students leave school including dedicated resources to quickly support students;
    - A strong and effective proposed mentor program for assisting students from disadvantaged backgrounds, including participation from faculty, alumni, and past recipients; and
    - Linkages and collaborations with other institutions that help identify and encourage students in pipeline programs as evidenced by letters of support (see Attachment 3).

Criterion 2 (c): RESOLUTION OF CHALLENGES (8 Points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

Reviewers will consider the extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

- Reasonableness and comprehensiveness of the identified challenges, considering the scope of the project, identified partners, and anticipated outcomes; and
- Feasibility of proposed solutions to identified challenges.

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider the extent to which:
- The proposed project has a public health impact and the project will be effective, if funded;
- You are able to effectively report on the measurable outcomes being requested. This includes both your internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include: The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess:
  - To what extent the program objectives have been met, and
  - To what extent these can be attributed to the project;
- You are able to incorporate data collected into program operations to ensure continuous quality improvement including the ability to utilize both qualitative and quantitative data to inform RCQI efforts to periodically review program progress and make small adjustments in order to optimize program outcomes;
- The evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes;
- You anticipate obstacles to the evaluation and propose how to address those obstacles;
- You describe the feasibility and effectiveness of plans for dissemination of project results; and
- Project results may be national in scope, the degree to which the project activities are replicable.

Criterion 3 (b): PROJECT SUSTAINIBILITY (15 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

Reviewers will consider the extent to which:
- Applicants describe a solid plan for project sustainability after the period of federal funding ends;
- Applicants clearly articulate challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges;
- Activities are replicable and sustainable, such as successful recruitment, training and retention of students from disadvantaged backgrounds including students who are members of racial and ethnic minority groups and successful graduation from a health professions or nursing school; and
- Activities are replicable and sustainable, such as increasing the number of graduates practicing in primary care and working in MUCs.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities

Reviewers will consider the extent to which:
- The project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through the project narrative, as well as Attachment #2; and

- The applicant organization's capabilities, including the quality and availability of facilities and personnel, are sufficient to fulfill the needs and requirements of the proposed project.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms

Reviewers will consider the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and based on students' average financial needs given the scope of work; and
- The extent to which tuition, other educational expenses and living expenses are reasonable and supportive of the project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

See Section 5.3 of HRSA's SF-424 Application Guide.

For this program, HRSA will use funding priorities and special considerations.

Funding Priorities (Priority Points)

This program includes funding priorities as authorized by Section 740 of the PHS Act. Priority is determined by the information submitted on the SDS Program Specific Form (and as authorized in PHS Act Section 737(c) (42 U.S.C. § 293a(c)). A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. In order to qualify, you must provide supporting information and data in Attachment 7. The SDS Program has three funding priorities:

Priority 1: Underrepresented minority students (2-4 Points per Funding Priority Table) You will be granted a funding priority if at least 15 percent of student full-time enrollment is URMs during Academic Years (AY) 2016-2019.

Priority 2: Primary Care (2-4 Points per Funding Priority Table) You will be granted a funding priority if at least 15 percent of graduates practicing in primary care during AYs 2016-2019.

- For allopathic and osteopathic medicine: use graduate data from AYs 2012-2015
- For dentistry, dental hygiene, graduate nursing, physician assistants, and mental and behavioral health practitioners: use graduate data from AYs 2015-2018

Note: Priority in primary care is limited to allopathic and osteopathic medicine, dentistry, dental hygiene, graduate nursing, physician assistants and behavioral and mental health.

Priority 3: Medically Underserved Communities/Populations (1-3 Points per Funding Priority Table). You will be granted a funding priority if at least 10 percent of graduates are practicing in MUCs during AYs 2016-2019.

- For allopathic and osteopathic medicine: use graduates from AYs 2012-2015
- For all other disciplines: use graduates from AYs 2015-2018

Funding Priority Table	
Priority Type	**Priority Points**
Underrepresented Minority (URM) (To be eligible for this priority, applicants must have a certain percentage of underrepresented minorities in their student population.)	**2** points for 15-29.99 percent URMs **3** points for 30-49.99 percent URMs **4** points for 50 percent or more URMs
Graduating students practicing in primary care. (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in primary care.)	**2** points for 15-29.99 percent graduates entering PC **3** points for 30-49.99 percent graduates entering PC **4** points for 50 percent or more graduates entering PC
Graduates working in MUCs. (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in a medically underserved area.)	**1** point for 10-29.99 percent serving in a MUC **2** points for 30-49.99 percent serving in a MUC **3** points for 50 percent or more serving in a MUC

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

Funding Special Consideration

A special consideration is defined as the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

Section 740(a) of the PHS Act requires HRSA to distribute at least 16 percent of the SDS program funding to nursing schools. HRSA has also determined that in order to meet identified health profession workforce needs, special considerations will be applied for applicants proposing to enhance career entry into the health profession fields projected to experience the most severe shortages as determined by HRSA's NCHWA.

To this end, in addition to the statutorily required 16 percent minimum of funding to nursing schools, up to 25 percent of funds will be designated for graduate programs in behavioral and mental health, up to 25 percent will be designated for schools of Allied Health, and in addition to these allocations no less than $2,500,000 of the funding will be awarded for the purpose of educating both nursing and non-nursing midwives.

In order to support these special considerations, some applications may be funded out of the rank order of projects recommended for funding.

Please note: While multiple applications from an institution are allowable, a maximum of three per institution may be funded.

3. 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 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.

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

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 issue the Notice of Award prior to the start date of July 1, 2020. 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*.

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 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.

   Further information will be available in the NOA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the 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 days after the period of performance ends.

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

   The Final Report is designed to provide 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. Financial reports must be submitted electronically through the EHB system. 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.

VII.   Agency Contacts

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

Curtis Colston, Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3438
Fax: (301) 443-6343
Email: ccolston@hrsa.gov

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

Denise Sorrell, Senior Public Health Analyst
Attn: SDS
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N78
Rockville, MD 20857
Telephone: (301) 443-2909
Fax: (301) 443-0846
Email: sdsprogram@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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

VIII.   Other Information

Logic Models:

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) 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 at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

ADDITIONAL RESOURCE LINKS:
American Indian College Fund:
https://collegefund.org/student-resources/

American Indian/Native American Scholarships:
https://www.scholarships.com/financial-aid/college-scholarships/scholarships-by-type/minority-scholarships/american-indian-native-american-scholarships/

Indian Health Service Student Opportunities:
https://www.ihs.gov/careeropps/studentopportunities/

IX.   Tips for Writing a Strong Application

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

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

A number of helpful hints have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at
http://www.hrsa.gov/grants/apply/write-strong/index.html.

X.   Scholarships for Disadvantaged Students Program Specific Data Form

As indicated earlier, this form is part of the Grants.gov application package, and must be submitted electronically. A copy of the form is appended to this NOFO for your reference. The actual form and instructions are included in the Grants.gov package. Note that the information on the form will only be accepted if completed and submitted electronically with the application package.

OMB Approval No: 0915-0149
Expiration Date: 11/30/2022

Fields marked with an asterisk (*) are required

Program Specific Information

*Note: The institution **MUST** be a public or non profit institution, in order to be eligible for SDS funds for any discipline. The following list of disciplines is the **ONLY** exception to the rule
- Nursing (Associate, Baccalaureate, Diploma or Graduate)
- Physician Assistant (Associate, Baccalaureate or Graduate)

(For example: If the institution is applying for any of the disciplines mentioned above, it need **NOT** be public or non profit).

* To be eligible a school/program must be accredited by the relevant accrediting body approved for such purpose by the Secretary of Education.

Scholarships for Disadvantaged Students

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

* ADD DISCIPLINE

Select your Discipline

* A. PUBLIC OR NON PROFIT INSTITUTION

Is your school/program an accredited public or an accredited non profit institution? ☐ Yes ☐ No

Contact Information

* B. POINT OF CONTACT

Person Information

Title	
* First Name	
* Last Name	
* Email Address	
* Phone Number	( ) - Ext:

STUDENTS BY RACE AND ETHNICITY (DISCIPLINE:)

C. FULL-TIME STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEARS 2016-2019 (7/1/2016 - 6/30/2019) AND THEIR RACIAL/ETHNIC BACKGROUNDS

1. Hispanic or Latino Students

* Did your program have full-time students of "Hispanic or Latino Ethnicity"? ☐ Yes ☐ No

Hispanic or Latino Students by Race	Number of Full-time Students Enrolled for Academic Year (7/1/2016 - 6/30/2017)	Number of Full-time Students Enrolled for Academic Year (7/1/2017 - 6/30/2018)	Number of Full-time Students Enrolled for Academic Year (7/1/2018 - 6/30/2019)
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
Sub Total			

2. Non-Hispanic or Non-Latino Students

* Did your program have full-time students of "Non-Hispanic or Non-Latino Ethnicity"? ☐ Yes ☐ No

Non-Hispanic or Non-Latino Students by Race	Number of Full-time Students Enrolled for Academic Year (7/1/2016 - 6/30/2017)	Number of Full-time Students Enrolled for Academic Year (7/1/2017 - 6/30/2018)	Number of Full-time Students Enrolled for Academic Year (7/1/2018 - 6/30/2019)
a. American Indian/ Alaskan Native			
b. Black or African American			
c. Asian			
d. Native Hawaiian or Other Pacific Islander			
e. White			
f. More Than One Race			
g. Race Not Reported			
Sub Total			
Grand Total (Sum of Hispanic or Latino Students and Non-Hispanic or Non-Latino Students)			

PROGRAM INFORMATION (DISCIPLINE:)

* D. TOTAL FULL-TIME CLASS ENROLLMENT AND FULL-TIME DISADVANTAGED BACKGROUND ENROLLMENT BY CLASS YEAR FOR STUDENTS IN YOUR PROGRAM FOR ACADEMIC YEARS 2016-2019 (7/1/2016 - 6/30/2019)

Class Year	Total Full-Time Class Enrollment			Total Full-Time Disadvantaged Background Enrollment		
	Academic Year 7/1/2016 - 6/30/2017	Academic Year 7/1/2017 - 6/30/2018	Academic Year 7/1/2018 - 6/30/2019	Academic Year 7/1/2016 - 6/30/2017	Academic Year 7/1/2017 - 6/30/2018	Academic Year 7/1/2018 - 6/30/2019
First Year						
Second Year						
Third Year						
Fourth Year						
Fifth Year						
Sixth Year						
Total						
Of the total full-time students from disadvantaged backgrounds, enter the number of students who qualify as coming from a disadvantaged background under the economic (Part II) definition						

* E. TOTAL FULL-TIME GRADUATES AND FULL-TIME DISADVANTAGED BACKGROUND GRADUATES FOR ACADEMIC YEARS 2016-2019 (7/1/2016 - 6/30/2019)

	Academic Year 7/1/2016 - 6/30/2017	Academic Year 7/1/2017 - 6/30/2018	Academic Year 7/1/2018 - 6/30/2019
Total full-time graduates			
Full-time disadvantaged background graduates			
Of the total full-time graduates for academic years (2016 - 2019), enter the number of graduates that received SDS or similar scholarships for students from disadvantaged backgrounds			
Of the total full-time graduates for academic years (2016 - 2019), enter the number of students who qualify as coming from a disadvantaged background under the economic disadvantaged definition			

* F. GRADUATES FROM YOUR PROGRAM SERVING IN PRIMARY CARE AND/OR MEDICALLY UNDERSERVED COMMUNITIES

Primary Care

	Academic Year 7/1/15 - 6/30/16	Academic Year 7/1/16 - 6/30/17	Academic Year 7/1/17 - 6/30/18
Number of full-time graduates			
	Academic Year 7/1/16 - 6/30/17	Academic Year 7/1/17 - 6/30/18	Academic Year 7/1/18 - 6/30/19
Of the full-time graduates, enter the number of graduates serving in primary care			
Of the full-time graduates serving in primary care (above), enter the number of graduates that received SDS funds or similar scholarships from disadvantaged backgrounds			

Medically Underserved Communities

	Academic Year 7/1/15 - 6/30/16	Academic Year 7/1/16 - 6/30/17	Academic Year 7/1/17 - 6/30/18
Number of full-time graduates			
	Academic Year 7/1/16 - 6/30/17	Academic Year 7/1/17 - 6/30/18	Academic Year 7/1/18 - 6/30/19
Of the full-time graduates, enter the number of graduates practicing in medically underserved communities			
Of the full-time graduates practicing in medically underserved communities, enter the number of graduates that received SDS funds or similar scholarships from disadvantaged backgrounds			

* G. COST OF TUITION FOR FULL-TIME STUDENTS FOR THIS PROGRAM

Cost of Tuition for Full-Time Students for This Program	$

* H. LENGTH OF PROGRAM

Length of time (in years) necessary to complete this program (Example: Nursing Baccalaureate, select 4)	

* I. ACCREDITATION

Name of Accrediting Body

If 'Other' specify name:

Expiration Date (mm/dd/yyyy)	

* J. REQUESTED AWARD AMOUNT	
What is your total need amount? (Requested amount cannot be less than $ 1000)	$

* K. STUDENTS SUPPORTED	
How many students do you plan to support with the requested award amount?	

* L. CERTIFICATION AND ELIGIBILITY QUESTIONS	
Will preference be given to students for whom the cost of attendance would constitute a severe financial hardship?	☐ Yes ☐ No
Describe the school's methods and standards for setting the amount of the scholarships.	
Select the method (including frequency) the program will use to disburse the SDS scholarships to students. Check all that apply.	☐ Disburse funds directly to students ☐ Apply funds towards tuition expenses ☐ Disburse funds to students monthly ☐ Disburse funds to students quarterly ☐ Disburse funds to students per semester ☐ Disburse funds to students annually
How will you use the SDS scholarship funds?	☐ Tuition ☐ Fees and Other Reasonable Educational Expenses ☐ Reasonable Living Expenses

* M. COMMUNITY COLLEGE QUESTION	
Is your school a community college?	☐ Yes ☐ No

* N. RECRUITMENT AND RETENTION ELIGIBILITY	
Is your school currently carrying out a program to recruit and retain students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups?	☐ Yes ☐ No

RECRUITMENT INFORMATION (DISCIPLINE:)

*Note: A school must have at least one recruiting activity to be eligible for SDS funding.

* O. Please indicate the recruitment activities for students from disadvantaged backgrounds that apply to your program. Check all that apply.	
High School Recruitment	
General	☐ College Fairs ☐ Summer camps/programs for high school students to receive information about programs offered ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
Specifically Targeting/Recruiting Students from Disadvantaged Backgrounds	☐ Attending college fairs in areas with high percentages of students from disadvantaged backgrounds locally or on a broader scale ☐ Training recruiters specifically to answer questions and provide information to students from disadvantaged backgrounds ☐ Providing specifically designed information packets on programs and accommodations your school offers for students from disadvantaged backgrounds ☐ Prep Courses for high school students from disadvantaged backgrounds interested in careers in the health professions ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A

College Level Recruitment	
General	☐ Recruitment from community colleges in disadvantaged areas ☐ Community College joint admissions programs for students from disadvantaged backgrounds ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
Specifically Targeting/Recruiting Students from Disadvantaged Backgrounds	☐ Attending college fairs in areas with high percentages of students from disadvantaged backgrounds locally or on a broader scale ☐ Training recruiters specifically to answer questions and provide information to students from disadvantaged backgrounds ☐ Providing specifically designed information packets on programs and accommodations your school offers for students from disadvantaged backgrounds ☐ Prep Courses for high school students from disadvantaged backgrounds interested in careers in the health professions ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
Application Services	☐ Online programs that waive or assist with application fees for students from disadvantaged backgrounds ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
Open Houses	☐ Booths or presentations on resources for students from disadvantaged backgrounds ☐ Targeted advertisements for open houses or other programs in areas with high percentage of students from disadvantaged backgrounds ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A

RETENTION INFORMATION (DISCIPLINE:)

*Note: A school must have at least one retention activity to be eligible for SDS funding.

* P. Please indicate the retention activities for students from disadvantaged backgrounds that apply to your program. Check all that apply.	
Individual or Group Peer Mentor Program (Big Brother/Big Sister)	☐ Open to all ☐ Specifically designed for students from disadvantaged backgrounds ☐ Placing students in peer support or networks and groups ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
Individual Staff/Advisor Mentor Program	☐ Open to all ☐ Specifically designed for students from disadvantaged backgrounds ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
Specialized Pre-attendance Orientation for Students from Disadvantaged Backgrounds	☐ Team and camaraderie building activities to help students feel included in the school ☐ Educate students from disadvantaged backgrounds on how to best use the accommodations and resources the school provides ☐ Introduce and build contacts between students from disadvantaged backgrounds and faculty/staff (ex: Heads of departments, Tutors, Financial aid and/or advisors) ☐ Specialized welcome packets for students from disadvantaged backgrounds with additional information on available resources and programs that will help them succeed ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
College Skills Development and Review Programs	☐ Summer or pre-matriculation sessions in a classroom setting teaching students from disadvantaged backgrounds skills that they will need to be successful (e.g.: study skills, note taking skills, test taking skills, and/or time management skills) ☐ Summer or pre-matriculation classes for students from disadvantaged backgrounds to review and strengthen prerequisite knowledge of the course work ☐ Individual assessment and profile of students from disadvantaged backgrounds strengths and weaknesses with advisor and plan for development of skills ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A
Early Identification for Students at Risk	☐ Identify students who are falling behind early and provide assistance for them in furthering their academic career ☐ Develop individualized plans for struggling students from disadvantaged backgrounds to ensure success/coordination support ☐ Provide learning specialists for students from disadvantaged backgrounds who can identify possible learning disabilities or assess strengths and weaknesses ☐ Seminars and lectures specifically for students from disadvantaged backgrounds ☐ Other; Please Specify (Maximum 100 characters): [_____] ☐ N/A

Group or Individual Tutoring Services	☐ Provide faculty or peer tutors to students from disadvantaged backgrounds ☐ Tutors specifically trained to help students faced with difficulties and are from a disadvantaged background ☐ Financial mentoring/tutoring ☐ Other; Please Specify (Maximum 100 characters): [　　　　　　] ☐ N/A
Child Care Support	☐ Free ☐ Partially Subsidized ☐ Other; Please Specify (Maximum 100 characters): [　　　　　　] ☐ N/A
Professional Opportunities	☐ Shadowing health professional ☐ Interviewing health professional ☐ Other; Please Specify (Maximum 100 characters): [　　　　　　] ☐ N/A