

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

Bureau of Health Workforce  
Division of Nursing and Public Health

***Advanced Nursing Education Program***

**Announcement Type:** Initial: New  
**Funding Opportunity Number:** HRSA-16-070

**Catalog of Federal Domestic Assistance (CFDA) No. 93.247**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**Application Due Date: January 15, 2016**

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

**Release Date: November 16, 2015**

**Issuance Date: November 16, 2015**

Nancy Douglas-Kersellius  
Nurse Consultant  
Email: [ndouglas@hrsa.gov](mailto:ndouglas@hrsa.gov)  
Telephone: (301) 443-0907  
Fax: (301) 443-0791

Janice Young  
Nurse Consultant  
Email: [jyoung2@hrsa.gov](mailto:jyoung2@hrsa.gov)  
Telephone: (301) 443-6739  
Fax: (301) 443-0791

Authority: Section 811(a)(1) of the Public Health Service Act (42 U.S.C. 296j), as amended by Section 5308 of the Patient Protection and Affordable Care Act (P.L. 111-148).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Workforce is accepting applications for the fiscal year (FY) 2016 Advanced Nursing Education (ANE) Program. ANE anticipates supporting projects that implement and test creative academic-practice partnership models aimed at improving the didactic and experiential training for advance practice nursing students in primary care settings located in underserved and rural settings. These academic-practice partnerships will facilitate the meaningful exchange of information to identify the needs of the community and the clinical workforce; incorporate this information into curriculum enhancements and preceptor recruitment, training and evaluation; and help shape the experiential training of advance practice nurses to better prepare graduates for the specific needs of rural and underserved populations.

The FY16 Funding Opportunity Announcement (FOA) seeks to expand upon the efforts that began in FY15 to increase academic-practice partnerships around the country. **Due to this goal of expanding BHW’s efforts, the FY16 FOA will only solicit applications from eligible entities that are not being funded under the FY15 ANE award.**

Funding Opportunity Title:	Advanced Nursing Education Program
Funding Opportunity Number:	HRSA-16-070
Due Date for Applications:	January 15, 2016
Anticipated Total Annual Available Funding:	\$11 million
Estimated Number and Type of Awards:	Up to 17 grants
Estimated Award Amount:	Up to \$700,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2019 (three (3) years)
Eligible Applicants:	Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments and other public or private nonprofit entities determined appropriate by the Secretary of the U.S. Department of Health and Human Services.  [See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]

## **Application Guide**

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

## **Technical Assistance**

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application.

Wednesday December 2, 2015 at 2:00 p.m. Eastern Time.

Call-in Number: 888-989-9743

Participant Passcode: 9405458

Adobe Connect Link: <https://hrsa.connectsolutions.com/fy16-ane-foa/>

The webinar will be recorded and available until February 2, 2016 at 11:59 pm Eastern Time -

**Instant Replay:** (866) 350-6986

**Passcode:** 4225

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## **I. Program Funding Opportunity Description**

### **1. Purpose**

This announcement solicits applications for the Advanced Nursing Education Program to support the enhancement of advanced nursing education and practice. Funded projects will implement creative academic-practice partnerships within advanced practice registered nurse (APRN) primary care programs. Partnerships between academic institutions and rural and/or underserved primary care practice sites will promote APRN students' readiness to practice upon graduation by improving training and competencies for both students and preceptors. Working collectively, these partnerships will

- Facilitate the meaningful exchange of information to identify the needs of the community and the clinical workforce;
- Use this information to enhance curriculum, preceptor recruitment, training and evaluation; and
- Shape the experiential training of advanced practice nursing students to be better prepared upon graduation to provide care for rural and underserved populations.

### Program Requirements

The ANE program supports partnerships formed between academic institutions and primary care practice sites in order to improve experiential training and competencies for students and preceptors.

ANE applicants must create academic-practice partnerships and utilize these partnerships to develop new strategies and models for preparing graduate nursing students to address the unique, medically-complex needs of rural and underserved populations. This must include a definitive, measurable plan to facilitate the meaningful exchange of information between programs of nursing and primary care practice sites that serve underserved and rural populations. This meaningful exchange of information will highlight any gaps in student preparation and preceptor knowledge and skills and lead to recommendations to resolve these training gaps.

ANE applicants must:

- Establish or enhance academic-practice partnerships between at least one school of nursing and two or more primary care facilities that are located in underserved and/or rural settings;
- Establish formal, ongoing feedback mechanisms between schools and practice sites to yield enhanced curriculum and a meaningful training experience by:
  - Assessing advanced practice students' knowledge, skills, and abilities and identifying specific training gaps to inform improvements to current curriculum and clinical training; and
  - Assessing preceptor competencies, identifying specific training gaps, and providing the necessary training to improve preceptor knowledge and skills; and
- Expand clinical training opportunities in primary care settings located in underserved and/or rural settings and place advanced practice nursing students in these practice sites.

## Funding Factors

For this program, HRSA will use statutory funding preferences. If requesting one of the statutory funding preferences, applicants **must request the preference and demonstrate they meet all** of the criteria of the identified funding preference as outlined in Section V.2. Review and Selection Process. Applicants should state their intention to request the funding preference in the Project Abstract and demonstrate meeting the criteria in Attachment 10.

## **2. Background**

This program is authorized by Section 811(a)(1) of the Public Health Service Act (42 U.S.C. 296j), as amended by Section 5308 of the Patient Protection and Affordable Care Act (P.L. 111-148), and PHS Act Section 811(f), which states, “The Secretary shall prescribe guidelines as appropriate for other advanced nurse education programs eligible for support under this section.”

### **Needs of the Advanced Practice Nursing Workforce**

As a result of the Patient Protection and Affordable Care Act of 2010, the numbers of insured Americans is expected to increase. Historically, access to primary care has been limited due to a lack of primary care physicians. HRSA BHW’s National Center for Health Workforce Analysis projects the total demand for primary care physicians will grow by 28,700, from 212,500 FTEs in 2010 to 241,200 FTEs in 2020, a 14-percent increase<sup>1</sup>. One way to increase access to care for Americans is to expand the number of advanced practice nurses in the primary care workforce. The ability of advanced practice nurses to decrease health care spending while providing quality comprehensive care has been well documented<sup>2</sup>. However, in order for advanced practice nurses to meet the needs of underserved communities, we need to improve advanced nursing education curriculum, experiential training, and preceptor competencies and evaluation. This need was also emphasized in the Institutes of Medicine report, *The Future of Nursing: Leading Change, Advancing Health* which described the need for structural change in education and practice, and described how nurses have a unique role to effect far-reaching changes in the newly developed health care system.<sup>3</sup>

### **Readiness to Practice**

Registered Nurses prepared at the graduate level significantly contribute to the quality and safety of the healthcare delivery systems as either primary care providers, or those who support primary care. Preparing graduate nursing students to be practice-ready immediately upon graduation can be a challenge for a number of reasons, including but not limited to:

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<sup>1</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis (2013). Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Retrieved from

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

<sup>2</sup> Bauer, J. C. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. *Journal of the American Academy of Nurse Practitioners*, 22, 228–231 2010.

<sup>3</sup> Institute of Medicine (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press 2011.

- Inconsistent mechanisms to assure that academic leaders and nursing faculty collaborate with practice partners to inform curriculum, clinical experiences, student and preceptor orientation, and program evaluations<sup>4</sup>; and
- Episodic and fragmented clinical practice training can make it difficult for students to take advantage of meaningful learning experiences at the practice site.<sup>5</sup>

To address these challenges, new and creative strategies are needed to prepare graduate nursing students to address the evolving needs of rural and underserved communities as health care delivery changes.

Community and clinical stakeholders must help shift nursing education to prepare advance practice nurses to fully meet the needs of the health care community. Changes in the academic environment require a concerted effort among all stakeholders. Establishing formal partnerships between academic institutions and clinical sites will allow for co-design of the academic and clinical training experiences so that practice influences didactic training and vice versa.

## **II. Award Information**

### **1. Type of Application and Award**

Type of Application sought: New

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

This program will provide funding during federal fiscal years (FY) 2016-2018. Approximately \$11 million is expected to be available annually to fund approximately 17 awardees. Applicants may apply a ceiling amount of up to \$700,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 Federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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<sup>4</sup> Giddens, J., Lauzon-Clabo, L., Morton, P, et al. (2014) Re-envisioning Clinical Education for Nurse Practitioner Programs: Themes From A National Leaders' Dialogue. Journal of Professional Nursing 2014.

<sup>5</sup> Ibid.

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

### **III. Eligibility Information**

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

FY 2016 ANE FOA builds upon the investments that began in FY 2015 to increase academic-practice partnerships. To leverage existing investments, the FY 2016 ANE FOA will only solicit applications from eligible entities that were NOT funded under the FY 2015 ANE FOA.

Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities determined to be appropriate by the Secretary.

In addition to the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are eligible to apply under this funding opportunity announcement. Federally recognized Indian Tribal Government and Native American Organizations may apply if they are otherwise eligible.

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

#### **Participating Students**

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

#### **Accreditation**

All nursing programs, eligible entities and partners that are associated with the project must be **accredited** for the purpose of nursing education. The application must include the accreditation information for all of the partners in the grant.

#### **Schools of Nursing Programs**

Schools of nursing programs must be accredited by a national nurse education accrediting agency recognized by the Secretary of the U.S. Department of Education. These agencies include the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN). For nurse midwifery programs, accreditation from the Accreditation Commission on Midwifery Education of the American College of Nurse-Midwives (ACME) is required. For nurse anesthesia programs, accreditation from the Council on



Accreditation (COA) of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthetists is required. Schools of nursing proposing to offer a nurse anesthesia or nurse midwifery specialty must also provide documentation of accreditation from the appropriate accrediting agency (COA or ACME). This information must be clearly documented as **Attachment 1** and submitted with this application.

### **New Nursing Programs**

A new graduate program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application under this title, eligible for accreditation by such a recognized nursing accrediting agency, shall be deemed accredited for the purposes of this title if certain conditions are met. See *Section IV. Attachments* for additional information to include in **Attachment 2**.

### **Substantive Change Notification**

Accredited nursing programs that modify (for example, a change to a BSN-DNP program) or add a nursing specialties (for example, Psych Mental Health NP program) that requires substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change from the accrediting agency in the application as **Attachment 1**.

### **Clinical Facilities Accreditation**

Non-profit health care facilities responding to this funding opportunity announcement **must** provide documentation of accreditation by a national, regional or state accrediting agency or body, such as The Joint Commission, or Accreditation Association for Ambulatory Health Care, Inc. (AAAHC), etc. This information must be clearly documented, to include the start and expiration dates, in **Attachment 1** submitted with this application. Clinical facilities applying to this funding announcement that are partnering with Schools of Nursing must also include the academic accreditation for each nursing program to be supported under this announcement, as described above.

### **Accreditation/Approval Documentation**

Applications that fail to include the required accreditation documentation will be considered non-responsive and will not be considered for funding under this announcement. Applications that fail to include the required approval or the substantive change notification documentation, if required, will be considered non-responsive and will not be considered for funding under this announcement.

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

Cost Sharing/Matching is not required for this program.

## **3. Other**

### **Ceiling Amount**

Applications that exceed the ceiling amount of \$700,000 will be considered non-responsive and will not be considered for funding under this announcement.

**Deadline**

Any application that fails to satisfy the deadline requirements referenced in Section IV.4 will be considered non-responsive and will not be considered for funding under this announcement.

**Maintenance of Effort (MoE)**

The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award. Complete the Maintenance of Effort document and submit as **Attachment 9**.

Any application that fails to satisfy the requirement to provide MoE information will be considered non-responsive and will not be considered for funding under this announcement.

**Multiple Applications**

Multiple applications from an organization are not allowable. Eligible applicants can submit only one application per campus; multiple applications from a single campus are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. For example, the University of ABC at Chapel Hill and the University of ABC at Greensboro can both submit an application for this program. Independent organizations are those entities that have unique DUNS numbers.

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

**Academic-Practice Partnership(s)**

Applicants must include a thorough description of the establishment of at least two or more NEW partnerships or the expansion of two or more existing partnerships between academic institutions and rural and/or underserved primary care practice sites in the application. Applicants must include an organizational chart demonstrating the roles, responsibilities, and functions of each member of the academic-practice partnership. This chart must include community stakeholders, providers, preceptors, faculty and students and describe communication pathways to help inform the development of curriculum, training and evaluation methodology. A dated and signed memorandum of understanding or a letter of agreement/support must be included describing the new or expanded relationship. The letter of agreement or memorandum of understanding should be dated no more than 3 months prior to the close of this FOA. The date cannot be more than 3 months prior to the close of this FOA. The partnership information, including the organizational chart, must be included in Attachment 4.

## IV. Application and Submission Information

### 1. Address to Request Application Package

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

Applicants are encouraged to supply an e-mail address to Grants.gov when downloading a FOA or application package. As noted on the Grants.gov Application Package download page, as well as in the Grants.gov User Guide, this allows HRSA to e-mail you in the event the FOA is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified announcement may result in a less competitive or ineligible application.

### 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the FOA to do otherwise.

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

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **75 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. Indirect cost rate agreement and proof of non-profit status, if applicable, will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

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

#### **Program-Specific Instructions**

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

### **i. Project Abstract**

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

The abstract must include:

1. A brief overview of the project (including educational degree, nursing role/specialty, academic-practice partnership/collaboration involved);
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;
4. A statement requesting the statutory funding preference (if applicable); refer to Section V.2 Review and Selection Process.

### **ii. Project Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Project Narrative:

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

In this section applicants must describe the purpose and background of the proposed project. Include the need for academic-practice partnerships to provide experiential training for advanced practice nursing students and improve the competencies of clinical preceptors located in community-based, primary care settings in rural and/or underserved communities. Applicants must also document the need for diversity in health professions training programs and the health workforce, addressing the partners' history of performance in admitting, retaining, and graduating students, and employing graduates from groups underrepresented in advanced practice education nursing and/or students from educationally or economically disadvantaged backgrounds.

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

As appropriate, this section must include but is not limited to a discussion of:

- Local and regional nursing workforce training needs that are aligned with the purpose of the program;
- Challenges of graduating APRN students who are ready to practice in community-based primary care practice sites located in underserved and/or rural communities;
- Proposed academic-practice partnership between at least one school of nursing and two or more primary care clinical practice sites that are located in underserved and/or rural settings;

- The type of clinical experiential training needed, the number of hours required, and how the proposed project will address this need;
  - Training activities must include prevention, clinical intervention and treatment of rural and/or underserved populations.
- The type of training needed to create quality preceptors and how the proposed project will address this need;
- Demographics of the population(s) to be served within a defined catchment area, including the socio-cultural determinants of health and health disparities that affect this population; and
- Demonstrated institutional commitment among all partners to diversity within the health workforce and to providing care to underserved and/or rural populations.

If the applicant has conducted a needs assessment as a part of the preliminary planning of the academic-practice partnership, summary results of the assessment should be included in the purpose and need section.

- *RESPONSE TO PROGRAM PURPOSE – This section includes 3 subsections: a) Methodology/Approach; b) Workplan; and c) Resolution of Challenges – all of which correspond to Section V’s Review Criteria #2 (a), (b) and (c).*

*(a) METHODOLOGY/APPROACH – Corresponds to Section V’s Review Criterion #2(a)*

Applicants must describe project objectives and provide evidence for how they link to the project purpose and stated needs. Describe how the objectives link to each of the previously described program requirements and expectations in this funding opportunity announcement.

The proposed academic-practice partnerships must include formal mechanisms for feedback and evaluation between the clinical practice sites and the academic institution to inform program development and curricular enhancements.

Include a description of how effective tools and strategies will be developed for meeting the stated needs and description of the proposed activities.

- Describe formal, ongoing feedback process and a plan to yield enhanced curriculum, improved quality experiential training and a robust preceptor training by:
  - Identifying the needs of the community and the practice site as it pertains to advanced practice nursing knowledge, skills and abilities;
  - Assessing advance practice nursing student’s knowledge, skills, and abilities and identify training gaps that will inform improvements to current curriculum and clinical training;
  - Assessing preceptor competencies and identifying specific training gaps that will inform training to improve preceptor knowledge and skills; and
- Describe a plan for how the applicant organization will work with the project partner(s) to integrate didactic and clinical competencies and training:

- All experiential training must take place in primary care settings in underserved and/or rural settings that utilize an existing team-based model of care; and
- Curriculum must also include topics specific to the population or community being served. Demonstrate that the clinical practice sites are incorporating new models of health care delivery that deliver team-based care, such as Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), or other payment and service delivery models, as well as addressing the broad range of social determinants that influence health and health outcomes.

Applicants must also submit a logic model for designing and managing their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model must contain the aforementioned activities and processes and should summarize the connections between the:

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

*(b) WORKPLAN -- Corresponds to Section V's Review Criteria #2(b)*

Applicants must provide a detailed work plan that demonstrates their experience implementing a project of the proposed scope (a sample work plan can be found here:

<http://bhwh.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.)

The applicant must:

- Provide a detailed description of how the proposed work will be accomplished. The work plan must account for all functions or activities identified in the application;
  - Describe the activities, timeframes, deliverables, and key partners required during the grant period of performance to address the needs described in the Purpose and Need section;
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation;
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and,

further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served; and

- Describe that each student participating in this funded program will train for a minimum of 40% of their clinical hours in the partnership primary care sites serving the underserved and rural communities. Document how this will be accomplished, using the template below as an example of the information that is required.

<b>Student</b>	<b>Program</b>	<b>Total Hours required to complete program</b>	<b>Total Hours to train with clinical partner</b>	<b>Percent of training with clinical partner(s)</b>	<b>Name of Clinical Partner &amp; number of hours</b>	<b>Name of Clinical Partner &amp; number of hours</b>
ABC	BSN-DNP FNP	1500	600	40%	CP 123- 250	CP 456 - 350

The applicant must clearly explain how the proposed objectives and sub-objectives will be implemented. Objectives and sub-objectives must be specific, measurable, achievable, realistic and timely (SMART objectives). The work plan must include a detailed timeline for the establishment of the partnership(s), specific details of the formal partnership arrangement(s), and a strategy for:

- Using existing evidence-based tools and methods to monitor and measure student clinical competencies, and required experiential training for their specific specialty;
- Selecting students for, and placing students at, clinical practice sites;
- Ongoing student participation and enrollment during the three years of the project;
  - Students must be enrolled in the proposed specialty/track and involved in clinical training by January 31, 2017 (the spring semester after receiving the notice of award);
- Recruiting, training, retaining, and evaluating clinical preceptors to participate in the academic-practice partnership(s);
- Using existing evidence-based tools and methods to assess and improve preceptor knowledge and skills; and
- *Specific to distance education programs:* a description of how the established academic-practice partnership will be monitored/maintained and evaluated.

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

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

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

- Challenges that may be encountered in implementing and achieving the aforementioned objectives including but not limited to the formation of the academic-practice partnership, training or evaluation of students and preceptors;
  - Barriers to obtaining a diverse student/faculty population; and
  - Resources and plans to resolve and overcome these challenges and obstacles.
- *IMPACT – This section includes 2 sub-sections – (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section V’s Review Criteria #3 (a) and (b).*

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

Applicants must describe the plan for a program performance evaluation. This plan should monitor ongoing processes and progress toward meeting grant goals and objectives. The evaluation must, at a minimum, assess the success of the grant-funded efforts and contribute to continuous quality improvement. The evaluation plan should include descriptions of the inputs (e.g., key evaluation of staff, organizational support, collaborative partners, budget, and other resources), key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.

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

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

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

Applicants must describe the systems and processes that will support the organization's annual 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://bh.w.hrsa.gov/grants/reporting/index.html>. Please include a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, and how those obstacles will be addressed. The evaluation and reporting plan should also 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.

All grantees are required to collect and report the counts of individuals who have been directly and indirectly impacted by the grant including, but not limited to, counts of currently enrolled individuals or participants, graduates/completers, and attrition; the gender, age, race, and ethnicity of all individuals; the disadvantaged background status of all individuals; and the rural residential background of all individuals. Additional information is expected when an individual receives direct financial support from the grant. Counts of individuals as well as their profession/discipline are required when individuals have participated in HRSA-sponsored curriculum, clinical or experiential training, faculty development, and/or continuing education as part of the grant.

Applicants must describe their capacity to collect and report data such as, but not limited to the following on an annual basis:

- The number and types of clinical sites;
- The number and characteristics of preceptors;
- The number and characteristics of students;
- The number of graduates that work in rural/underserved areas;
- The type of training program; and
- The education level of the training program.

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

All applicants must include a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their grant projects, e.g., training methods or strategies, which have been effective in improving practices.

Applicants must, at a minimum:

- Identify other resources or future funding initiatives, as well as a timetable for becoming self-sufficient, including evaluation of the program, collection of needed program information, and disseminate findings to appropriate audiences;
- Expand relationships between academic institutions, experiential training sites, and other interprofessional partners; and
- Forecast challenges that are likely to be encountered in sustaining the program and outline approaches that will be used to resolve such challenges.

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

Provide information on the applicant and partner(s) organizations' current mission, structure, and scope of current activities. Applicants must include an organizational chart in Attachment 4 demonstrating the roles, responsibilities, and functions of each member of the academic-practice partnership. This chart should include community stakeholders, providers, preceptors, faculty and students and describe communication pathways to help inform the development of curriculum, training and evaluation methodology. Describe how all of these contribute to the ability of the organization to conduct the program and meet program expectations. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Please provide the following information as indicated below:

- a) **Project Director Qualification:** The Project Director for the proposed project must be a Registered Nurse with demonstrated competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise and experience as an educator. The Project Director must be employed by the applicant, be nationally certified and doctorally prepared. **NOTE:** there may only be one Project Director for the ANE project.
- b) **Consultant(s):** In **Attachment 8**, provide the qualifications and nature/scope of the work to be provided by each consultant that has agreed to serve on the project. Include a biographical sketch (no more than 2 pages) for each consultant; upload in the SF-424 R&R Senior/Key Person Profile form. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise, and the scope of work, for at least the first project year, and provide a rationale for this need.
- c) **Capabilities of the Applicant Organization:** Provide a summary of the capacity of the organization to carry out the project.
- d) **Institutional Resources:** Describe available institutional resources, including teaching facilities, clinical resources, libraries, computer resources and other resources appropriate to effectively implement the proposed project.
- e) **Description of Clinical Training Sites:** Describe the partner clinical training sites, including the type of clinical departments, number of preceptors, population served
- f) **Community Support:** Describe any community support or other resources involved in the proposed project, as applicable. Include significant letters of support via **Attachment 6**. Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter.
- g) **Linkages:** Describe established and/or planned linkages with relevant educational and health care entities and interprofessional educational programs.

- **PROGRAM-SPECIFIC INFORMATION: Diversity and Cultural Competence– Corresponds to Section V’s Review Criterion #6**

A clear and concise project plan for increasing workforce diversity includes the following:

**Schools of Nursing must provide the following information:**

- A description of the school of nursing’s past performance in admitting, retaining, and graduating students from groups underrepresented in the nursing profession, and/or students from educationally or economically disadvantaged backgrounds, and /or students that have expressed a commitment to serving and are serving clients from populations underrepresented in the nursing profession or educationally or economically disadvantaged backgrounds. Identify the number of students from groups underrepresented in the nursing profession and students from educationally, or economically disadvantaged backgrounds, or that have expressed a commitment to serving and are serving clients from minority or educationally or economically disadvantaged backgrounds enrolled in the school of nursing within the past three years and strategies that have been effective in assisting these students to graduate.
  - *Please identify these students as separate and distinct groups: (1) groups underrepresented in the nursing profession, (2) educationally disadvantaged, (3) economically disadvantaged background, and (4) students that are serving clients from minority or educationally or economically disadvantaged backgrounds*
- Descriptions of the school of nursing’s current plan to recruit, retain, and graduate students from groups underrepresented in the nursing profession and students from educationally or economically disadvantaged backgrounds, or students that have expressed a commitment to serving clients from minority or educationally or economically disadvantaged backgrounds .
- A summary of required courses and learning experiences that will develop students’ knowledge and appreciation of how culture impacts health, and the delivery of quality healthcare services. Provide a rationale for how the courses and learning experiences will increase the student’s self-awareness of multicultural issues and engage individuals, families, and communities from diverse social and cultural backgrounds in their own health care.

**Other eligible entities partnering with a school of nursing must provide the following information:**

- Description of the organization’s current plan to recruit, retain and hire advanced practice nurses from groups underrepresented in the nursing profession and educationally and economically disadvantaged backgrounds, or students that have expressed a commitment to serving clients from minority or educationally or economically disadvantaged backgrounds.
- A summary of required courses and learning experiences that will develop students’ knowledge and appreciation of how culture impacts health, and the delivery of quality healthcare services. Provide a rationale for how the courses and learning experiences will

increase the student’s self-awareness of multicultural issues and engage individuals, families, and communities from diverse social and cultural backgrounds in their own health care.

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested – the budget section must include sufficient justification to allow reviewers to determine the rationale for the support requested.
Program Specific Information: Diversity and Cultural Competence	(6) Program-Specific Review Criteria – Diversity and Cultural Competence

### iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 R&R Application Guide](#). Please note: the directions offered in the SF-424 R&R Application Guide differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, *if applicable*, the additional budget instructions provided below.

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level

II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2016, as required by law.

In addition the ANE program requires the applicant’s budget to specify the percentage of funds to be allotted to the partner clinical organizations.

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

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). In addition to providing the narrative and justification for each cost item included in the budget, per the instructions in the SF-424 R&R application guide, provide budgetary explanations, including specific reimbursement plans for how the applicant plans to carry out the following activities:

- Develop, coordinate and maintain a formalized academic-practice partnership(s);
- Develop and implement experiential clinical training at sites located in rural and/or underserved communities;
- Recruit quality advanced practice nurses to serve as preceptors to provide oversight and guidance to students, (funds cannot be used for direct payment to preceptors and clinical sites);
- Support curricular enhancements specific to clinical competencies; and
- Implement ongoing monitoring strategies to evaluate the innovated clinical training mode

*Consultant Services:* If applicable, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs. The budget justification must include an exact subaccount and disbursement plan between and among partners to ensure fiduciary obligations represent the work contributed by each member organization.

**Reminder:** recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number (See Section IV. 3. Dun and Bradstreet Universal Numbering System Number and System for Award Management.)

## **v. Attachments**

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

### ***Attachment 1: School of Nursing and Clinical Accreditation Documentation***

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

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

Specifically, a program will be deemed accredited if the Secretary of Education finds, after consultation with the appropriate recognized accrediting agency, that there is reasonable assurance that the program will be able to meet the appropriate accreditation standards and achieve accreditation by the beginning of the academic year following the graduation date of students of the first entering class in the program. Doctoral degree programs in nursing (PhD/DNSc, DNP) must have appropriate approvals recognized by the institutional boards/committees, regional associations of higher education accreditation, e.g., Southern Association of Colleges and Schools (SACS), Western Association of Schools and Colleges (WASC), Northwest Commission on Colleges and Universities (NWCCU), North Central Association of Colleges and Schools; Higher Learning Commission (NCA-HLC) and, if applicable, national accrediting agencies for the purpose of nursing education. Nurse Anesthetist program applicants must include accreditation from COA for both master's and doctoral level programs.

**Accreditation for Newly Established Graduate Program of Nursing:** A new graduate program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized nursing accrediting agency, shall be deemed accredited for the purposes of this title if certain conditions are met.

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

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

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

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

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

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

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

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

**Substantive Change Notification**

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

***Clinical Facilities Accreditation***

To ensure that healthcare facilities are organizations dedicated to ongoing and continuous compliance with the highest standard of quality requires accreditation. Non-profit health care facilities responding to this funding opportunity announcement must provide documentation of accreditation by either a national or state accrediting agency, such as from Joint Commission or the Accreditation Association of Ambulatory Health Centers.

***Attachment 2: Approval of PhD programs and/or New Programs – As applicable.***

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

***Attachment 3: Project Specific ANE Program Information***

Enter the project title, educational level, advanced education nursing role, nursing specialty and population foci/ the specialty emphasis area along with the projected student enrollment numbers for each project year.

Include the following information: educational level, nursing role, nursing specialty and any emphasis area for the proposed project, and student enrollment as well as the number of students (continuing and graduates) who will be receiving training in clinical practice sites (sample format below).

Degree: MSN:

Specialty: Psychiatric Mental Health NP (PMHNP) Population foci: Adult

Year 1: Sept 2015	15 new (10FT, 5PT); 10 continuing (10 FT); 0 graduates
Year 2: Sept 2016	20 new (20FT); 15 continuing (10FT, 5PT); 10 graduates (10FT)
Year 3: Sept 2017	25 new (20FT, 5PT); 20 continuing (20FT); 15 graduates (10FT, 5PT)



Number of PMHNP students in clinical training

Year 1: Sept 2015 0 new; 10 continuing

Year 2: Sept 2016 0 new; 25 (continuing and proposed graduates)

Year 3: Sept 2017 0 new; 35 (continuing and proposed graduates)

***Attachment 4: Memoranda of Understanding, Letters of Agreement, and/or Description(s) of New/Expanded Academic-Practice Partnerships (project specific)***

Provide evidence of the new/expanded academic-practice partnership(s) that have been established, and describe the new/expanded partnership. Applicants must include an organizational chart demonstrating the roles, responsibilities, and functions of each member of the academic-practice partnership. This chart must include community stakeholders, providers, preceptors, faculty and students and describe communication pathways to help inform the development of curriculum, training and evaluation methodology. The documents must describe the roles and responsibilities of the partners. The memoranda of understanding and the letters of agreement must be dated and signed by all parties involved and must not be dated earlier than 3 months prior to the close of this funding opportunity announcement.

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

Provide information regarding the nursing curriculum that the trainees are enrolled in. Below is an example of how the curriculum information could be provided in this attachment. Describe (identify course(s)) how the curriculum meets the requirements of the proposed funding preference (rural, underserved populations and public health) if applicable (refer to Section I, Program Requirements). Also, applicants **must** include the evidence-based tools that will be utilized to measure preceptor and student competencies.

Nursing Program:

Course Title: Course

Description

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

***Attachment 6: Administrative and Other Letters of Support – As applicable***

Include here any other documents that are relevant to the application, including letters of support. Letters of support **must** be signed and dated. All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section (see Section IV.2). Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

A meaningful letter of support states what will be provided to the applicant if the application is funded (such as, dollars, space, staff, equipment, personnel, placement of students for clinical

learning experiences, preceptors, and employment for future graduates). Include relevant letters of agreement/support from the Dean of the School of Nursing, University Officials, Chief Nursing Officers, and Chief Executive Officers and relevant letters from key collaborating organizations, clinical sites, and consultants.

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

***Attachment 7: Position Descriptions of Clinical Preceptors, Project Personnel and Biographical Sketches of Key Personnel***

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

Include biographical sketches for persons occupying the key positions described in Attachment 7, as well as for the Project Director and consultants performing key roles in the project, not to exceed two pages in length. 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. Bio sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form.

***Attachment 8: Consultants Information – As applicable***

Provide the qualifications and nature/scope of the work to be provided by each consultant that has agreed to serve on the project.

***Attachment 9: Maintenance of Effort Documentation***

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below.

NON-FEDERAL EXPENDITURES	
<p>FY 2015 (Actual)</p> <p>Actual FY2015 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p>FY 2016 (Estimated)</p> <p>Estimated FY2016 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

***Attachment 10: Funding Preference – As applicable***

To receive a funding preference, applicants should state their intention to request the preference and include documentation of this qualification. **See Section V.2 Review and Selection Process for additional information regarding the Funding Preference.**

***Attachment 11: Other relevant attachments – As applicable.***

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

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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

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

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [\*SF-424 R&R Application Guide\*](#).

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

#### **4. Submission Date and Times**

##### **Application Due Date**

The due date for applications under this funding opportunity announcement is January 15, 2016 at 11:59 P.M. Eastern Time.

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

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

The Advanced Nursing Education 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**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$700,000 per year, in total costs (direct and indirect). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the federal government.

Funds under this announcement may not be used for certain purposes, including but not limited to:

- Student support including tuition, stipends, scholarships, bonuses;
- Student salaries and travel;
- Subsidies or paid release time for project faculty;
- Payment of temporary personnel replacement costs for the time faculty / preceptors / participants are away from usual worksite during involvement in project activities;
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees; promotional items and memorabilia; food and drinks; and animal laboratories;
- Construction or renovations;
- Incentives payments, including but not limited to purchasing gift cards or gas cards;
- Direct payment to preceptors and clinical site for precepting individual students.

No more than \$300,000 can be used for the purpose of purchasing equipment to augment the training and education of their students over the 3-year project period.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other

restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

## **V. Application Review Information**

### **1. Review Criteria**

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

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

Review criteria are used to review and rank applications. The Advanced Nursing Education (ANE) program has six (6) review criteria listed below.

*CRITERION 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's Purpose and Need*

Applicants must describe the need for academic-practice partnerships to provide advanced practice nursing students and improve the competencies of clinical preceptors in community-based, primary care settings. Reviewers will consider the quality of and extent to which the applicant:

- Describes the workforce training needs aligned with the program.
- Describes a compelling need for care (e.g., social determinants of health, health disparities, gaps in services, population demographics, etc.) within the target catchment area;
- Demonstrates that the target population that will benefit from the proposed activities is comprised of individuals from underserved and/or rural communities;
- Outlines challenges for graduating APRN students related to readiness to practice in these communities and identifies specific areas for improvements to the didactic and experiential training currently provided;
- Describes current relationships between the school(s) of nursing and partnering primary care practice site(s), including a description of available training opportunities and resources.

*CRITERION 2: RESPONSE TO PROGRAM PURPOSE (35 points) This section includes 3 subsections: a) Methodology; b) Work Plan; and c) Resolution of Challenges - all of which correspond to Section IV's Response to Program Purpose*

*Criterion 2(a): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology*

Applicants must use this section to propose objectives that will fully address the community-based and structural needs identified in the Purpose and Need section above and provide evidence for how they link to the program requirements. Reviewers will consider the quality of and extent to which the applicant:

- Documents the establishment of at least two new partnerships (or expansion of existing partnerships) between the school(s) of nursing and primary care practice site(s) located in underserved and/or rural communities;
- Demonstrates that the academic practice partnership(s) will collaborate and work with clinical practice sites who focus on evidence-based models of integrated, team-based care, such as Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), or other creative and novel payment and service delivery models that address the broad range of social determinants that influence health and health outcome, for example access to specialty care, transportation, health promotion opportunities such as exercise or healthy and affordable food;
- Provides a well-articulated and feasible plan to:
  - Recruit, assess and place graduate nursing students at those clinical sites for meaningful experiential training opportunities with the target population;
  - Assess preceptor competencies, identify specific training gaps, and provide necessary training to improve preceptor knowledge and skills to improve the quality of the clinical training; and
- Establishes a mechanism for formal, ongoing, quality feedback among academic-practice partners and to incorporate that feedback into enhancements to academic curriculum and experiential training.
- The extent to which the logic model clearly presents the conceptual framework for the proposed project and delineates the goals, assumptions, inputs, target population, activities, outputs and outcomes.

Reviewers will consider whether the applicant proposes activities that meet all of the program requirements of the FOA and are sufficient to ensure successful implementation of the ANE program.

*Criterion 2(b): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Work Plan*

Reviewers will consider the extent to which the applicant:

- Outlines a clear, comprehensive and specific set of activities, timeframes, deliverables and key partners to ensure successful implementation of the project;

- Demonstrates that enrollment will be ongoing for all three years of the program and that students will be enrolled in the proposed specialty/track and involved in clinical training by January 31, 2017 (the spring semester after receiving the notice of award);
- Describes a plan for how the applicant organization will work with the project partner(s) to plan, design and implement all activities, including integrating didactic and clinical competencies and training; and
- The extent to which distance education programs provides evidence for how the established academic-practice partnership(s) will be monitored, maintained and evaluated.

*Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (c) Resolution of Challenges*

Reviewers will consider the quality of and extent to which the applicant:

- Describes potential obstacles and challenges likely to be encountered during the design and implementation of the activities described in the Work Plan; and
- Outlines a reasonable and actionable plan and evidence-based approaches to address the challenges identified above.

Reviewers will consider whether the applicant has a process in place to ensure early problem identification and a strong method to ensure quick and effective resolutions.

*CRITERION 3: IMPACT (20 points) - This section includes 2 sub-sections — (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section IV’s Impact*

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

Applicants must have a plan in place to effectively report performance data, including both the applicant’s internal performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a).

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

Reviewers will consider:

- The strength and effectiveness of the proposed evaluation strategy to monitor and evaluate project objectives, activities, and results;
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project;
- The expertise, experience, and the technical capacity to carry-out the evaluation plan and collect required performance measures;

- A valid data collection strategy and identifies proposed instruments/tools to be used, data sources, and projected timelines for data collection, analysis, and reporting;
- The demonstrated capacity of the organization/institution to track, collect, and report required performance measures on an annual basis;
- The inclusion of 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 the organization will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes; and
- The strength of the applicant's plan to utilize both quantitative and qualitative data to inform Rapid Cycle Quality Improvement (RCQI) efforts to periodically review program progress and make small adjustments in order to optimize program output.
- The strength of the plan to dissemination project outcomes and outputs.

The evaluation and reporting plan should also 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.

*Criterion 3 (b): PROJECT SUSTAINABILITY (5 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability*

Reviewers will consider:

- The quality of the plan for project sustainability after the period of federal funding ends;
- The likelihood that key elements of the grant projects will be sustained after the grant award period (e.g., training methods or strategies) which have been effective in improving practices;
- Whether the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges; and

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

Applicants must demonstrate that their organizational capacity is sufficient to carry out the proposed project. Reviewers will use the Project Narrative as well as **Attachments 4, 6, 7, 8, and 9** and will consider

- Qualifications of the identified Project Director (by training and experience) to lead a project of similar size and scope; must be a Registered Nurse with demonstrated competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise and experience as an educator. It is required that Project Directors be employed by the applicant;
- The organizational chart demonstrating the roles, responsibilities, and functions of each member of the academic-practice partnership, including how each member contributes to the ability of the organization to conduct the program requirements and meet program expectations;



- Qualifications (by training and experience) of the project personnel, faculty, clinical preceptors, and consultants to fulfill the requirements of the proposed project (Attachments 7 and 8);
- Evidence of a successful established or planned linkages with relevant educational and health care entities and interprofessional educational programs;
- Institutional resources of the applicant organization including the quality and availability of facilities, clinical resources, libraries, computer resources, personnel and other resources to fulfill the needs and requirements of the proposed project are articulated; and
- Evidence of support through established and/or planned community support and partnerships involved in the graduate nursing education program (**Attachments 4 and 6**).

*Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget Justification and SF424 R&R budget Forms*

Reviewers will consider (1) how well the costs in the proposed budget and budget narrative align with the proposed project work plan, and are justified as adequate, cost-effective, and reasonable for the resources requested; and (2) the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the research activities, and the anticipated results. Reviewers will consider the extent to which:

- The budget narrative describes the costs, as outlined in the budget and the required resources, are reasonable given the scope of work;
- The budget narrative describes that key personnel have adequate time devoted to the project to achieve project objectives;
- The budget correlates with the stated project objectives for the three- year project period;
- The proposed budget is reflective of the complexity of the activities, the evaluation plan and anticipated results and projected student enrollment; and
- The line item budget for each budget period of the proposed project period provides a clear budget justification narrative that fully explains each line item and any significant changes from one budget period to the next.

The budget justification must include an exact subaccount and disbursement plan between and among partners to ensure fiduciary obligations represent the work contributed by each member organization.

*Criterion 6: DIVERSITY AND CULTURAL COMPETENCE: (10 Points) – Corresponds to Section IV’s Program-Specific Review Criteria*

Reviewers will consider the extent to which applicants describe activities that support ongoing efforts to diversify the nursing workforce. Reviewers will consider the extent to which applicants clearly describe a history of performance in either diversifying the nursing student body at the applicant school of nursing, or the nursing workforce at the applicant clinical site. Applicants will be scored based on the extent to which they include lessons learned and best practices to recruit, retain and support the academic advancement and professional growth of nurses from underrepresented groups in nursing.

## 2. Review and Selection Process

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

HRSA will use other factors other than merit criteria in selecting applications for federal award. For this program, HRSA will use funding preferences.

### Funding Preferences

Section 805 of the Public Health Service Act provides for a funding preference. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The Objective Review Committee, with guidance from the Program Staff, will determine if the applicant requested and met the funding preference as documented in the abstract and **Attachment 10**. A funding preference will be granted to any qualified applicant that identifies the preference and meets the criteria for the preference.

Section 805 of the PHS Act provides a funding preference for applicants with projects that will:

1. Substantially benefit rural populations, or
2. Substantially benefit underserved populations, or
3. Help meet public health nursing needs in State or local health departments.

To qualify for this funding preference, **applicants must** document how they meet the funding preference for established nursing programs (i.e., having graduated three or more classes of nurses) or new nursing programs (i.e. having graduated fewer than three classes). Applicant must select the funding preference based on the number of classes graduated and must meet the criteria for the funding preference which is applicable—see below.

### Meeting Funding Preference for Established, Accredited Nursing Programs

Projects that “substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments” are ones that will result in a “high rate” of graduates accepting positions in practice settings that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

### Qualification 1: Rural Populations

**To demonstrate that the project "Substantially Benefits Rural Populations," the applicant can meet this funding preference if:**

- The mission statement of the program identifies a specific purpose of preparing advanced practice registered nursing students to serve rural populations; AND
- The curriculum includes content on rural culture and other health indices specific to rural health populations; AND
- The curriculum allows for substantial (at least 40%) clinical training experiences in care

of rural populations with complex health needs, including, social determinants that influence access to specialty care and social services; AND

- A minimum of 20 percent of the faculty spends at least 50 percent of their time providing or supervising care of rural populations; AND
- Employment assistance is available for graduates of advanced education nursing programs who are interested in working in areas providing services to rural communities; AND
- A high rate\* of program graduates go on to work at sites that serve rural populations as defined by HRSA's Federal Office of Rural Health Policy using the **Rural Health Grants Eligibility Analyzer** (<http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1>) or if the practice population being served is defined as a rural population (i.e. comprised primarily of populations residing in rural locales).

## **Qualification 2: Underserved Populations**

**To demonstrate that the project “Substantially Benefits Underserved Populations,” the applicant can meet this funding preference if:**

- The mission statement of the program identifies a specific purpose of preparing advanced practice registered nursing students to serve underserved populations; AND
- The curriculum incorporates content addressing the cultural and health indices specific to underserved populations; AND
- The curriculum allows for substantial (at least 40%) clinical training experiences in care of underserved populations with complex health needs, including, social determinants that influence access to specialty care and social services; AND
- A minimum of 20 percent of the faculty spends at least 50 percent of their time providing or supervising care of underserved populations; AND
- Employment assistance is available for graduates of advanced education nursing programs who are interested in working in areas providing services to underserved communities; AND
- A high rate\* of program graduates go on to work at sites practice sites physically located in a federally-designated Health Professional Shortage Area (HPSA) or serving a federally-designated Medically Underserved Area (MUA) or Population (MUP), as determined by HRSA's **Shortage Designation Advisor** (<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>).

### Qualification 3: Public Health Nursing Needs

To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments,” the applicant can meet this funding preference if:

- The mission statement of the program identifies a specific purpose of preparing advanced practice registered nursing students to help meet public health nursing needs in State or local health departments; AND
- The curriculum includes content that concentrates on the public health sciences and prepares the advanced practice registered nursing student with the competencies needed to work as an advanced public health nurse; AND
- The curriculum allows for substantial (at least 40%) clinical training experiences in State, local and federal health departments caring for patients with complex health needs, including, social determinants that influence access to specialty care and social services; AND
- A minimum of 20 percent of the faculty spends at least 50 percent of their time providing or supervising care of clients in State, local and federal health departments; AND
- Employment assistance is available for graduates of advanced education nursing programs who are interested in working in State, local and federal health departments; AND
- A high rate\* of program graduates go on to work at State or local health department-affiliated practice sites.

#### \* Meeting the Funding Preference by Demonstrating “High Rate”

Graduates: To qualify for the statutory funding preference by demonstrating high rate, an eligible applicant must have a high rate of 7/1/2014 to 6/30/2015 graduates currently employed in practice settings that substantially benefit rural or underserved populations or public health when compared to the rest of the FY16 eligible applicants. The numerator will be the number of graduates between 7/1/2014 to 6/30/2015 who are currently employed and practicing in rural or underserved areas/populations or public health. The denominator will be total number of nursing school graduates from 7/1/2014 to 6/30/2015.

Applicants should document this using the table below as an example detailing the number of graduates who completed degree requirements between **7/1/2014 and 6/30/2015** and are employed at clinical sites substantially benefitting rural or underserved populations, or are meeting the needs of public health. **Each graduate is to be counted only once.** An example and instructions are noted below the table. This table must be included with the application in Attachment 10.

Graduates in Practice Settings	
Settings	No. of Graduates
Community Health Centers	
Migrant Health Centers	
Health Care for the Homeless Sites	

Indian Health Service Sites/Tribal Health Sites	
Federally Qualified Health Centers	
State or Local Health Departments	
Ambulatory Practice Sites Designated by State Governors	
Rural Populations/Rural Clinics	
Medically Underserved Areas/Communities	
<b>Total number of graduates employed in these settings (from 7/1/2014 – 6/30/2015)</b>	
<b>Total number of graduates (from 7/1/2014 to 6/30/2015)</b>	
<b>Percentage of graduates employed in these settings*</b>	

\*In the **“Total Number of Graduates Employed in These Settings”** row, enter the total number of graduates for the nursing specialty related to this application who were employed in these settings from 7/01 2014 to 6/30/2015.

In the **“Total Number of Graduates”** row, enter the total number of graduates from the nursing specialty related to this application that completed degree requirements between 7/01/2014 and 6/30/2015.

For the **“Percentage of Graduates Employed in these Settings”** row, HRSA/program staff will verify all calculations provided on this table.

Percentage of Graduates Employed in these Settings = Total Number of Graduates employed in these settings (from 07/01/2014 – 06/30/2015) divided by the Total Number of Graduates (from 07/01/2014 – 06/30/2015).

**Example:** If you are requesting a funding preference for a project that substantially benefits rural populations and the relevant nursing specialty is the Adult/Gerontology Nurse Practitioner (AGNP); if five (5) of the ten (10) AGNP who graduated in May 2015 report working at a Rural Health Clinic; you would annotate that 5 of the AGNP graduates are working in a rural setting.

In the row titled **“Total Number of Graduates employed in these Settings (from 07/01/2014 – 06/30/2015)”**, enter 5 the total number of AGNP graduates entered who are working in rural settings.

In the row titled **“Total Number of Graduates (from 07/01/2014 – 06/30/2015)”**, enter 10 the total number of AGNP students who graduated from the program between July 1, 2014 and June 30, 2015.

The percentage of Graduates Employed in these Settings is calculated by dividing the total Number of Graduates employed in these settings (from 07/01/2014 – 06/30/2015) by the Total Number of Graduates (from 07/01/2014 – 06/30/2015). Example:  $5/10 = 50\%$  of the graduates report working in a rural setting.

Based on the data provided in the table, the rate defining the threshold for “high” will be determined each time the ANE Program is competed by calculating the median number of graduates employed in rural or underserved populations or meeting the needs of public health from the eligible pool of applicants requesting the statutory funding preference. HRSA project staff will compare the rate reported by the applicant to the median for the eligible pool of applicants. The preference will be awarded to those applicants whose rates are greater than the median **and** who meet the specific requirements for the requested funding preference, as explained above.

### **Meeting Funding Preference for New, Accredited Nursing Programs**

Applicants whose academic-practice partnerships include one or more New, Accredited Nursing Programs (i.e., a program that has graduated fewer than three classes) **must request a funding preference** and meet **all** of the criteria under one of the following qualifications.

#### **Qualification 1: Rural Populations**

**To demonstrate that the project "Substantially Benefits Rural Populations," the applicant with a new advanced education nursing program can meet this funding preference if:**

- The mission statement of the program identifies a specific purpose of preparing advanced practice registered nursing students to serve rural populations; AND
- The curriculum includes content on rural culture and other health indices specific to rural health populations; AND
- The curriculum allows for substantial (at least 40%) clinical training experiences in care of rural populations with complex health needs, including, social determinants that influence access to specialty care and social services; AND
- A minimum of 20 percent of the faculty spends at least 50 percent of their time providing or supervising care of rural populations; AND
- Employment assistance is available for graduates of advanced education nursing programs who are interested in working in areas providing services to rural communities.

#### **Qualification 2: Underserved Populations**

**To demonstrate that the project “Substantially Benefits Underserved Populations,” the applicant with a new advanced education nursing program can meet this funding preference if:**

- The mission statement of the program identifies a specific purpose of preparing advanced practice registered nursing students to serve underserved populations; AND
- The curriculum incorporates content addressing the cultural and health indices specific to underserved populations; AND
- The curriculum allows for substantial (at least 40%) clinical training experiences in care of underserved populations with complex health needs, including, social determinants that influence access to specialty care and social services; AND
- A minimum of 20 percent of the faculty spends at least 50 percent of their time providing or supervising care of underserved populations; AND

- Employment assistance is available for graduates of advanced education nursing programs who are interested in working in areas providing services to underserved communities.

### **Qualification 3: Public Health Nursing Needs**

**To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments,”** the applicant can meet this funding preference if:

- The mission statement of the program identifies a specific purpose of preparing advanced practice registered nursing students to help meet public health nursing needs in State or local health departments; AND
- The curriculum includes content that concentrates on the public health sciences and prepares the advanced practice registered nursing student with the competencies needed to work as an advanced public health nurse; AND
- The curriculum allows for substantial (at least 40%) clinical training experiences in State, local and federal health departments caring for patients with complex health needs, including, social determinants that influence access to specialty care and social services; AND
- A minimum of 20 percent of the faculty spends at least 50 percent of their time providing or supervising care of clients in State, local and federal health departments; AND
- Employment assistance is available for graduates of advanced education nursing programs who are interested in working in State, local and federal health departments.

**Please Note:** The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

### **3. Anticipated Announcement and Award Dates**

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

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2 of HRSA’s [SF-424 R&R Application Guide](#).

### 3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

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

The BHW Progress Report has two parts. The first part demonstrates recipient progress on accomplishing 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 plan to report on dissemination activities in the annual progress report. Further information will be provided in the Notice of Award (NoA).

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

Annual performance reports cover activities between July 1 and June 30. The report must be submitted by July 31 of the same year.

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

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

- Project Objectives and Accomplishments – Description of major accomplishments on project objectives.
- Project Barriers and Resolutions – Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information
  - Project overview.



- Project impact.
- Prospects for continuing the project and/or replicating this project elsewhere.
- Publications produced through this award activity.
- Changes to the objectives from the initially approved award.

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 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) HRSA requires recipients to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

*“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”*

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

## VII. Agency Contacts

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

Latisha Nibblett, BS  
Grants Management Specialist  
HRSA Division of Grants Management Operations,  
OFAM Parklawn Building, Room 18-105  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: 301-443-1582  
Fax: 301-443-6343  
Email: [lnibblett@hrsa.gov](mailto:lnibblett@hrsa.gov)

Nandini Assar, PhD  
Grants Management Specialist  
HRSA Division of Grants Management Operations,  
OFAM Parklawn Building, Room 18-105  
Rockville, MD 20857  
Phone: 301-443-4920  
Fax: 301-443-6342  
Email: [nassar@hrsa.gov](mailto:nassar@hrsa.gov)

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

Nancy Douglas-Kersellius, MSN, RN  
Nurse Consultant  
Attn: Advanced Nurse Education Branch  
Bureau of Health Workforce  
Parklawn Building, Room 9-89  
Rockville, MD 20857  
Phone: 301-443-0907  
Fax: 301 443-0791  
Email: [ndouglas@hrsa.gov](mailto:ndouglas@hrsa.gov)

Janice B. Young, PhD, MPH, RN  
Nurse Consultant  
Advanced Nurse Education Branch  
Attn: Advanced Nurse Education Branch  
Bureau of Health Workforce  
Parklawn Building, Room 9-89  
Rockville, MD 20857  
Phone: 301-443-6739  
Fax: 301 443-0791  
Email: [jyoung2@hrsa.gov](mailto:jyoung2@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://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 Handbook (EHBs). For assistance with submitting information in HRSA's EHB, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

## **VIII. Other Information**

### **Logic Models:**

Additional information on developing logic models can be found at the following website:  
[http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm).

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/healthyouth/evaluation/pdf/brief5.pdf>.

### **Technical Assistance:**

One technical assistance webinar is scheduled to help applicants understand, prepare, and submit an application. The webinar is scheduled for:

Wednesday December 2, 2015 at 2:00 p.m. Eastern Time.

Call-in Number: 888-989-9743

Participant passcode: 9405458

Adobe Connect Link: <https://hrsa.connectsolutions.com/fy16-ane-foa/>

The webinar will be recorded and will be available for replay until February 2, 2016 at 11:59 pm Eastern Time.

**Instant Replay:** (866) 350-6986

**Passcode:** 4225

## **Program Definitions**

The following definitions apply to the Advanced Nursing Education Program for Fiscal Year 2016.

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

**“Academic-Practice Partnerships”** – strategic relationships between educational and clinical practice settings established to advance their mutual interests related to practice, education and research.

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

**“Accountable Care Organizations (ACO)”** – groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors (<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/>).

**“Accreditation” of health care facilities** – a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency. Accreditation represents agencies as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standard of quality (<http://www.achc.org/getting-started/what-is-accreditation>).

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

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

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

**“Advanced Education Nurses”** – [Individuals](#) trained in advanced degree programs including individuals trained in combined R.N./Master’s degree programs, post-nursing master’s certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

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

**“Advanced Practice Registered Nurse (APRN)”** – defined as Nurse Practitioner, Clinical Nurse Specialist and Nurse Anesthetist, and Certified Nurse Midwifery disciplines that provide direct patient care as a Family Nurse Practitioner, Adult-Gerontology Primary Care Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, Neonatal Nurse Practitioner, Women’s Health Care Nurse Practitioner, Nurse Midwife, or Nurse Anesthetist, and Advanced Public/Community Health Nursing programs ([https://www.ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf)).

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

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

for Higher Education, State Board of Nursing. Applicants must list the entities whose agreement is necessary to initiate the program and enroll students in the program of study.

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

**“Clinical Nursing Specialist”** – a specific area of advanced clinical nursing theory and practice addressed through formal instruction to prepare advanced education nurses. Clinical nursing specialties prepare the nurse to provide direct patient/client nursing care to individuals or to population groups. A nurse completing a course of study in a clinical nursing specialty is expected to be eligible for a national certification(s) or state certification(s), when available, following graduation or required experience.

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

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

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

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

**“Disadvantaged Background”** – an individual from a disadvantaged background is defined as someone who comes from an environmentally *or* economically disadvantaged background.

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

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

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

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available:
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either a:
  - low percentage of seniors receiving a high school diploma; or
  - low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

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

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

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

**“Faculty Paid Release Time”** – Release time is administratively authorized time spent away from the employee’s normal job responsibilities to participate in University sponsored or sanctioned programs without loss of pay and without charge to paid time off (PTO) leave. Release time is considered work time; therefore, such time is counted when computing overtime.

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

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

**“Health Professional Shortage Areas” (HPSAs)** – a federal designation used to identify areas, populations, and facilities which have a shortage of either primary care, dental, and/or mental health providers as measured by the ratio of available discipline-specific providers to: the population of the area; a specific population group; or the number of those served by the facility. All federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)) and that meet the requirements of section 334 in PHSAs, (related to charging for services,) shall be automatically designated as having such a shortage. More information on the HPSA criteria can be found at: <http://bhw.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>.

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

**“Medically Underserved Areas (MUAs)”** – counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. MUAs are designated based on the Index of Medical Underservice. MUAs are a subset of a Medically Underserved Community. See <http://www.hrsa.gov/shortage/mua/> for additional information.

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



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

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

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

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

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

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

**“Nurse Practitioner”** – a registered nurse who has successfully completed a Nurse Practitioner Program, as defined below, who can deliver primary and acute care services but may have a primary focus on either primary or acute care in a variety of settings, such as homes, ambulatory care facilities, long-term care facilities, and acute care facilities, using independent and

interdependent decision making with direct accountability for clinical judgment. The health care services to be provided include: assessment of the health status of individuals and families through health and medical history taking, physical examination, ordering, performing, supervising, and interpreting diagnostic tests and making diagnoses; management of acute episodic and chronic illnesses; institution and provision of continuity of primary health care to individuals and families and referral to other health care providers when appropriate; prescription of treatments including pharmacological and non-pharmacological therapeutics, consistent with current standards of care; provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention, by actively involving these individuals in the decision making and planning for their own health care; and collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

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

**“Patient Centered Medical Home (PCMH)”** – defines a medical home not simply as a place but as a model of the organization of primary care that delivers the core functions of primary health care. The medical home encompasses five functions and attributes: comprehensive care, patient-centered, coordinated care, accessible services and quality and safety (<http://pcmh.ahrq.gov/page/defining-pcmh>).

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

**“Preceptor”** – a nurse practitioner or nurse-midwife or other health professional responsible for specific aspects of the clinical learning experience. The preceptor is responsible for the daily teaching and assignment of individuals to be cared for, supervision, and participation in the evaluation of the nurse practitioner or nurse-midwifery student. The preceptor provides the student with an environment that permits observation, active participation, and management of primary health care.

**“Preceptorship”** – a clinical learning experience in which the student is assigned to a faculty member or with oversight by program faculty to a designated preceptor. The preceptorship provides the student with practice experiences conducive to meeting the defined goals and objectives of the particular clinical course. Before and during this preceptorship, the program faculty visit and assess the clinical learning sites and prepare the clinical faculty/preceptors for teaching their students.

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

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

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

In providing such services:

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

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

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

**“Program for the Education of Nurse Practitioners or Nurse-Midwives”** – a full-time educational program for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) which meets the regulations and guidelines prescribed by the Secretary of the Department of Education, and which has as its objective the education of nurses

who will, upon completion of their studies in such program, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, where appropriate, and other health care institutions. Or if a generic or entry-level master's program, the individual must be eligible for licensure as a registered nurse prior to or upon graduation.

**“Project”** – all proposed activities, including educational programs, specified or described in an application as approved for funding.

**“Public Health Nursing”** – a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice. With a multi-level view of health, public health nursing action occurs through community applications of theory, evidence, and a commitment to health equity (American Public Health Association, Public Health Nursing Section, 2013).

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

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

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

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

**“Rural Area”** – Rural means an area defined as rural by the Federal Office of Rural Health Policy (FORHP). The FORHP accepts all non-metro counties, as designated by the White House Office of Management and Budget (OMB), as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes. These are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 70,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, FORHP has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people. More information can be found at: [http://www.hrsa.gov/ruralhealth/policy/definition\\_of\\_rural.html](http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

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

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

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

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

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

**“State”** – for the purposes of Title VIII, any of States in the United States, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the U.S. Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

**“Underrepresented Minority”** – an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. For purposes of this program, the term “racial and ethnic minority group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

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

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

HRSA has designed a technical assistance webpage to assist applicants in preparing applications. Resources include help with system registration, finding and applying for funding opportunities, writing strong applications, understanding the review process, and many other topics which

applicants will find relevant. The website can be accessed online at:  
<http://www.hrsa.gov/grants/apply/index.html>.

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