

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

Bureau of Health Workforce
Division of Nursing and Public Health

Nurse Anesthetist Traineeship (NAT) Program

**Announcement Type: Initial: New
Funding Opportunity Number: HRSA-17-064**

Catalog of Federal Domestic Assistance (CFDA) No. 93.124

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: December 5, 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.*

Issuance Date: October 5, 2016

Karen Delia Breeden, MPA
Public Health Analyst, Division of Nursing and Public Health
Phone: (301) 443-5787
Email: KBreeden@HRSA.gov

Authority: Section 811 of the Public Health Service (PHS) Act, (42 U.S.C. 296j).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), Division of Nursing and Public Health is accepting applications for the fiscal year (FY) 2017 Nurse Anesthetist Traineeship (NAT) Program. Grants are awarded to accredited institutions that educate registered nurses to become nurse anesthetists; recipient institutions, in turn, disburse funds to students in the form of traineeship support. Traineeships will pay full or partial costs of the tuition, books/e-books, fees, and the reasonable living expenses (stipends) of trainees during the period for which the traineeship is provided. The funds appropriated for the NAT Program are distributed among all eligible applicant institutions based on a formula.

Funding Opportunity Title:	Nurse Anesthetist Traineeship Program
Funding Opportunity Number:	HRSA-17-064
Due Date for Applications:	December 5, 2016
Anticipated Total Annual Available Funding	\$2,250,000
Estimated Number and Type of Award(s):	Up to 80
Estimated Award Amount:	To be distributed by formula; minimum award amount is \$1,000.
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 – June 30, 2018 (1 year)
Eligible Applicants:	<p>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 that provide registered nurses with full-time anesthetist education and are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.</p> <p>For profit entities are not eligible under this Funding Opportunity Announcement (FOA). Faith-based and community-based organizations, Tribes, and tribal organizations may apply for these funds if otherwise eligible.</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in [SF-424 R&R Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.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 Adobe Connect Webinar is scheduled for applicants as follows:

Date: Thursday, October 20, 2016

Time: 12:30 noon –1:30 pm Eastern Time

Dial-in #: 888-994-3814

Participant Passcode: 5565369

URL: https://hrsa.connectsolutions.com/fy-17_nat/

Replays are generally available one hour after a call ends.

Phone #: 800-925-0904

Passcode: 7822

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the FY 2017 Nurse Anesthetist Traineeship (NAT) program. Grants are awarded to accredited institutions that educate registered nurses to become nurse anesthetists; recipient institutions, in turn, disburse funds to students in the form of traineeship support. Traineeships will pay full or partial costs of the tuition, books/e-books, fees, and the reasonable living expenses (stipends) of trainees during the period for which the traineeship is provided. Funds appropriated for the NAT program are distributed among all eligible applicant institutions based on a formula.

Program Requirements

Recipients must use funds for the following activities:

1. Provide traineeship awards to full-time nurse anesthesia students who are enrolled in an accredited graduate-level Nurse Anesthesia Program.
2. Traineeship awards must not exceed \$22,000 per trainee per year and are limited to the payment of full or partial tuition and fees, books (required textbooks and e-books), and reasonable living expenses (stipends).
3. Training periods that are less than a year are to be pro-rated for reasonable living expenses (stipends) of the trainee during the period for which the traineeship is provided.

Recipients must complete the following administrative and management activities:

1. Identify full-time registered nursing students enrolled in an accredited graduate-level nurse anesthesia program.
2. Evaluate the program by identifying barriers to success and resolutions to challenges, to include but not limited to: meeting the Council on Accreditation of Nurse Anesthesia educational programs and the institutional academic standards, retention of students in the program, national certification pass rates, or any other barrier faced within the nurse anesthesia program.
3. Track, collect and report student- and graduate-level data for programmatic reporting requirements.

Eligible Students:

To be eligible for NAT Program support from an academic institution, the student must be:

1. A registered nurse enrolled full-time in an accredited graduate-level nurse anesthesia program.
2. A citizen of the United States, a non-citizen national, or foreign national who possesses a visa permitting permanent residence in the United States (individuals on temporary or student visas are NOT eligible to receive NAT Program support); and

3. Eligible to sit for the certification examination administered by the American Association of Nurse Anesthetists Council on Certification of Nurse Anesthetists to become a Certified Registered Nurse Anesthetist upon program completion.

Length of Support:

1. A trainee may be appointed at the beginning of any academic period, including a summer session that falls within the budget period specified by the current Notice of Award (NoA).
2. Any new (see program definitions in Section VIII) appointment must be made for a period of not less than 9 months and must not exceed 12 months. The only exception to the minimum 9 months appointment is to allow a student to complete the program.
3. Trainees may receive a re-appointment (see program definitions in Section VIII). The cumulative traineeship support may not exceed 36 months and must be continuous from the start of the initial appointment.
4. The traineeship is not transferable from the recipient institution that provided the support. An appointment may be provided by more than one institution if the student who has a traineeship at one institution receives an appointment in another institution but only if the cumulative traineeship support received does not exceed 36 months.
5. A Statement of Appointment form that is compliant with the provisions of this FOA must be signed by the Project Director and trainee, and must be maintained at the institution for a period of at least three years from the end of the cumulative trainee support for each individual, primarily for auditing and data collection purposes.
6. Trainees must agree to provide the institution with the necessary information to complete the required Statement of Appointment form. The trainee should receive a copy. The most recent Statement of Appointment form may be accessed via the following link: <http://grants.nih.gov/training/phs2271.pdf>. (NOTE: disregard the direction "Return this form to the PHS awarding component." The form should be maintained at the institution and not submitted to HRSA.)
7. Trainees must submit data to the recipient regarding professional activity following graduation.

Termination of Trainees:

The recipient must monitor the academic success of each trainee and must terminate an NAT trainee from receiving NAT support if the trainee:

1. is unable to complete the program of study for which the traineeship was awarded;
2. withdraws from the institution prior to the scheduled completion of the program;
3. fails to meet the predetermined academic standards of the institution; or
4. requests to terminate NAT program support.

Priorities

HRSA encourages potential applicants to consider the BHW priorities when applying for grant programs and, if recommended and funded, to consider the BHW priorities in making NAT awards to students. HRSA supports institutions' efforts to provide Nurse Anesthetist Traineeships to students from disadvantaged backgrounds including medically underserved areas and rural areas who indicate an intention to practice in those areas upon completion of the Nurse Anesthesia Program.

The BHW Priorities are:

- Preparing a Diverse Workforce
- Improving Workforce Distribution
- Transforming Health Care Delivery

Summary of Changes from the FY 2016 FOA:

HRSA has clarified the following in the FY 2017 FOA:

- Background – updated
- Project Narrative:
 - Applicants must address Rapid Cycle Quality Improvement (RCQI) in the Impact—Evaluation and Technical Support Capacity section - new
 - Applicants must complete and submit a Logic Model in the Methodology/ Approach section - new
- Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification – new
- Statutory Funding Preference and Special Consideration – Modification to the “High Rate” from 40% to 60%
- Assessment of Risk – new
- Program Definitions (Section VIII – Other Information) – updated

2. Background

The Nurse Anesthetist Traineeship Program is authorized by Section 811 of the PHS Act, (42 U.S.C. 296j). The Health Resources and Services Administration's (HRSA) Division of Nursing and Public Health (DNPH) is the focal point for nursing education and practice activities within the Department of Health and Human Services.

Anesthesia and pain management services encompass the continuum of anesthesia care for surgical procedures as well as the management and treatment of acute and chronic pain. Certified Registered Nurse Anesthetists (CRNAs), like anesthesiologists, practice in a variety of settings providing anesthesia care and pain management services to an older, growing, and increasingly diversified population.

CRNAs practice independently and collaboratively within interprofessional teams delivering evidence-based, high-quality, and safe anesthesia and pain management services. A 2010 study by Dulisee and Cromwell concluded that patient risk for anesthesia services is the same for services provided by an anesthesiologist and services

provided by a CRNA. In some states, CRNAs are the sole anesthesia providers in rural hospitals.

Addressing the Nation's increasing utilization of anesthesia and pain management services is of utmost importance, highlighted even more by the opioid epidemic where, according to the American Society of Addiction Medicine's 2016 Facts & Figures, 1.9 million Americans age 12 and older had a substance use disorder involving prescription pain relievers and 18,893 overdose deaths related to prescription pain relievers¹ and the recently published National Pain Strategy.² The NAT program aims to increase the number of CRNAs who are well-prepared and well-positioned to serve as an integral part of the anesthesia and pain management team and sometimes as the sole anesthesia provider.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of grants distributed to eligible institutions based on a formula. Current recipients of an NAT award must submit a new application for each annual open competition to be considered for funding beyond the project/budget period.

2. Summary of Funding

HRSA expects to provide funding during federal fiscal year 2017. Approximately \$2,250,000 is expected to be available to fund approximately eighty (80) eligible accredited graduate-level nurse anesthesia programs. The actual amount available will not be determined until enactment of the final FY 2017 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 one year, from July 1, 2017 – June 30, 2018.

Funding levels are determined by a formula that uses data from the NAT Program Specific Data Forms (*see the Appendix*), specifically program data reported on NAT Tables 1 and 2A. These forms also take into account 1) the Statutory Funding Preference and Special Consideration and 2) the total full-time nurse anesthesia

¹ American Society of Addiction Medicine. (2016). Opioid Addiction 2016 Facts & Figures. Available at <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

² Department of Health and Human Services. 2016. National pain strategy: A comprehensive population health-level strategy for pain. Accessed August 8, 2016, from https://iprcc.nih.gov/docs/HHSNational_Pain_Strategy.pdf.

students at the institution. Applicants that fail to submit this information will not be considered for funding.

HRSA will calculate FY 2017 award amounts to schools based on the steps below.³

- Step 1.** HRSA determines the number of applicants that meet the funding factors (Statutory Funding Preference and Special Consideration). The total amount allocated for the funding factors is subtracted from the total funds available.
- Step 2.** The cost (dollar) per eligible trainee is calculated by dividing the remaining balance of funds available by the total number of enrollees for all eligible applicants.
- Step 3.** The award given to each applicant is calculated by multiplying the cost (dollar) per eligible trainee by the total number of full-time students (First 12 Months of Study + Beyond First 12 Months of Study) plus the amount for each funding factor (Statutory Funding Preference \$2,000 + Special Consideration \$2,000) that is met.
- Step 4.** Recipients (schools) will then disburse traineeship awards that are no greater than \$22,000 to eligible NAT students.

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 200](#), as codified by HHS in [45 CFR 75](#), which supersede the previous administrative and audit requirements and cost principles that governed federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are education programs that provide registered nurses with full-time nurse anesthesia education and are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. Such programs may include schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities authorized by the Secretary to confer degrees to registered nurses for full-time nurse anesthesia education. Faith-based and community-based organizations, Tribes, and tribal organizations may apply for these funds if otherwise eligible.

For-profit entities are not eligible under this FOA.

Individuals are not eligible to apply.

³ For the definition of “full-time students,” “enrollees,” and other terms in this section, see the Definitions section of the FOA.

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.

In addition to entities in the 50 States, only entities in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply.

Schools of Nursing

Nursing programs, eligible entities and CRNA degree-conferring institutions must be accredited for the purpose of nursing education.

Schools of nursing affiliated with the proposed project that provide formal degree programs must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education for the purposes of nursing education.

Nurse anesthesia programs must be accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Applicants must submit an official letter of accreditation as proof of accreditation specifically stating that accreditation has been granted and the period of time covered by the accreditation as **Attachment 1**.

2. Cost Sharing/Matching

Cost sharing/matching is not required for the NAT program.

3. Other

Deadline

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

NAT Program Specific Data Forms

Applications received without the required NAT Program Specific Data Forms will be considered non-responsive and will not be considered for funding under this announcement.

Multiple Applications/Number of Applications

Multiple applications from an organization are allowable; however, applicants can submit only one application per campus. A campus is defined as a division of a university that has the same name yet is separate with its own grounds, buildings (e.g., school of nursing), and faculty. For example, the University of ABC – Chapel Hill and the University of ABC – Greensboro can both submit an application for this program.

Maintenance of Effort (MoE)

The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award as required by Sec. 803 of the Public Health Service Act 42 U.S.C. § 296b. Complete the Maintenance of Effort document and submit as **Attachment 3**.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 R&R application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

It is recommended that you supply an e-mail address to Grants.gov when downloading a funding opportunity announcement (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 organizations that supply an e-mail address 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 staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the [SF-424 R&R Application Guide](#) in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the 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 **30** pages when printed by HRSA. The page limit includes the project abstract, project narrative, and attachments including biographical sketches required in HRSA's [SF-424 R&R Application Guide](#) and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. **We strongly urge you to take**

appropriate measures to ensure your application does not exceed the specified page limit.

Your application 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 for funding under this announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1. The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on this and other certifications.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Application Guide](#) (including the staffing plan and personnel requirements, assurances, certifications, project abstract and project narrative), 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 as a whole.
2. Specific, measurable objectives that the project will accomplish.
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project.

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 HRSA staff can understand the proposed project.

Use the following section headers for the Project Narrative:

▪ PURPOSE AND NEED

1. Provide a brief statement of the purpose of the proposed project.
2. Provide a brief statement of the proposed project.
3. Briefly describe the nurse anesthesia program offered at the institution.
4. Briefly describe the institution's need for traineeship support and the impact that

the traineeship program has on the institution and your community. Also, describe the impact the NAT program will have on trainees and on the rural, underserved and public health area settings where trainees may eventually serve.

5. Describe the institution's commitment to supporting medically underserved areas and populations (MUA/Ps) and health professional shortage areas (HPSAs). Include a discussion of factors and barriers contributing to the problem and describe how you plan to address the needs of the medically underserved.
 6. Provide a brief statement regarding (1) eligibility for graduates of your program to sit for the national certification examination and (2) the success (pass) rate of your graduates on the national certification examination from the American Association of Nurse Anesthetists (AANA) Council on Certification of Nurse Anesthetists.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges.*

(a) WORK PLAN

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. A sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

In the Work Plan, you must:

1. 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.
2. 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.
3. Explain how trainees will be selected and how and when traineeship funds will be disbursed.
4. Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
5. List the clinical sites in MUA/Ps and HPSAs that will host NAT-supported students during clinical rotations, if applicable.
6. Discuss the institutions past performance in recruiting, retaining, mentoring, and providing academic support among all nursing students, including those from underrepresented minority and disadvantaged backgrounds, to ensure completion of studies.
7. Discuss the institution's plan to recruit, retain, and graduate NAT trainees. The plan must address meeting the specific needs of diverse students, including minority students underrepresented in the nursing professions and those from disadvantaged backgrounds to serve in the Nurse Anesthesia Program. If your organization does not currently have a plan, discuss whether there are steps in

place to begin this process, and if applicable, describe the steps for implementation, including the tentative target date.

(b) METHODOLOGY/APPROACH

You must describe your objectives and provide evidence for how they link to the project purpose and stated needs. You must submit a logic model for designing and managing your 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 to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:

- **Goals of the project** (e.g., objectives);
- **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, other resources);
- **Target population** (e.g., students in the Nurse Anesthesia program);
- **Activities** (e.g., approach);
- **Outputs** (i.e., the direct products or deliverables of program activities); and
- **Outcomes** (i.e., the results of the program, typically describing a change in people or systems).

(c) RESOLUTION OF CHALLENGES

1. 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.
2. For applicants that have received NAT funding within the last four (4) years, include a brief description of the challenges, if any, that the NAT Program has encountered and the approaches used to resolve such challenges.

▪ *IMPACT -- EVALUATION AND TECHNICAL SUPPORT CAPACITY*

You must describe your plan for program performance evaluation. This plan must 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 must include descriptions of the inputs (e.g., key evaluation staff and organizational support), key processes, variables to be measured and expected outcomes as it relates to trainee recruitment, retention, graduation, grant disbursement activities, and ongoing monitoring and tracking of NAT graduates.

You must demonstrate evidence that the evaluative measures selected will be able to assess:

1. The extent to which the program objectives have been met, and
2. The extent to which these can be attributed to the project

Applicants must outline their [Rapid Cycle Quality Improvement \(RCQI\)](#) plan for the continuous monitoring of ongoing project processes, outcomes of implemented activities, progress toward meeting grant goals and objectives, and the implementation of necessary adjustments to planned activities. Describe how RCQI will be used in enhancing the success of the project.

You must also describe the system and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. Please include a description of how you will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes to HRSA. At the following link, you will find the required data forms for this program:

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

You 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 also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

▪ **ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES**

You must describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, organizational chart (School/College of Nursing or the department that houses the Nurse Anesthesia Program), relevant experience, and scope of current activities. You must describe how the organization has the ability to implement the proposed project and meet the program requirements and expectations.

iii. Budget

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

iv. Budget Justification Narrative

A Budget Justification Narrative is not required for the NAT Program.

v. **NAT Program Specific Data Forms**

As part of the application submitted through Grants.gov, applicants must also complete and electronically submit the NAT Program Specific Data Forms by the established and published application due date. **The NAT Program Specific Data Forms are essential in determining the award calculation.** These NAT Program Specific Data Forms are part of the electronic Grants.gov application package.

Hard copies of the NAT Program Specific Data Forms are included in the appendix for your reference; however, the table must be completed online as part of the Grants.gov application package.

vi. **Attachments**

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Each attachment must be clearly labeled.

Attachment 1: Accreditation Documentation or New Graduate Nursing Program Approval/Reasonable Assurance. (Required)

Applicants must submit documentation of program accreditation and all approvals for new programs (i.e., new tracks or specialties or substantive program change) with the application. The documentation must be in the form of a letter on official letterhead, including the start date of approval or accreditation, and is to be signed and dated by the accrediting agency.

Award recipients must immediately inform the HRSA Project Officer of any change in accreditation status.

Applicants must provide documentation needed to enroll students into the program, including those **approvals** needed for new courses and programs of study. Accreditation for existing programs and approvals for new programs must be effective prior to the start of the budget/project period during which support will be received.

Accreditation for Existing Programs: If offering a nurse anesthesia degree program, including both masters and doctoral-level programs, an accreditation letter by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) is required.

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

New graduate programs of nursing associated with the proposed project that are just beginning the accreditation process and wish to establish eligibility must contact a national nursing accrediting agency recognized by the Secretary of the U.S. Department

of Education before requesting a reasonable assurance letter from the U.S. Department of Education. A letter of reasonable assurance is an assessment by the U.S. Department of Education stating the applicant is expected to receive timely accreditation upon submission of its application to HRSA.

If accreditation is pending or not yet granted: Requests for letters of reasonable assurance made to the U.S. Department of Education to allow for processing time, should be submitted at least 45 days prior to the HRSA application due date of December 5, 2016.

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

Substantive Change Notification: Accredited nursing programs modifying (for example, a change to a BSN-DNP program) an existing program are required to submit a substantive change notification to the national nursing accrediting body. A letter of notification to the accrediting body and the subsequent approval of such change must be signed, dated, and submitted along with the accreditation documents in Attachment 1.

Attachment 2: Biographical Sketch of the Project Director. (Required)

Include a biographical sketch for the Project Director, not to exceed two pages in length.

Biographical sketches should include the following information:

- Project Director name and credentials
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Personal Statement.** Briefly describe why the Project Director's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

- **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Peer-reviewed publications or manuscripts in press in chronological order (optional).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. You may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed project. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Other Support (optional).** List both selected ongoing and completed (during the last three years) projects (Federal or non-Federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Project Director identified on the Biographical Sketch.

Each proposed project may have only one Project Director. **Note that all Biographical Sketches count toward the application page limit.**

Attachment 3: Maintenance of Effort (MOE) Documentation. (Required)

You must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2016 (Actual) Actual FY 2016 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	Current FY 2017 (Estimated) Estimated FY 2017 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active

federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR §25.110 (b) or (c), or has an exception 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. If an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *December 5, 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 Nurse Anesthetist Traineeship 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

- Funds under this announcement may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, the following funding restrictions apply:
- Applicants responding to this announcement may request funding for a project period of one (1) year in direct costs only.
- Based on the formula, awards to new schools/programs (reference Section VIII Other Information – Program Definitions) with few enrollees or graduates may be limited, and a minimum award of \$1,000 may be provided.
- Funds may only be used for required books/e-books, tuition and fees, and stipends (reasonable living expenses).
- NAT award funds may be used only to support traineeships awarded under the Terms of the NoA.

Funds may not be used for:

1. Trainee travel
2. Trainee daily commuting costs
3. Non-trainees' expenses e.g. personnel costs-staff salaries, consultant costs, equipment, research supplies, travel expenses for the faculty, et cetera
4. Indirect (F&A) Costs

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) 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 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions, such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures, and controls is subject to audit.

V. Application Review Information

1. Review Criteria

The NAT Program is a formula-based grant program that does not undergo a formal Objective Review Process. Procedures for assessing the technical merit of applications have been instituted to provide an internal review of applications and to assist the applicant in understanding the standards against which each application will be reviewed. HRSA is responsible for the review of each application for completeness and eligibility, including accreditation documentation, Project Director qualifications, accuracy (including the data reported on the NAT Program Specific Data Forms and all required documents), and compliance with the requirements outlined in this FOA.

2. Review and Selection Process

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

The funds appropriated for the NAT Program are distributed among eligible participating institutions as a formula-based payment grant. Applicants are required to provide program data including student enrollment, traineeship support and graduates. Program data reported on NAT Tables 1 and 2A are used to determine funding. All required NAT Program Specific Data Forms must be submitted electronically with the application in Grants.gov.

Funding Factors:

The NAT Program has two funding factors, the Statutory Funding Preference and Special Consideration which are described below. The Funding Factors, if met, provide a favorable financial adjustment of the NAT formula that is used in determining the amount of the NAT award.

Statutory Funding Preference:

As provided in Section 805 of the PHS Act, a Statutory Funding Preference will be applied to projects “that will substantially benefit rural or underserved populations, or help public health nursing needs in State or local health departments.”

The Statutory Funding Preference is defined as a favorable financial adjustment to the award amount of an approved application. Applicants who meet the Statutory Funding Preference requirements will receive a financial adjustment to their calculated award amount. Applications that do not meet the Statutory Funding Preference will be given full and equitable consideration during the review process.

Statutory Funding Preference will be given to those applicants whose projects substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments. For the purpose of the Statutory Funding Preference, data provided for practice setting locations of graduates reported in *Table 2A- NAT: Graduate Data – Rural, Underserved, or Public Health (7/01/15 – 6/30/2016)* will be used to determine if the applicant met the high rate criteria for the Statutory Funding Preference.

“High rate” is defined as a minimum of 60 percent of graduates in academic year 7/1/2015-6/30/2016 employed in clinical practice sites substantially benefitting rural or underserved populations, or in State or local health departments.

Special Consideration:

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

A Special Consideration is defined as the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of Special Consideration to include and clearly describe any Special Consideration that exists pertaining to funding. Applicants who meet the Special Consideration requirements will receive a favorable financial adjustment to their calculated award amount. Applications that do not meet the Special Consideration will be given full and equitable consideration during the review process.

Special Consideration will be given to those applicants who demonstrate a high rate of graduates practicing in HPSAs after graduation. For the purpose of the NAT Program, data collected for number of graduates reported under the HPSA category in *Table 2A-NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/15 - 6/30/16)* will be used to determine if the applicant has met the Special Consideration.

“High rate” is defined as a minimum of 60 percent of graduates in academic year 7/1/2015-6/30/2016 employed in HPSAs. More information about HPSAs is available at: <http://www.hrsa.gov/shortage/> and <http://hpsafind.hrsa.gov/>.

3. Assessment of Risk and Other Pre-Award Activities

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

Applications that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, assessment of the applicant’s management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as “other support” information) or to undertake certain activities in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2017. 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 FOA must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

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

The annual performance report will include all activities from July 1 to June 30 and will be due to HRSA on July 31. Further information will be provided in the NOA.

2) **Final Reports.** The award recipient is not currently required to submit a Final Report for this grant program given that NAT is a one-year award and NAT awardees submit an annual performance report.

3) **Federal Financial Report.** For the purpose of this grant program, the quarterly Federal Cash Transaction Report submitted to the Payment Management System (PMS) will be used to fulfill the financial reporting requirement.

4) **Tangible Personal Property Report.** The award recipient is not required to submit a Tangible Personal Property Report for this grant program.

5) **Attribution.** You are required 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

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

Ardena N. Githara, MNM Grants Management Specialist
ATTN: Nurse Anesthetist Traineeship Program
Health Resources and Services Administration
Division of Grants Management Operations, OFAM
5600 Fishers Lane Room 10SWH03
Rockville, MD 20857
Email Address: AGithara@HRSA.gov

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

Karen Delia Breeden, MPA Public Health (Program) Analyst
ATTN: Nurse Anesthetist Traineeship Program
Health Resources and Services Administration
BHW, Division of Nursing and Public Health
5600 Fishers Lane Room 11N74B
Rockville, MD 20857
Email Address: KBreeden@HRSA.gov

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

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

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

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

VIII. Other Information

Technical Assistance

A technical assistance Adobe Connect Webinar is scheduled for applicants as follows:

Date: Thursday, October 20, 2016
Time: 12:30 noon –1:30 pm Eastern Time
Dial-in #: 888-994-3814
Participant Passcode: 5565369
URL: https://hrsa.connectsolutions.com/fy-17_nat/

Replays are generally available one hour after a call ends, and will be available through December 20.

Phone #: 800-925-0904
Passcode: 7822

Logic Models

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

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

Program Definitions

The following definitions apply to the Nurse Anesthetist Traineeship program for FY2017:

“**Accredited**” means a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education. The Secretary of Education publishes a list of recognized accrediting bodies and state agencies, which the Secretary of Education has determined to be reliable authorities as to the quality of education offered at: <http://ope.ed.gov/accreditation/>.

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program. (See section 801(6)(B) of the PHS Act).

“**Advanced Practice Registered Nurse (Advanced Education Nurse)** means a nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles [certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP)];
2. who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for **all** APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license; **and**

7. who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

Advanced practice registered nurses are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body. Each APRN is accountable to patients, the nursing profession, and the licensing board to comply with the requirements of the state nurse practice act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate." Source: https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf

“Approval” means that a specific body, committee, Board, or Commission at the faculty, department, school, university, or state levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, or letter from 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.

“Certified Registered Nurse Anesthetists (CRNA’s)” means an Advanced Practice Registered Nurse educated to the masters or doctoral level in an accredited nurse anesthesia education program, with specialized training, skill, and expertise in the fields of anesthesia and pain management. CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing.

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

“Federally Qualified Health Centers (FQHCs)” include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Certain tribal organizations and FQHC Look-Alikes (an organization that meets PHS Section 330 eligibility requirements, but does not receive grant funding) also may receive special Medicare and Medicaid reimbursement.” Source: <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>

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

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

“Health Professional Shortage Area (HPSA)” means any of the following which the Secretary determines has a shortage of health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility. More information on the HPSA criteria can be found at: <http://bhw.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>.

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

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

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

“Rapid Cycle Quality Improvement” (RCQI) – a powerful tool used to achieve improved outcomes by health care professionals and educators, by asking three simple questions: (1) What are we trying to accomplish? (2) How will we know if a change is an improvement? (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 that have the largest impact on the overall program outcomes. Additional information on RCQI is available at the following website: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>

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

“Re-appointment” means any appointment of a student to receive NAT funds during the current budget/project year who has received NAT support during previous budget/project periods.

“Rural Area” HRSA’s Federal Office of Rural Health Policy (FORHP) accepts all non-Metro counties as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes, which are based on Census data that are 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. In these larger tracts, use of RUCA codes alone fails to account for distance to services and sparse population. Therefore, 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. Following the 2010 Census the FORHP definition included approximately 57 million people, about 18 percent of the population and 84 percent of the area of the United States.

“School of Nursing” means an accredited collegiate, associate degree, or diploma school of nursing.

IX. Tips for Writing a Strong Application

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

In addition, HRSA has developed a number of resources with information that may assist applicants in preparing a competitive application. These resources can be accessed at: <http://www.hrsa.gov/grants/apply/writestrong/>.

APPENDIX

LIST OF NAT ATTACHMENTS AND NAT PROGRAM SPECIFIC DATA FORMS

The following NAT Program Specific Data Forms are to be completed electronically via Grants.gov. The paper versions of the forms are presented in this FOA for your reference.

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

NAT Program Specific Data Forms and Instructions

Table 1 - NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported and Projected Data

Table 2A - NAT: Graduate Data – Rural, Underserved, or Public Health

Table 2B - NAT: Graduates Supported by Traineeship Data - Rural, Underserved, or Public Health

Table 1 - NAT: Enrollment, Traineeship Support, Graduates, Graduates Supported and Projected Data

When completing the application electronically, ensure that you select the correct Current Fiscal Year prior to inputting any data. You must select the correct Current Fiscal Year (2017) as the dates will dynamically be displayed based on the fiscal year selection.

Complete Table 1 summarizing student enrollment, trainee/ student support, graduates, graduates supported and projected student enrollment. Instructions for completing Table 1 are below.

Students	Total # of Full- time Students Enrolled (As of 10/15/16)	Total # of Students Supported (07/01/15 - 06/30/16)	Total # of Graduates (07/01/15 - 06/30/16)	Total # of Graduates Supported (07/01/15 - 06/30/16)	Projected Students by 10/15/2017
# Master's Students in First 12 Months of Study					
# Doctoral Students in First 12 Months of Study					
# Master's Students Beyond First 12 Months of Study					
# Doctoral Students Beyond First 12 Months of Study					
GRAND TOTAL					

OMB Number (0915-0374) and Expiration date (1/31/2017)

Instructions for Completing Table 1 - NAT:

IMPORTANT NOTES:

- All applicants must complete this table.
- Do not make any changes to this table.
- When completing the application on-line, ensure that you select the correct Current Fiscal Year prior to inputting any data.
- Students must not be counted as both an Enrollee and a Graduate.
- Enrollees – Students that are enrolled in a Nurse Anesthetist Program and have not graduated or completed the program by 10/15/16.
- Students Supported - Students who received traineeship support from 07/01/15- 06/30/16 and did not graduate, under "STUDENTS SUPPORTED BY TRAINEESHIPS."
- Graduates – Students who have successfully completed all educational requirements for the Nurse Anesthetist Program between 07/01/15-06/30/16.
- Graduates Supported - Students who received traineeship support from 07/01/15- 06/30/16 and graduated, under "TOTAL # OF GRADUATES

- For **“Total # of Full-time Students Enrolled”**, enter the total number of NAT full-time students enrolled as of 10/15/2016 for both students in the first 12 months of study and students beyond the first 12 months of study.
- For **“Total # of Students Supported”**, enter the total number of NAT students who were enrolled as of 10/15/2015 and of those enrollees who received Nurse Anesthetist Traineeship support from 07/01/15-06/30/16 (include students supported during the first 12 months of study and beyond 12 months of study). The **“Total # of Students Supported”** must be equal to or less than the **“Total Number of Full-time Students Enrolled”**.
- For **“Total # of Graduates”**, enter the total number of NAT graduates beyond 12 months of study who completed degree requirements between 07/01/15-06/30/16. If this is a new program, enter “0” in the “Total # of Graduates” column.
- For **“Total # of Graduates Supported”**, enter the total number of NAT graduates beyond 12 months of study who received NAT support and completed degree requirements between 07/01/15-06/20/16. If this is a new program, enter “0” in the “Total # of NAT Graduates” column. The **“Total # of Graduates Supported”** must be equal to or less than the **“Total Number of Graduates”**.
- For **“Total # of Projected Students”**, enter the total number of Master’s and/or Doctoral students projected to enroll by October 15, 2017.
- For **“Grand Total”**, the Grand Totals for each column will be automatically calculated by the electronic system.

OMB Number (0915-0374) and Expiration date (1/31/2017)

Table 2A - NAT: Graduate Data - Rural, Underserved, or Public Health (7/01/15-6/30/16)

Meeting the **Statutory Funding Preference** is contingent on meeting the **Statutory Funding Preference High Rate** – reference section V.2

Meeting the **Special Consideration** is contingent on meeting the **Special Consideration High Rate** – reference section V.2

Complete Table 2A, as appropriate, providing data on the number of Nurse Anesthesia graduates (whether supported with BHW NAT funds or not) who completed degree requirements between 7/1/15-6/30/16 and are employed at clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2A are below.

Practice Settings	Number of Graduates
Community Health Centers	
Migrant Health Centers	
Health Care for the Homeless Grantees	
National Health Service Corps Sites	
Indian Health Service Sites/Tribal Health Sites	
Federally Qualified Health Centers	
State or Local Health Departments	
Ambulatory Practice Sites Designated by State Governors	
Health Professional Shortage Areas (HPSAs)	
Rural Populations / Settings	
Underserved Populations / Settings	
1. Total Number of Graduates employed in these Settings (from 07/01/15 – 06/30/16)	
2. Total Number of Graduates (from 07/01/15 – 06/30/16)	
3. Percentage of Graduates Employed in these Settings (Number 1 divided by Number 2)	
4. Percentage of Graduates Employed in HPSAs (SPC) (Total Number of HPSAs divided by Total Number of Graduates from 07/01/15-06/30/16)	

OMB Number (0915-0374) and Expiration date (1/31/2017)

Instructions for completing Table 2A - NAT:

IMPORTANT NOTES:

- All applicant institutions requesting the **Statutory Funding Preference (SFP)** must complete this table which will be used to determine if the applicant has met the **SFP**.
- All applicant institutions requesting the **Special Consideration (SPC)** must complete this table which will be used to determine if the applicant has met the **SPC**.
- Do not make any changes to this table.
- Although a graduate's practice site may qualify under more than one category, each individual graduate should be reported only once.
- Data on this table should reflect only the number of Nurse Anesthetist graduates who completed degree requirements between 07/01/2015 and 06/30/2016.

- **Number of Graduates.** Enter the total number of "**Nurse Anesthetist**" graduates (whether supported with BHW NAT funds or not) employed in each of the "**Practice Settings**" for each applicable row.
- **Item 1.** Enter the cumulative "**Total Number of Graduates Employed in these Settings**" from 07/01/2015 – 06/30/2016.
- **Item 2.** Enter the "**Total Number of Graduates**" completing degree requirements between 07/01/2015 and 06/30/2016.
- **Item 3. Statutory Funding Preference (SFP).** The "**Percentage of Graduates Employed in these Settings**" is calculated by dividing the Item 1 "Total Number of Graduates employed in these Settings from 07/01/15-06/30/16" by Item 2 "Total Number of Graduates from 07/01/15-06/30/16". This percentage will be used to determine if the applicant has met the SFP and it is automatically computed by the electronic system.
- **Item 4. Special Consideration (SPC).** The "**Percentage of Graduates employed in HPSAs**" is calculated by dividing the "Number of Graduates from the Health Professional Shortage Areas" [HPSAs] row under the Practice Settings by Item 2 "Total Number of Graduates from 07/01/15- 06/30/16". This percentage will be used to determine if the applicant has met the SPC and it is automatically calculated by the electronic system.

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Table 2B - NAT: Graduates Supported by Traineeship Data - Rural, Underserved, or Public Health (7/01/15-6/30/16)

Complete Table 2B, as appropriate, providing data on the number of Nurse Anesthesia graduates supported by traineeships (only supported with BHW NAT funds) that completed degree requirements between 7/1/15-6/30/16 and are employed at clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Instructions for completing Table 2B are below.

Practice Settings	Number of Graduates Supported
Community Health Centers	
Migrant Health Centers	
Health Care for the Homeless Recipients	
National Health Service Corps Sites	
Indian Health Service Sites/Tribal Health Sites	
Federally Qualified Health Centers	
State or Local Health Departments	
Ambulatory Practice Sites Designated by State Governors	
Health Professional Shortage Areas (HPSAs)	
Rural Populations / Settings	
Underserved Populations / Settings	
1. Total Number of Graduates Supported By Traineeships Employed in these Settings (from 07/01/15 – 06/30/16)	
2. Total Number of Graduates (from 07/01/15 – 06/30/16)	
3. Percentage of Graduates Supported by Traineeships Employed in these Settings (Number 1 divided by Number 2)	
4. Percentage of Graduates Supported by Traineeships Employed in HPSAs (Total Number of HPSAs divided by Total Number of Graduates from 07/01/15-06/30/16)	

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Instructions for completing Table 2B - NAT:

IMPORTANT NOTES:

- All applicant institutions requesting the Statutory Funding Preference must complete this table for data analysis purposes only.
 - Do not make any changes to this table.
 - Although a graduate's practice site may qualify under more than one category, each individual graduate should be reported only once.
 - Data on this table should reflect only the number of nurse anesthetist graduates who received traineeship support who completed degree requirements between 07/01/2015 and 06/30/2016.
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- **Number of Graduates Supported.** Enter the total number of Nurse Anesthetist graduates who received traineeship support employed in each of the Practice Settings for each applicable row.
 - **Item 1.** Enter the cumulative “**Total Number of Graduates Supported by Traineeships Employed in these Settings**” from 07/01/2015 – 06/30/2016.
 - **Item 2.** Enter the “**Total Number of Graduates**” (whether supported with BHW NAT funds or not) completing degree requirements between 07/01/2015 and 06/30/2016. This number should reconcile with data reported in Item 2 on Table 2A.
 - **Item 3.** The “**Percentage of Graduates Supported by Traineeships Employed in these Settings**” is calculated by dividing Item 1 “Total Number of Graduates Supported By Traineeships Employed in these Settings (from 07/01/15-06/30/16)” by Item 2 “Total Number of Graduates (from 07/01/15-06/30/16)”. This percentage is automatically computed by the electronic system.
 - **Item 4.** The “**Percentage of Graduates Supported by Traineeships Employed in HPSAs**” is calculated by dividing the Number of Graduates Supported in the Health Professional Shortage Areas (HPSAs) row by the Total Number of Graduates from 07/01/15-06/30/16. This percentage is automatically computed by the electronic system.

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