FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: February 4, 2015

Ensure your 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.

Modified January 15, 2015: Page 6 Underrepresented minority and Page 29, Priority 8: Student Training

Release and Issuance Date: December 10, 2014

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Authority: Title VII, Sec. 748 of the Public Health Service Act, as amended by Sec. 5303 of the Affordable Care Act (ACA).
EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW) is accepting applications for the fiscal year (FY) 2015 Postdoctoral Training in General, Pediatric, and Public Health Dentistry program. The purpose of this grant program is to improve access to, and the delivery of, oral health care services for all individuals, particularly low income, underserved, uninsured, underrepresented minority, health disparity, and rural populations. This program provides funds to plan, develop, operate, or participate in, approved postdoctoral training programs in the fields of general dentistry, pediatric dentistry, and dental public health.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Postdoctoral Training in General, Pediatric, and Public Health Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-15-051</td>
</tr>
<tr>
<td>Due Date for Applications:</td>
<td>02/04/2015</td>
</tr>
<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$10.5 Million</td>
</tr>
<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to 23 grants</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $500,000 per year – single discipline Up to $750,000 per year – collaborative</td>
</tr>
<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
</tr>
<tr>
<td>Project Period:</td>
<td>July 1, 2015 through June 30, 2020 (5 years)</td>
</tr>
<tr>
<td>Eligible Applicants:</td>
<td>Eligible entities include dental schools, public or private not-for-profit hospitals, or other public or private not-for-profit entities that have accredited postdoctoral training programs in general dentistry, pediatric dentistry, or dental public health. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</td>
</tr>
</tbody>
</table>


The Oral Health Training Branch (OHTB) in BHW’s Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: http://bhpr.hrsa.gov/grants/dentistry/postTd.html.
The second TA session will be a phone call and will also include information important for preparing an application and an opportunity to ask questions. A taped replay will be available one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: Thursday, December 18, 2014  
Time: 2:00 p.m. ET  
Telephone Number: 888-946-2711  
Passcode: 8452201  
Web Link: https://hrsa.connectsolutions.com/tech_asst/  
Play-back telephone number: 866-507-3617  
Passcode: 3132

Date: Thursday, January 22, 2015  
Time: 2:00 p.m. ET  
Telephone Number: 888-946-2711  
Passcode: 8452201  
Play-back telephone number: 866-431-7851  
Passcode: 3166
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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Postdoctoral Training in General, Pediatric, and Public Health Dentistry program. The purpose of this program is to improve access to, and the delivery of, oral health care services for all individuals, particularly low income, underserved, uninsured, underrepresented minority, health disparity, and rural populations.

The goal of this FOA is to prepare postdoctoral trained dentists to practice in and lead new and innovative models of oral health care delivery to underserved and vulnerable groups, including programs that focus their activities at the population level. Applicants are encouraged to target their programs towards dentists who are likely to provide care for underserved groups and communities.

Applicants will be required to develop or enhance integrated health care delivery systems that serve as training sites for postdoctoral dental trainees. Integrated systems should be demonstrated by partnerships with primary care delivery organizations and other community-based organizations. Integrated health care delivery systems should include:

- Collaborative practice across dentistry and other health disciplines,
- Mechanisms to improve care coordination, and
- System level initiatives, such as integrated electronic health records or care coordination among a network of providers to reduce the number of dental cases treated within emergency rooms in a region.

Grants will be required to focus on one or both of the following two Focus Areas:

Focus Area 1: Developing and testing new training and delivery models in clinical training sites that prepare postdoctoral dentists to provide care for specified underserved groups or communities. Examples include:

- Developing or enhancing integrated oral and primary care clinical training sites,
- Developing or enhancing training to utilize and manage telehealth systems that provide access to oral health services to rural communities, and
- Developing and testing new curricula for high-need vulnerable populations.

This can also include initiatives to assist the transition of trainees into practice in evolving delivery models serving underserved communities, such as practice management training for practices in underserved settings, or education regarding new delivery models and delivery change management.
Focus Area 2: Developing and testing new or enhanced training in dental public health and/or population health management. Applications must include didactic and experiential training to provide residents with the skills to assess population needs and use data to drive health system processes. Support for a Master in Public Health is allowed under this activity.

Applicants may integrate into their plans innovative programs to encourage and support residents who are underrepresented minorities, veterans, or from a rural or disadvantaged backgrounds to apply for, and be successful in, oral health professional training programs. Such programs may offer financial assistance to dental residents provided they exhibit need and plan to practice in general, pediatric, or public health dentistry. See Section III.4 for additional details on financial assistance eligibility.

Evaluation, is required. See Section IV.2.ii Impact for additional information on evaluation requirements.

**Funding Priorities:**
This funding opportunity includes eight (8) funding priority areas for which applicants can apply. Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an applicant’s score. Up to 20 priority points are available across the eight (8) priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 20 priority points. The instructions and criteria for each funding priority are provided in Section IV.vi Attachments and V.2. Review and Selection Process.

2. Background

This program is authorized by Title VII, Sec. 748 of the Public Health Service Act as amended by the Affordable Care Act (ACA), Sec. 5303 (Public Law 111-148).

According to the Bureau of Labor Statistics, employment of dentists is projected to grow 16 percent from 2012 to 2022, faster than the average growth for all occupations. While the number of oral health providers may be growing, significant unmet need exists for vulnerable, underserved, and rural populations. Factors contributing to lack of access to oral health care include lack of dental insurance or inability to pay, difficulty accessing services due to low levels of health literacy, physical disabilities, geographic barriers, and mal-distribution of oral health care providers. As of June 19, 2014, there were approximately 4,900 Dental Health Professional Shortage Areas (Dental HPSAs). Dental HPSAs are based on a dentist-to-population ratio of 1:5,000.2

The Institute of Medicine (IOM) released two reports in 2011 which provide recommendations to improve access to oral health services for vulnerable and underserved populations and to advance oral health in America.3,4 Multiple recommendations focus on educational training

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programs. The IOM recommends that the Department of Health and Human Services (HHS) should invest in workforce innovations that “focus on interprofessional, team-based approaches to the prevention and treatment of oral diseases and the best use of new and existing oral health care professionals.”4 Dental professional education programs should also “increase recruitment and support for enrollment of students from underrepresented minority, lower-income, and rural populations, and should require all students to participate in community-based education rotations with opportunities to work with interprofessional teams.”3 In addition, the IOM recommended that HRSA should dedicate Title VII funding to the “development, implementation, and maintenance of substantial community-based education rotations, to support and expand opportunities for dental residencies in community-based settings, and increase funding for recruitment and scholarships for underrepresented minorities, lower-income, and rural populations to attend dental professional schools.”3

Relevant recommendations have also come from the Advisory Committee on Training in Primary Care Medicine and Dentistry which provides advice and recommendations on policy and program development to the Secretary of HHS and to Congress on matters concerning the activities under Sections 747 and 748 of the PHS Act. In their 10th Report to Congress entitled, Interprofessional Education, the Committee recommended that, “Title VII should promote interprofessional team-based training, integrated throughout the curriculum, through the use of innovative methodologies.”5 Additional recommendations in this report address topics such as formal evaluation and integration of dental, medical and primary care services.

Applicants should also be committed to increasing diversity in health professions programs and the health workforce. This commitment helps ensure, to the extent possible, that the workforce reflects the diversity of the nation. Training programs should develop develop the competencies and skills needed for intercultural understanding and expand cultural fluency, recognizing that bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people. The American Dental Education Association reports only 13.1% of students entering dental school are underrepresented minorities.6

Program Definitions
The following definitions apply to the Postdoctoral Training in General, Pediatric, and Public Health Dentistry Program for Fiscal Year 2015:

- **Disadvantaged background** – an individual from a disadvantaged background is defined as someone who comes from an environmentally or economically disadvantaged background:
  - 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.

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

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

<table>
<thead>
<tr>
<th>Size of parents’ family*</th>
<th>Income Level**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48 Contiguous States and D.C.</td>
</tr>
<tr>
<td>1</td>
<td>$23,340</td>
</tr>
<tr>
<td>2</td>
<td>31,460</td>
</tr>
<tr>
<td>3</td>
<td>39,580</td>
</tr>
<tr>
<td>4</td>
<td>47,700</td>
</tr>
<tr>
<td>5</td>
<td>55,820</td>
</tr>
<tr>
<td>6</td>
<td>63,940</td>
</tr>
<tr>
<td>7</td>
<td>72,060</td>
</tr>
<tr>
<td>8</td>
<td>80,180</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>$8,120</td>
</tr>
</tbody>
</table>

* Includes only dependents listed on federal income tax forms. Some programs will use the student’s family rather than his or her parents’ family.
** Adjusted gross income for calendar year 2013.


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 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, and

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 identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities, and language.

- **Health disparity population** – means a population that has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population, as compared to the health status of the general population. It further includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services, or access to, or satisfaction with such services, as compared to the general population.

- **Integrated health care delivery system** – a delivery system which provides or aims to provide a coordinated continuum of services to a defined population and are willing to be held accountable for the outcomes and the health status of the population served. At a minimum the proposed system must include collaborative practice across disciplines including dentistry, mechanisms to improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided.

- **Interprofessional (or collaborative) care (IPC)** – occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers [caregivers], and communities to deliver the highest quality of care across settings. (WHO, 2010)

- **Interprofessional education (IPE)** – occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). Interprofessional education means the collaborative process by which teams of health professionals develop curricula and courses, jointly coordinate and plan practical experiences, and team teach groups of interdisciplinary health professions students to provide holistic care throughout the lifespan.

- **Medically Underserved Community (MUC)** – is 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 (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor’s Certified Shortage Area for Rural Health
Clinic purposes eligible to be served by Community Health Centers, Migrant Health Centers, Rural Health Clinics, and health centers serving homeless individuals or residents of public housing.

- **Other Health Care Trainees** – other health professions trainees who will train alongside or are trained by the Primary Trainees as part of the interdisciplinary training, such as medical residents, nursing students, etc.

- **Primary Trainees** – residents in General Dentistry, Pediatric Dentistry, or Dental Public Health residency programs that are being trained through the proposed training program.

- **Rural area** – a jurisdiction that is not located in a metropolitan statistical area (MSA), as defined by the Office of Management and Budget [http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html](http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html) or any jurisdiction located in an MSA, but in a county or tribal jurisdiction that has a population less than 50,000. Special rules apply for independent cities and townships.

- **School of public health** – an accredited public or nonprofit private school in a State that provides training leading to a graduate degree in public health or an equivalent degree. (PHSA, Sec 799B)

- **Team-based care** – care delivered by intentionally created work groups of at least two health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

- **Underrepresented minority** – is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of people 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.

- **Vulnerable populations** – populations at increased susceptibility for poor medical, mental, and oral health outcomes that is influenced by conditions such as disparate healthcare access; healthcare quality; and genetic, personal, behavioral, environmental, socioeconomic, and community risk factors. Vulnerable Populations include older adults, homeless individuals, individuals with mental health or substance-related disorders, individuals with disabilities, and individuals with HIV/AIDS.

### II. Award Information

1. **Type of Application and Award**

Types of applications sought: New and Competing Continuation.

Funding will be provided in the form of a grant.
2. Summary of Funding

This program will provide funding during federal fiscal years 2015 – 2019. Approximately $10,500,000 is expected to be available annually to fund approximately twenty-three (23) awardees. The actual amount available will not be determined until enactment of the final FY 2015 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 maximum amount that may be requested per year for an application that includes accredited residency programs in one of the following disciplines: general dentistry, pediatric dentistry, or dental public health, is $500,000. The maximum amount that may be requested per year for a collaborative application that includes accredited residency programs in at least two of the following disciplines: general dentistry, pediatric dentistry, or dental public health, is $750,000. The proposed collaboration must be significant and include joint planning and implementation and be included as one of the grant objectives. Progress on this objective will be monitored.

The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for Postdoctoral Training in General, Pediatric, and Public Health Dentistry in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants for postdoctoral training grants in general, pediatric, or public health dentistry shall include entities that have programs in dental schools, or approved residency or advanced education programs in the practice of general dentistry, pediatric dentistry, or dental public health.

Public or private non-profit hospitals or public or private non-profit entities, including faith-based and community-based organizations, as well as Tribes and Tribal organizations, are eligible to apply for these funds as long as they can carry out such grants.

All training activities must be conducted by an accredited entity; therefore, either the applicant or a partner organization responsible for the training must be an accredited program in general dentistry, pediatric dentistry, or dental public health. HRSA will check the Commission on Dental Accreditation (CODA) website for accreditation confirmation. Accreditation must be maintained continuously throughout the five-year grant period.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)
Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicants 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/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it 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), and
- Grants.gov (http://www.grants.gov/).

For further details, see Section 3.1 of HRSA’s SF-424 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. Other

Ceiling
Applications that exceed the ceiling amount 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.3 will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort (MoE)
Per Title VII, Sec. 797 of the Public Health Service Act (U.S.C. 295n–2), grant funds shall not be used to take the place of current funding for activities described in the application. The grantee must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year preceding the fiscal year for which the entity receives the grant. All grantees must attach Maintenance of Effort information in Attachment 5.

Multiple applications
Multiple applications from an organization are NOT allowed. An “organization” for this FOA is defined as an institution with a single Employer Identification Number (EIN).
Financial Support
Financial support for residents is allowed as part of a program designed to encourage and support residents from underrepresented minorities, veterans, or from a rural or disadvantaged backgrounds to apply for, and be successful in, oral health professional training programs. Residents receiving financial support must 1) be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States, 2) demonstrate need of the support, and 3) plan to work in the practice of general dentistry, pediatric dentistry, or dental public health.

Planning Year
A planning year is allowed. However, funded proposals must have primary trainees being trained through funded grant activities by the beginning of the second budget period, July 1, 2016.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA requires applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA’s SF-424 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 Application Guide except where instructed in the FOA to do otherwise.

See Section 8.5 of the SF-424 Application Guide for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. We strongly urge you to print your application to ensure it does not exceed the specified page limit.

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

In addition to application requirements and instructions in Section 4 of HRSA’s SF-424 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 Application Guide.

In addition to the instructions provided in the guide, please include the following:

- A brief overview of the project as a whole,
- Specific, measurable objectives that the project will accomplish, and
- 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.

In addition, if requesting a funding priority as outlined in Section V. 2. of the FOA, please indicate here.

ii. Project Narrative

The Project Narrative 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

Explain the purpose of your proposed program, what you plan to accomplish, and what needs it will address. Data should be used and cited whenever possible to support the information provided.

Provide a brief statement of the purpose of the proposed project. Describe how the proposed program is relevant at the national or State level. Describe gaps in the current health workforce, particularly the proposed targeted disciplines, including their training needs. Explain how developing the proposed training will address the health workforce gaps you have identified.

Describe the current state of the health care delivery system that will serve as a training site for your training program. Identify specific gaps in your current training program that will be addressed through the proposed training program.

Discuss the needs of the specific community/communities in which the proposed training will take place and identify those that will be addressed through your proposed training program. Include socio-cultural determinants of health, health disparities, and any unmet needs. Provide documentation of demographics and other relevant data that demonstrate that it is an underserved or rural community and describe how these needs are reflective of needs at the State or national level.
RESPONSE TO PROGRAM PURPOSE -- This section includes 3 sub-sections—
(a) Methodology; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).

(a) METHODOLOGY -- Corresponds to Section V's Review Criterion #2 (a).

Clearly indicate which Focus Area(s) your proposal addresses and how the proposed activities align with them. Specifically:

Focus Area 1: Developing and testing new training and delivery models in clinical training sites that prepare postdoctoral dentists to provide care for specified underserved groups or communities.

Focus Area 2: Developing and testing new or enhanced training in dental public health and/or population health management.

Within each Focus Area, describe in detail your proposed project goals, objectives, and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Clearly relate the project goals and objectives to the overall purpose of your proposed project. Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed didactic or clinical curricula to be developed or enhanced and any proposed changes to the clinical learning environment.

Clearly describe how your proposed project addresses the identified focus area(s). Indicate how the project goals and objectives address the identified needs of the training program and the community in which the training will take place. Discuss how the proposed methodology will prepare postdoctoral dentists to provide care for specified vulnerable or underserved groups or communities. Provide evidence supporting the proposed methodologies.

Clearly describe the existing or planned integrated health care delivery systems that will serve as a training site for your primary trainees. Describe how the proposed integrated health care delivery system training model will improve access to care and quality of care for underserved or rural community served. Identify the key partner organizations, departments, or programs involved and describe how you will function and coordinate carrying out the grant activities. Describe partnerships with primary care delivery organizations and other community-based organizations, and describe how your system includes: collaborative practice across disciplines including dentistry, mechanisms to improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of oral health care provided.

Please note that evaluation must be one of your objectives (see directions for the Evaluation and Technical Support Capacity narrative under IMPACT for more information).

The methodology should include a description of the Primary Trainees (see Program Definitions in Section 1.2) and the accredited programs they will be drawn from, how any training in integrated, interdisciplinary teams will be structured and what other disciplines
will be included, and any didactic or clinical curricula to be developed or enhanced. Also include any initiatives to assist the transition of trainees into practice in evolving delivery models for underserved communities, and how the initiative is expected to facilitate transition of trainees into practice.

Specific only to Focus Area 2: Clearly describe the didactic and experiential training proposed and how it will provide residents with the skills to assess population health needs and use data to drive health programs and system processes. If support for a Master in Public Health degree for residents is proposed, indicate what school(s) of public health you are partnering with, how it will operate, and how eligibility for such support will be determined.

Describe any planned innovative programs to encourage or support Primary Trainees from underrepresented minorities, rural or disadvantaged backgrounds, and/or veterans to apply for, and be successful in, oral health professional training programs. Include in your description the recruitment, retention, and placement strategies and activities to be employed and any partnerships or outreach to existing programs or institutions. Discuss how your program will facilitate placement of Primary Trainees in rural and underserved areas; and, any needed facility construction or significant renovations required to implement your plan, and what non-grant resources will be used for this. Note that grant funds may not be used for construction and/or renovation activities.

- (b) Work Plan -- Corresponds to Section V’s Review Criterion #2 (b).

In this section, provide a detailed work plan that includes key milestones for each task or activity, timeframe for completion, and a description of the staff responsible. For each program activity, please describe key deliverables and/or products.

Provide a work plan chart that includes the goal, key objectives, activities/tasks, staff, and a timeline. A sample work plan can be found here: [http://bhpr.hrsa.gov/grants/technicalassistance/workplanteamplate.docx](http://bhpr.hrsa.gov/grants/technicalassistance/workplanteamplate.docx). Be sure to include evaluation and dissemination activities, any needed facility improvements for the training environment, and any non-grant-funded construction or renovations envisioned.

You must also include an annual training chart that indicates the number of trainees you plan to train through the proposed activities. The chart must include information on the following:

- Information on the Primary Trainees that will be trained through the grant. For each discipline include the following:
  - the number of residents you propose to train each year,
  - the number residents you project to complete the program each year,
  - if applicable, the projected number of residents in your innovative recruitment, retention, and placement plan,
  - the number of underrepresented minorities you project to train each year,
  - the number of residents from a rural or disadvantaged background that you project to train each year, and
  - the number of veterans that you project to train each year.
• Other Health Care Trainees (see Program Definitions in Section I.2):
  
  o the expected number of other health professions trainees, by discipline, that you
    propose to train alongside your Primary Trainees during each year of the
    project period.

• (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 the approaches that will be used to resolve such
  challenges. Describe any potential obstacles to implementing the evaluation plan and
  meeting HRSA’s reporting requirements, and indicate how those obstacles will be
  addressed.

• 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)

  You must include evaluation as an objective of your proposed program and include it in your
  work plan. Progress on your evaluation will be monitored and if funded you will report on
  your progress in annual progress reports. A finalized evaluation plan will be required by the
  end of the first annual budget period, June 30, 2016.

  Discuss your plans for and feasibility of disseminating project results, including relevant
  audiences, the degree to which the project activities are replicable, and the effectiveness of
  plans for dissemination of project results.

  Your evaluation plan should include descriptions of the inputs (e.g., key evaluation staff and
  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. You may incorporate by reference the
  information from your Staffing Plan and Job Descriptions for Key Personnel (Attachment 1)
  or key personnel bio sketches when discussing your technical support capacity.
  The evaluation 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.

  Your evaluation plan must include the following three areas: 1) required HRSA performance
  and progress reporting; 2) regular, on-going program assessment and improvement over the
  course of the project; and 3) assessment of program impact. The evaluation plan must
  demonstrate evidence that the evaluative measures selected will be able to assess: A) the
  extent to which the program objectives have been met, and B) the extent to which these can
  be attributed to the project.
**HRSA Required Performance and Progress Reporting:** Applicants must describe the systems and processes you will use to meet HRSA’s program progress and performance measurement requirements (see Section VI Award Administration Information, #3 Reporting). Include a description of how you will effectively collect, manage, and analyze required data in a way that allows you to provide accurate and timely required reports to HRSA in the HRSA Electronic Handbooks (EHB). At the following link, you will find the required data forms for this program: [http://bhw.hrsa.gov/grants/reporting/index.html](http://bhw.hrsa.gov/grants/reporting/index.html). Your systems and processes should include tracking and reporting on required performance reports as well as tracking and reporting on progress and accomplishment on your grant objectives and work plan. Describe any potential obstacles to implementing the program progress and performance evaluation and meeting HRSA’s reporting requirements, and indicate how those obstacles will be addressed.

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

- The number and demographics of Primary Trainees,
- The type and location of employment of program completers,
- The number of interprofessional teams that were trained and their breakdown by discipline, and
- The effect on the training experience on the residents’ abilities and decisions to provide care to underserved communities after completing the program.

To carry out your performance reporting, you are required to create and describe a trainee tracking system that can track program trainees for at least five years following completion of the training program. Applicants are required to identify the baseline percentage of program completers who:

1. Go on to practice in general dentistry, pediatric dentistry, or dental public health, and
2. Practice in settings serving underserved areas or health disparity populations (see Program Definitions in Section I.2).

Applicants will be expected to set specific and realistic percentage points goals for each performance measure.

1) Program Assessment and Improvement:

You must describe a continuous quality improvement plan to measure and assess your program’s performance. Your plan should provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. Your plan should also discuss how the results of these activities will inform improvements in the project over the five-year project period. Rapid-cycle improvement strategies such as Plan-Do-Study-Act (PDSA) cycles that will provide feedback to the applicant and HRSA about early results of the implementation and potential modifications to better meet the goals of the program are encouraged.
2) Program Impact:

- **Focus Area 1** programs should propose evaluating the impact of training in the new model of care delivery in at least one of the following three areas: 1) access to care for the vulnerable and underserved populations being served, 2) quality of care received by patients in the new training environment, and 3) the estimated cost effectiveness of the care delivered in the new training environment. You are encouraged to integrate such evaluation into clinical quality improvement efforts.

- **Focus Area 2** programs should propose evaluating the impact of the new or enhanced training in at least one of the following areas: 1) types of positions program completers hold, particularly in dental public health; and 2) ongoing public health practices of program completers, including participation in health system transformation and public health initiatives to improve access, quality, and cost effectiveness of oral health care.

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

Discuss challenges that are likely to be encountered in sustaining program activities and approaches you plan to use to address them. Be sure to include the criteria you will use to determine what parts of your program will be considered for sustaining. Address any need for ongoing financial or other resources to sustain activities and your approaches to meet that need. The documentation should specify strategies to obtain future sources of potential income, as well as specify strategies and a timetable for becoming self-sufficient.

Key elements include, but are not limited to:

- Effective training methods and environments,
- Key partnerships, and
- Course curriculum, which may include ongoing review and refinements.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion #4**

Provide information on the applicant organization’s current mission, structure, and scope of current activities. Include a project organizational chart (Attachment 3) that demonstrates effective collaboration among partners and proper oversight of progress and activities. Describe how all of these contribute to the ability of the organization to conduct the program requirements and meet program expectations, and provide a detailed description of how the organization will support the proposed activities.

**iii. Budget**

Please complete the Budget and Budget Justification Narrative, as directed below in Section iv.

For year 5 of the project period, please submit a copy of Sections A and B of the SF-424A as Attachment 10.
**iv. Budget Justification Narrative**

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 grant-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.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) 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 Application Guide** for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

See Section 4.1.v of HRSA’s **SF-424 Application Guide**. In addition, the Postdoctoral Training in General, Pediatric, and Public Health Dentistry program requires the following which Corresponds to Section V’s Review Criteria #5:

- **Participant/Trainee Support Costs**, if applicable: List tuition/fees/health insurance, stipends, travel, subsistence, other and the number of participants/trainees.

- **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.

- **Subawards/Contractual Costs**: As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

**Projects that propose training Primary Trainees from multiple accredited training programs across two or more disciplines (General Dentistry, Pediatric Dentistry, and Dental Public Health) must provide a specific breakdown of the line item budget for each of the proposed disciplines involved.**

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.
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: Staffing Plan and Job Descriptions for Key Personnel (counted in page limit)
See Section 4.1.vi. of HRSA’s SF-424 Application Guide for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement and Description(s) of Proposed/Existing Contracts (project specific) (counted in page limit)
Provide documentation that describes a formal working relationship(s) between the applicant organization and other entities/programs cited in the proposal. Documentation should briefly summarize actual or pending contractual agreements and should clearly describe the role(s) of the contractors as well as any deliverables. Documentation should be at least one page in length and must be signed and dated by the entities involved.

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

Attachment 4: Tables, Charts, etc. (counted in page limit)
Provide any additional documents to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 5: Maintenance of Effort Documentation (counted in page limit)
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.

<table>
<thead>
<tr>
<th>NON-FEDERAL EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014 (Actual)</td>
</tr>
<tr>
<td>Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application.</td>
</tr>
<tr>
<td>Amount: $______________</td>
</tr>
<tr>
<td>FY 2015 of Application (Estimated)</td>
</tr>
<tr>
<td>Estimated FY 2015 non-federal funds, including in-kind, designated for activities proposed in this application.</td>
</tr>
<tr>
<td>Amount: $______________</td>
</tr>
</tbody>
</table>

Attachment 6: Request for Funding Priority (counted in page limit)
To receive a funding priority you must apply by uploading an attachment that: 1) clearly states which priorities you are requesting, 2) briefly indicates how the priority is met,
and 3) provides any required data and calculations for that priority. For each priority, applicants should provide:

- A concise narrative justification of why you qualify,
- The method(s) being used to request the priority,
- A reference to relevant Objectives, Work plan, and Activities if applicable,
- A summary of the data requested if applicable, and
- A complete calculation with numerator and denominator if applicable.

See the Funding Priority section under Review Selection Process in Section V.2.

Attachment 7: Summary Progress Report (counted in page limit)

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Information included in this application pertaining to previously funded grant activities may be reviewed by HRSA staff to ensure consistency. Because the Accomplishment Summary is considered when applications are reviewed and scored, competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do. The Accomplishment Summary will be evaluated as part of Review Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

1. The period covered (dates).
2. Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. You must include any approved Changes of Scope and why they there requested.
3. Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 8: Letters of Support (counted in page limit)

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).
Attachment 9: Biographical Sketches of Key Personnel (Counted in page limit).
Include biographical sketches for persons occupying the key positions described in Attachment 1. 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.

Attachment 10: Year 5 of project period (NOT counted in page limit)
For year 5 of the project period, please submit a copy of Sections A and B of the SF-424A. Refer to the Application Guide for further details.

Attachment 11: Other Relevant Document (counted in page limit)
Include here any other document that is relevant to the application.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is February 4, 2015 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.

4. Intergovernmental Review

The Postdoctoral Training in General, Pediatric, and Public Health Dentistry program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA’s SF-424 Application Guide for additional information.

5. Funding Restrictions

Applicants responding to this announcement must request funding for a project period of five (5) years, at no more than $500,000 per year in total costs (direct and indirect) for applications addressing one discipline, and at no more than $750,000 per year in total costs (direct and indirect) for collaborative applications addressing at least two disciplines. 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 construction or renovation.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA’s SF-424 Application Guide for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant 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 reviewed. 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 Postdoctoral Training in General, Pediatric, and Public Health Dentistry FOA has five (5) review criteria:

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV’s Purpose and Need

The application will be reviewed for the extent to which the applicant demonstrates the problem and associated contributing factors to the problem, including the quality of and extent to which the applicant:

- Identifies the gaps and needs of the current oral health workforce that inhibit their delivery of primary and preventive services to vulnerable, underserved, or rural populations,
- Demonstrates an understanding of the population to be served by practitioners trained through the proposed program and provides documentation that the populations to be served are from vulnerable, underserved, or rural areas,
- Identifies gaps in the training programs for oral health professionals both generally and at their institution(s), and
- Proposes to enhance dental workforce education and training to better prepare dentists to practice in new and emerging models of care.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV’s Response to Program Purpose

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

The application will be reviewed on the extent to which the applicant demonstrates an understanding of the program requirements and expectations, and the extent to which the proposed goals, objectives, and activities will address the needs highlighted in the Purpose and Needs section. The methodology will be reviewed on the following:

- The extent to which the proposal addresses at least one of the two focus areas: (1) Developing and testing new training and delivery models in clinical training sites that
prepare postdoctoral dentists to provide care for specified underserved groups or communities; or (2) Developing and testing new or enhanced training in dental public health and/or population health management,

- The degree to which the project is innovative,
- The degree to which the objectives are specific, measurable, reasonable, and attainable,
- The degree to which the proposed activities are linked to clearly defined goals and objectives that address the Purpose and Needs section of the project narrative,
- The extent to which the applicant clearly indicates who the Primary Trainees will be and what programs they will be drawn from,
- The extent to which other professional trainees (e.g., medical residents, nursing students, etc.) are incorporated into the team-based training of the Primary Trainees,
- The strength and level of involvement/commitment of the applicant and the contributing partners to implement the proposed training activities successfully within the community being served,
- The strength and feasibility of any proposed program activities to encourage and support residents from underrepresented minorities, rural or disadvantaged backgrounds, and/or veterans to apply for, and be successful in, oral health professional training programs, and
- The extent to which evidence is provided to support the proposed methodologies, including published literature, prior experience, and historical data.

**Criterion 2 (b): WORK PLAN (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan**

The application will be reviewed for the extent to which the applicant provides a clear, comprehensive, and feasible work plan to achieve the goals and objectives of the proposal. This includes:

- The extent to which the work plan chart is clear, complete, and comprehensive,
- The feasibility of the proposed activities and timelines,
- The extent to which the work plan includes key milestones for each activity,
- The extent to which the work plan clearly describes and justifies the number of trainees that will be trained for each year,
- The adequacy of the staffing plan to implement the proposed work plan. Reviewers will consider level of staffing, skill sets, and qualifications of key personnel. Reviewers will also consider planned recruiting activities for unfilled positions, and
- The extent to which the proposed facilities, including proposed equipment, for the training program are clearly described, and are reasonable and adequate to accomplish the goal(s) of the proposed training project.

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

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

**Criterion 3: IMPACT (30 points – corresponds to Section IV’s Impact)**
Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

The application will be reviewed on the extent to which the applicant has identified and described the methods that will adequately address the stated goal(s), program requirements, and expectations of the FOA, including:

- The extent to which the application addresses all parts of the evaluation plan that are required for the selected focus area(s), including the presence of an evaluation objective and its integration into the work plan,
- The thoroughness of the description of inputs, key processes, variables to be measured, and quantitative/qualitative data that will be used to measure progress towards goals, outcomes, and impacts of the proposed project,
- The extent to which the applicant has or will secure the resources and technical capabilities to carry out the proposed evaluation plan,
- Extent to which applicant identifies obstacles of evaluation and identifies ways to address these obstacles, and
- Strength and feasibility of dissemination plan, degree to which project results may be regional or national in scope, and degree to which the project activities are replicable.

HRSA Required Performance and Progress Reporting:

- Strength of applicant’s ability to report on HRSA’s program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data on a semi-annual basis,
- Strength of a trainee tracking system that allows program to track trainees following completion of the training program,
- The extent to which the proposed trainee tracking system will allow the program to assess if completers are practicing in general dentistry, pediatric dentistry, or dental public health, and
- The extent to which the proposed trainee tracking system will allow programs to assess if completers are practicing in a rural setting, Dental HPSA, or in a setting serving other vulnerable or underserved populations.

Program Assessment and Improvement:

- Strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities including how and when feedback from evaluation findings will be incorporated into the project’s continuous quality improvement plans, and
- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities.

Program Impact:

- **Focus Area 1:** the extent to which the evaluation plan will be able to assess the impact project activities have on the access to care, quality of care, and cost effectiveness of care delivered to the targeted vulnerable, underserved, or rural populations being served in the proposed clinical training environment under Focus Area 1, and
• **Focus Area 2:** the extent to which the evaluation plan will be able to address the impact of the enhanced training program on a population level, including the population served by program completers, and the extent to which the evaluation addresses the impact of systems change and access to care for vulnerable and underserved populations.

**Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV’s Impact Sub-section (b) Project Sustainability**

The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges, including the quality of and extent to which the application addresses:

• Planning for how the applicant will incorporate successful results, effective training methods and environments, key partnerships and course curriculum into their overall training program, and
• Resources needed to sustain activities and the effectiveness of the methods proposed to meet those needs.

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

The application will be reviewed on the extent to which the organization and partners are aligned with the goal of this funding opportunity and have the capability and support to carry out the proposed activities. Criteria that will be considered include:

• The extent to which the organizations’ current missions and structures are aligned with the goal of this funding opportunity,
• The extent to which the applicant organization and proposed partners have the capabilities to carry out the proposed activities, including the ability to secure needed staff and resources,
• The extent to which the applicant organization and its proposed partners can effectively provide services to vulnerable, underserved, or rural populations,
• The extent to which the proposed Project Organizational Chart (Attachment 3) will allow for effective collaboration among partners and proper oversight of progress and activities,
• The extent to which project key personnel are qualified by training and/or experience to implement and carry out the project; this may be evaluated through both the project narrative and *Staffing Plan and Job Descriptions for Key Personnel* (Attachment 1),
• The strength of evidence of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application,
• The strength of evidence of support and commitment from all collaborative partners, e.g., resources and letters of support demonstrating their understanding of their role and affirming their commitment to the project (Attachments 2 and 8);
• For each training program involved, evidence of support by the individual or body responsible for the overall curriculum (e.g. letter from dean’s, educational boards, etc.). The evidence must demonstrate their understanding, support, and commitment to implementing the proposed changes to the program curriculum (Attachment 8); and
• For competing continuations, past performance will also be reviewed, to include the ability to accomplish the goals and objectives of the competing continuation grant and the ability to respond to potential barriers and challenges (See Section IV.2.vii, Attachment 7, Summary Progress Report).

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

Applications will be reviewed for the adequacy and reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the project activities, and the anticipated results, including:

• The extent to which the budget narrative provides sufficient detail to determine how the funds requested will be used and the reasonableness of the request,
• The extent to which costs, as outlined in the budget and required resources sections, are reasonable and necessary given the scope of work and project plan,
• The extent to which the modifications to clinical environments, e.g., equipment, systems, or supplies are reasonable and necessary to implement the proposed training environment,
• The extent to which key personnel have adequate time devoted to the project to achieve project objectives,
• The extent to which the amount budgeted for unfilled positions is reasonable given the recruitment timeline in the project plan,
• The degree to which the budget justification is reasonable, including indirect costs fixed at 8%, and describes the entire project costs including any trainee expenses, and
• If the applicant is proposing training multiple disciplines (general dentistry, pediatric dentistry, and dental public health), the degree to which the applicant clearly breaks down the line item budget between disciplines for each of the five budget periods.

2. **Review and Selection Process**

Please see Section 5.3 of HRSA’s [SF-424 Application Guide](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

**Funding Special Consideration** - Consideration will be given during the award-making process to distribute grant funds across the disciplines of pediatric dentistry, general dentistry, and dental public health.

**Funding Priorities**
This program includes funding priorities, as authorized by Title VII, Sec. 748 of the Public Health Service Act. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The Postdoctoral Training in General, Pediatric, and Public Health Dentistry program has eight (8) funding priorities.

Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an applicant’s score. Up to 20 priority points are
available across the eight (8) priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 20 priority points.

The instructions/criteria for each funding priority are provided below, and funding priority requests and justification narratives/data should be uploaded as Attachment 6. Funding priorities are approved or denied by an objective review committee. *Failure to clearly request or provide the requested information, documentation, or sufficient detail may result in reviewers denying the applicants request.* Applicants must use their judgment in deciding what information reviewers will need in order to grant the funding priority. Some funding priorities include important definitions (for words in italics - see Program Definitions section located in *Section I.2* of this funding opportunity announcement.

**PARTNERING**

**Priority 1: Collaborative Project (1 Point)**
To qualify you must propose a collaborative project between 1) a department of general, pediatric, or public health dentistry and 2) a department of primary care medicine. The proposed collaboration must be significant and included as one of the grant objectives in the work plan. The collaboration must include joint planning and implementation of the project.

**Priority 2: Formal Relationships (1 Point)**
To qualify for this priority you must demonstrate that your training program has established formal relationships with 1) a Federally qualified health center, 2) a rural health center, or 3) an accredited teaching facility that conducts training of students, residents, fellows, or faculty at the center or facility.

To apply for this priority, you must provide documentation of an actual or pending working relationship. See Attachment 2 for submission requirements.

**TEACHING ACTIVITIES (3 Points)**
Three Priority Points will be awarded to applicants that qualify for one or more of the following priorities:

**Priority 3: Cultural Competency and Health Literacy**
To qualify you must include in your proposal educational activities in cultural competency and health literacy. The proposed activities must be identified as one of your objectives, included in your work plan, and be considered substantive by an objective review committee.

**Priority 4: Special Population**
To qualify you must propose the establishment of 1) a special population’s oral health care education center or 2) a didactic and clinical education training program. The target of the activity must be dentists, dental health professionals, and dental hygienists who plan to teach oral health care for individuals with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly. The proposed activities must be one of your objectives, included in your work plan, and be considered substantive by an objective review committee.
For the purpose of this priority, a special population’s oral health care education center is defined as an academic center whose mission is focused on supporting dentists, dental health professionals, and dental hygienists in teaching of oral health care for individuals with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.

**Priority 5: Vulnerable Population Focus**

To qualify you must propose to conduct teaching programs targeting vulnerable populations such as older adults, homeless individuals, individuals with mental health or substance-related disorders, individuals with disabilities, individuals with HIV/AIDS, and risk-based clinical disease management of all populations. The proposed activities must be identified as one of your objectives, included in your work plan, and be considered substantive and related to a vulnerable population (as defined in Section I.2 Program Definitions) by the objective review committee.

**PLACEMENT**

**Priority 6: Discipline Retention (5 Points)**

The priority focuses on the number of completers from your program who enter into and remain in general, pediatric, and public health dentistry. There are two ways to qualify outlined below:

1) **Record of Training**

To qualify under **Record of Training** you must demonstrate that the percentage of your program completers who enter into, and remain in, general, pediatric or public health dentistry practice for the last two years, Academic Years (AY) 2012/2013 and 2013/2014, is greater than 90%. To apply you must provide the **Greatest Percentage** calculation and all of the data shown below, clearly labeled, in Attachment 6. To calculate the **Greatest Percentage**, please use the formula below:

\[
\text{Greatest percentage} = \frac{N_{2013} + N_{2014}}{D_{2013} + D_{2014}} \times 100
\]

\( N_{2013} \) – Numerator (2013) = the number of program completers who entered into, and remained in, general, pediatric, or public health dentistry in AY 2012/2013.

\( N_{2014} \) – Numerator (2014) = the number of program completers who entered into, and remained in, general, pediatric, or public health dentistry in AY 2013/2014.

\( D_{2013} \) – Denominator (2013) = the total number of program completers in AY 2012/2013.

\( D_{2014} \) – Denominator (2014) = the total number of program completers in AY 2013/2014.

To calculate the **Greatest Percentage**, please use the formula below:
2) **Significant Improvement**

To qualify under **Significant Improvement** you must demonstrate your program has achieved a significant improvement in the percentage of program completers who enter into, and remain in, general, pediatric or public health dentistry practice from AY 2011/2012 to 2013/2014. This will be determined by programs with a **Percentage Point Increase** of 50% or more in the number of completers who entered into, and remained in, general, pediatric or public health dentistry. To apply you must provide and clearly label the **Percentage Point Increase** calculation and all of the data shown below in Attachment 6.

\[
\text{Percentage Point Increase} = \left( \frac{N2014}{D2014} - \frac{N2012}{D2012} \right) \times 100
\]

**Note:** New programs, or programs that had no program completers in AY 2011/2012, are not eligible use this method when applying for this priority due to the absence of baseline data.

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**Priority 7: Placement in Practice Settings (5 Points)**

This priority focuses on the number of completers from your program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify, as outlined below:

1) **High Rate**

To qualify under **High Rate** you must demonstrate that the percentage of completers placed in practice settings serving underserved areas or *health disparity populations* for the last two AYs (2012/2013 and 2013/2014) is greater than 40%. To apply you must provide and clearly label in Attachment 6 the **High Rate** calculation and all of the data shown below:
\[ N_{2013} \] – Numerator (2013) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2012/2013.

\[ N_{2014} \] – Numerator (2014) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2013/2014.

\[ D_{2013} \] – Denominator (2013) = the total number of program completers in AY 2012/2013.

\[ D_{2014} \] – Denominator (2014) = the total number of program completers in AY 2013/2014.

To calculate the rate of placement in practice settings, follow the formula below:

\[
\text{High Rate} = \frac{N_{2013} + N_{2014}}{D_{2013} + D_{2014}} \times 100
\]

2) **Significant Increase**

To qualify under **Significant Increase** you must demonstrate a \textit{Percentage Point Increase} from AY 2011/2012 to 2013/2014 of 25% in the rate of placing program completers in practice settings serving underserved populations or health disparity populations. To apply you must provide and clearly label the \textit{Percentage Point Increase} calculation and all of the data shown below in Attachment 6.

\[ N_{2014} \] – Numerator (2014) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2013/2014.

\[ D_{2014} \] – Denominator (2014) = the total number of program completers in AY 2013/2014.

\[ N_{2012} \] – Numerator (2012) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2011/2012.

\[ D_{2012} \] – Denominator (2012) = the total number of program completers in AY 2011/2012.
To calculate the difference in percentages, please use the formula below:

\[ \text{Percentage Point Increase} = ((N_{2014}/D_{2014}) - (N_{2012}/D_{2012})) \times 100 \]

Note: New programs, or programs that had no program completers in AY 2011/2012 are not eligible to apply for this component of Priority 7 due to the absence of baseline data.

A *Medically Underserved Community (MUC)* is 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 (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor’s Certified Shortage Area for Rural Health Clinic purposes. MUC also includes populations who are homeless, residents of public housing, and migrants.

These areas may include areas and populations served by the HRSA-funded Community Health Centers, Federally Qualified Health Centers, Health Care for the Homeless, Rural Health Clinics, and Public Housing Primary Care grant programs.

Applicants are strongly encouraged to use the *Dental HPSA or Health Professional Shortage Areas* as a measure supporting this request. The HPSA demonstrates a critical shortage of either primary care, dental or mental health providers, in accordance with federally-established guidelines. The Dental HPSA identifies an area’s access to dental care by assigning a score to the HPSA and is therefore a valuable tool for applicants applying for this priority. Dental HPSA designation requirements can be found here: [http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html](http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html). A listing of current Dental HPSAs can be found at: [http://hpsafind.hrsa.gov/](http://hpsafind.hrsa.gov/).

### STUDENT TRAINING

**Priority 8: Student Training (5 Points)**

This priority focuses on a record of training individuals who are from a *rural* or *disadvantaged background* or from underrepresented minorities (see Program Definitions in Section I.2 of this funding opportunity announcement). *For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented: Black or African American; Hispanic (all races); Native Hawaiian or Other Pacific Islander; American Indian or Alaska Native.*

To request this priority, an applicant must demonstrate a record of training individuals who are from a rural or disadvantaged background or from underrepresented minorities for the last two AYs (2012/2013 and 2013/2014). Priority will be given to applicants that attain a percentage of 35% for any of the three groups. To apply you must provide and clearly label in Attachment 6 the *Greatest Percentage* calculation and all of the data shown below:
N\textsubscript{2013} – Numerator (2013) = the number of program completers who are from a rural or disadvantaged background or from underrepresented minorities in AY 2012/2013.

N\textsubscript{2014} – Numerator (2014) = the number of program completers who are from a rural or disadvantaged background or from underrepresented minorities in AY 2013/2014.

D\textsubscript{2013} – Denominator (2013) = the total number of program completers in AY 2012/2013.

D\textsubscript{2014} – Denominator (2014) = the total number of program completers in AY 2013/2014.

To calculate the greatest percentage, please use the formula below:

\[
\text{Greatest Percentage} = \frac{N\textsubscript{2013} + N\textsubscript{2014}}{D\textsubscript{2013} + D\textsubscript{2014}} \times 100
\]

Applicants may use any format to request priorities; however, this information must be submitted as Attachment 6. Failure to clearly request and provide the below information, documentation or sufficient detail may result in the applicant’s request for the priority to be denied. Attachment 6 should provide in one document a list of the priority(ies) being requested, clearly indicated by the number and name of the priority.

For each priority requested, please provide:

- A concise narrative justification of why you qualify,
- The method(s) being used to request the priority,
- A reference to relevant Objectives, Work plan, and Activities if applicable,
- A summary of the data requested if applicable, and
- A complete calculation with numerator and denominator if applicable.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) will be sent prior to the start date of July 1, 2015. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.
2. Administrative and National Policy Requirements

See Section 2 of HRSA’s *SF-424 Application Guide.*

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA’s *SF-424 Application Guide* and the following reporting and review activities:

1) **Progress Report.** The awardee 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 awardee progress on program-specific goals. Awardees 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 awardee 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 awardee should also plan to report on dissemination activities in the annual progress report.

Further information will be provided in the NoA.

2) **Performance Reports.** The awardee must submit a Performance Report to HRSA via the EHBs on a semi-annual basis. All BHW grantees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). Performance Reporting for BHW programs was newly implemented in Fiscal Year 2012. The required performance measures for this program are outlined in the Project Narrative Section IV’s Impact Sub-section (a). Further information will be provided in the NoA.

The semi-annual performance reports will cover the following reporting periods:
- **Semi-Annual Report #1 covers activities between** July 1 and December 31. The report must be submitted by January 31 of the following year.
- **Semi-Annual Report #2 covers activities between** January 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 online by awardees in the Electronic Handbook system at [https://grants.hrsa.gov/webexternal/home.asp](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 awardee is required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives,
- Project Barriers and Resolutions - Description of barriers/problems that impeded project’s ability to implement the approved plan,
- Summary Information:
  - Project overview,
  - Project impact,
  - Prospects for continuing the project and/or replicating this project elsewhere,
  - Publications produced through this grant activity, and
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the Notice of Award.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required within 120 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

5) **Other required reports and/or products.**

It is understood that some revisions to the evaluation plan may be needed, and therefore a final evaluation plan may be requested at the end of the first annual budget period, if necessary.

Copies of any materials disseminated should include the following acknowledgement and disclaimer:

“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 [list grant number], [list title for grant ] for $ [specify total award amount]. 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.”

**VII. Agency Contacts**

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

Denis Nikiema, Grants Management Specialist  
Attn: Postdoctoral Training in General, Pediatric, and Public Health Dentistry  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 10SWH03  
5600 Fishers Lane
Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Thomas Vallin, M.P.H.
Attn: Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Public Health Analyst, Oral Health Training Branch
Parklawn Building, Room 12C-06
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1307
Fax: (301) 443-8890
E-mail: TVallin@hrsa.gov

Contact Name: Michele Junger, D.D.S., M.P.H.
Attn: Postdoctoral Training in General, Pediatric, and Public Health Dentistry
Public Health Analyst, Oral Health Training Branch
Parklawn Building, Room 12C-06
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2564
Fax: (301) 443-8890
E-mail: mjunger@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

Successful applicants/awardees 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 Call 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
The Oral Health Training Branch in BHW’s Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: http://bhpr.hrsa.gov/grants/dentistry/post_td.html.

The second TA session will be a phone call and will also include information important for preparing an application and an opportunity to ask questions. A taped replay will be available one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: Thursday, December 18, 2014
Time: 2:00 p.m. ET
Telephone Number: 888-946-2711
Passcode: 8452201
Web Link: https://hrsa.connectsolutions.com/tech_asst/
Play-back telephone number: 866-507-3617
Passcode: 3132

Date: Thursday, January 22, 2015
Time: 2:00 p.m. ET
Telephone Number: 888-946-2711
Passcode: 8452201
Play-back telephone number: 866-431-7851
Passcode: 3166

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s SF-424 Application Guide.

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