

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

Bureau of Health Professions
Division of Nursing

*Nurse Education, Practice, Quality and Retention
(NEPQR) Program - Veteran's Bachelor of Science Degree in Nursing*

Announcement Type: New
Announcement Number: HRSA-14-071

Catalog of Federal Domestic Assistance (CFDA) No. 93.359

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: February 18, 2014

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: December 27, 2013
Issuance Date: December 27, 2013

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Authority: Public Health Service Act, Title VIII, sections 831 and 831A as amended and added by section 5309 of the Patient Protection and Affordable Care Act, Public Law 111-148 (42 U.S.C. 296p and 42 U.S.C. 296p-1).

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Professions is accepting applications for fiscal year (FY) 2014 Nurse Education, Practice, Quality and Retention (NEPQR) Program. The purpose and intent of this FOA are to (1) assist veterans' enrollment, progression, graduation in obtaining baccalaureate (BSN) nursing degrees; (2) Support successful passage of the NCLEX-RN licensing exam; (3) Modify existing BSN curricula and support services to address the unique needs of veterans; and (4) Prepare veterans for the transition from military to the civilian professional nursing practice role at the baccalaureate level.

Funding Opportunity Title:	Nurse Education, Practice, Quality, and Retention (NEPQR) Veteran's Bachelor of Science Degree in Nursing (VBSN)
Funding Opportunity Number:	HRSA-14-071
Due Date for Applications:	February 18, 2014
Anticipated Total Annual Available Funding:	\$2,800,000
Estimated Number and Type of Awards:	8 cooperative agreements
Estimated Award Amount:	Up to \$350,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	3 years
Project Start Date:	July, 1, 2014
Eligible Applicants:	Accredited schools of nursing, as defined in section 801(2) of the Public Health Service Act, a health care facility, as defined in section 801(11) of the Public Health Service Act, or partnership of such a school and facility. [See Section III-1 of this FOA for complete eligibility information.]

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

A technical assistance (TA) call will be conducted on January 6, 2014 from 1:30-3:30 pm. Note the following information:

Adobe URL: https://hrsa.connectsolutions.com/vets_to_bsn_foa2014/

Conference Line: 1-877-917-1552

Participant Code: 2288

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE	1
2. BACKGROUND	2
II. AWARD INFORMATION	4
1. TYPE OF AWARD	4
2. SUMMARY OF FUNDING	5
III. ELIGIBILITY INFORMATION.....	5
1. ELIGIBLE APPLICANTS	5
2. COST SHARING/MATCHING	6
3. OTHER	6
IV. APPLICATION AND SUBMISSION INFORMATION.....	7
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	7
<i>i. Project Abstract</i>	<i>8</i>
<i>ii. Project Narrative</i>	<i>8</i>
<i>iii. Budget and Budget Justification Narrative</i>	<i>13</i>
<i>iv. Attachments</i>	<i>14</i>
3. SUBMISSION DATES AND TIMES.....	19
4. INTERGOVERNMENTAL REVIEW	19
5. FUNDING RESTRICTIONS	19
V. APPLICATION REVIEW INFORMATION	20
1. REVIEW CRITERIA.....	20
2. REVIEW AND SELECTION PROCESS	22
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	23
VI. AWARD ADMINISTRATION INFORMATION.....	24
1. AWARD NOTICES	24
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	24
3. REPORTING	24
4. REPORTING	24
VII. AGENCY CONTACTS	25
VIII. OTHER INFORMATION.....	26
IX. TIPS FOR WRITING A STRONG APPLICATION.....	37

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Nurse Education, Practice, Quality and Retention (NEPQR) - Veteran's Bachelor of Science Degree in Nursing (VBSN) Program. For FY 2014, the Division of Nursing (DN) will solicit three-year cooperative agreements that propose to develop and implement innovative career ladder programs that will increase the enrollment, progression, and graduation of veterans in Bachelor of Science in Nursing (BSN) programs. The VBSN program supports HRSA's strategic plan to improve access to quality health care and services; strengthen, the nation's healthcare workforce; build healthy communities; and improve health equity. Awarded VBSN applications will complement the collaborative efforts of the Health Resources and Services Administration (HRSA), the Department of Defense (DoD), and the Department of Veteran's Affairs (VA) that seek to:

- Reduce barriers that prevent veterans from transitioning into nursing careers;
- Develop BSN career ladder programs targeted to the unique needs of veterans;
- Explore innovative educational models to award academic credit for prior health career experience/training or other relevant military training;
- Improve employment opportunities for veterans through high demand careers training, and
- Address the growing national demand for BSN prepared Registered Nurses

The intermediate program goals are to facilitate the transition of veterans into the field of professional nursing, while building upon skills, knowledge, and training acquired during their military service in order to increase employment opportunities. Sub-goals include increasing and diversifying the health workforce, and ensuring that healthcare providers are trained to provide high quality care that is culturally and linguistically aligned with the communities they will serve.

The VBSN project will: (1) provide program participants with the opportunity to receive academic credit for prior military medical training and experience, (2) provide participants with knowledge, skills, and support(s) needed to successfully matriculate through innovative BSN career ladder training programs, and (3) prepare program participants for the National Council Licensing Examination for Registered Nurses (NCLEX- RN). The methods for awarding credit may include challenge or competency exams and other innovative methods as applicable.

Under the VBSN program, applicants are expected to prepare veterans to enter the professional nursing field through evidenced-based pathways that will increase veterans' enrollment, advancement, graduation, employment and retention within the field of nursing. It is anticipated that VBSN projects will:

- (1) Incorporate career ladder development for veterans into an existing BSN program;
- (2) Develop programs and/or methods to assess veteran competencies that are eligible for awarding of nursing academic credit. Potential credits may be based on veteran's leadership skills and/or prior health care training and experience;

- (3) Address physical, emotional, and environmental issues that may be unique to veterans that could potentially impact learning, negatively interfere with program completion, and deter gainful employment in nursing after graduation;
- (4) Include faculty development activities to enhance faculty understanding of military culture and teaching strategies that address the unique needs of veterans both in and outside of the classroom (e.g., understanding scope of practice limitations in a civilian environment, education continuance plans in case of deployment, etc.); and
- (5) Include mentorship and other supportive services (including outreach to veteran's organizations) that address the unique challenges that veterans face when transitioning to civilian life.

2. Background

This program is authorized under Title VIII, Sections 831 and 831A (42 U.S.C. § 296p and 42 U.S.C. § 296p-1) of the Public Health Service Act as amended by Section 5309 of the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148 (42 U.S.C. 296p and 42 U.S.C. 296p-1).

The Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHPr) provides policy leadership and grant support for health professions workforce development – making sure the U.S. has the right clinicians, with the right skills, working where they are needed. Additional information about HRSA's BHPr and its programs is available at <http://bhpr.hrsa.gov/grants/>.

The Department of Veterans Affairs (VA) is committed to ensuring that veterans' are able to find employment post-separation in successful careers. Toward that end, the VA supports efforts to retrain veterans in high-demand careers such as nursing, where they are most likely to secure employment.¹ White House initiatives launched in 2011, such as Joining Forces, brings together employers, federal agencies, local and state governments, institutes of higher education, communities, public and private entities with the shared goal of connecting veterans and their spouses to training, education, and employment opportunities and other resources that support successful transition to civilian careers.²

Registered nurses have long been considered a high growth occupation by the U.S Department of Labor with an expected growth rate of 26% (nearly 711,000 nursing positions) from 2010 to 2020.³ With the enactment of the Affordable Care Act and a confluence of events – e.g., aging of the U.S. population, aging of the current nursing workforce, and an influx of veterans returning to civilian life, the demand for RNs has only intensified in both civilian and military settings. In order to capture and build upon the education and training of those veterans who have health care experiences and skills, the NEPQR-VBSN cooperative agreement awards will support projects that increase the enrollment, retention, and graduation of veterans into and from BSN programs. By facilitating the entry into and matriculation of veterans into BSN programs

¹ United States Department of Veterans Affairs: VOW to Hire Heroes Act 2011 <http://www.benefits.va.gov/vow/>

² Whitehouse.Gov: Joining Forces. <http://www.whitehouse.gov/joiningforces>

³ Occupational Outlook Handbook, U.S. Department of Labor, Bureau of Labor Statistics, *2012-13 Edition*, <http://www.bls.gov/ooh/healthcare/registered-nurses.htm> (visited September 10,2013)

and providing mentoring and support, it is anticipated that greater numbers of veterans will succeed in transitioning and advancing in professional nursing careers.^{4,5,6}

HRSA's Division of Nursing is committed to expanding and increasing diversity in the nursing workforce to include individuals that represent the full range of racial/ethnic, cultural, educational and geographic backgrounds. Gender, racial, ethnic, socioeconomic, cultural and geographic diversity are characteristics of many of today's veterans.⁷ Often, veterans without BSN degrees received considerable health care training during their enlistment, including training as vocational/practical nurses, and possess a wide range of health care experiences and skills that create a logical entry point to career ladder programs that lead to obtaining BSN degrees.⁸

The particular need for baccalaureate prepared nurses has been identified by nurse executives, academicians, insurers, nursing employers, consumers, and the federal government.^{9,10} The BSN degree is the nursing credential required for active duty Registered Nurses in the Army, Navy, and Air Force, as well as required for Public Health Service Commissioned Officers. Increasingly, civilian employers are requiring BSN degrees as the minimum entry-level degree for nursing practice. Therefore, new programs and efforts to create veteran-friendly college campuses and curriculums are being developed nationwide. HRSA aims to support these efforts by supporting projects that identify strategies and best practices to recruit into, matriculate and graduate veterans from BSN programs.

Improving Diversity within Health Professions

BHPr is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. The following Diversity Guiding Principles have been adopted by BHPr to facilitate diversity in the Health Professions workforce.

BHPr Diversity Guiding Principles:

- Health professions training programs recruit, train, and support a workforce that is reflective of the diversity of the nation.
- Health professions training programs address all levels of the health workforce from pre-professional to professional.
- Health professions training programs recognize that learning is life-long and should be supported by a continuum of educational opportunities.

⁴ Erickson, Ann B., *Veterans Affairs Nursing in the 21st Century*, Minority Nurse.com. Springer Publishing Company, 2012 <http://www.minoritynurse.com/veterans-affairs-va-nursing/veterans-affairs-nursing-21st-century>

⁵ Allen, A., Billings, L., Green, A. et al. *Returning Enlisted Veterans—Upward (to) Professional Nursing: Not All Innovative Ideas Succeed*, Journal of Professional Nursing, Vol. 28, No.4 (July-August), 2012: pp. 241-246. 2012, Elsevier Inc.

⁶ Innovations in Nursing & Health Magazine: *Military Veterans Choose Nursing*: December 12, 2012 Arizona State University: <https://nursingandhealth.asu.edu/.../innovations-nursing-health-magazine-fall-2012>

⁷ Williams, Scott. *A Win-Win-Partnership, VA Style*. Minority Nurse.com. Springer Publishing Company, 2012 <http://www.minoritynurse.com/veterans-affairs-va-nursing/va-nursing/win-win-partnership-va-style>

⁸ Trachtenberg, Rob; *AHECS Impacting the Wellness of Military Families*; January 24, 2012 press release. www.nationalahec.org

⁹ *FACT SHEET: We Can't Wait: Obama Administration's New Initiatives to help Create Jobs for Veterans*, The White House Office of the Press Secretary, October 25, 2011. www.whitehouse.gov

¹⁰ IOM (Institute of Medicine). 2011. *The future of nursing: Leading change, Advancing Health*. Washington, DC: The National Academies Press. 500 Fifth Street, NW, Washington DC, 20001 Retrieved September 10, 2013 <http://thefutureofnursing.org/IOM-Report>

- Training programs help health care providers develop the competencies and skills needed for intercultural understanding, and expand cultural fluency especially in the areas of health literacy and linguistic competency.
- Health professions training programs recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

To the extent possible, program grant activities should strive to support these guiding principles identified by BHPPr to increase diversity in the health professions workforce.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

1. Facilitate exchange of project planning and implementation information among the VBSN awardees.
2. Support the awardee's development of plans to disseminate effective educational curriculum and clinical and/or community practice models that emerge from the VBSN program, and explore opportunities to expand best practice models to diverse populations.
3. Collaborate in the development of project data collection methods and procedures to ensure harmonized data and a core set of measures and metrics across projects.

HRSA, as part of its cooperative agreement activities, will conduct a rigorous evaluation of each of the funded projects through a separate evaluation process. This collaborative evaluation work will involve identifying a core set of strategies and measures across projects that are linked to improved opportunities for VBSN program participants to receive academic credit for prior military medical training and experience and provide participants with knowledge, skills, and support (s) needed to successfully matriculate through innovative BSN career ladder training programs and prepare program participants for the National Council Licensing Examination for Registered Nurses (NCLEX- RN). HRSA will also evaluate which particular components of the VBSN models can be replicated and disseminated in diverse populations and settings.

The cooperative agreement recipient's responsibilities shall be to:

1. Develop, implement, disseminate, and evaluate project activities that meet the goals outlined in this funding opportunity announcement;
2. Provide the HRSA project officer(s) an opportunity to review project information prior to dissemination.
3. Collaborate and communicate with the HRSA Project Officer(s).
4. Establish linkages with partners/contacts that may be relevant to achieving the project's mission.

5. Develop and submit annual progress reports, bi-annual performance reports data, final reports and project evaluation to HRSA that will ensure appropriate evaluation of the VBSN program.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2016. Approximately \$2,800,000 is expected to be available annually to fund eight (8) cooperative agreements. Applicants may apply for a ceiling amount of up to \$350,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for VBSN programs in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of health care facilities and an accredited school of nursing. (PHS Act Title VIII, section 831(g) and 831A(f)). A health care facility may include a Indian Health Service health center, Native Hawaiian health center, hospital, Federally-qualified health center, rural health clinic, nursing home, home health agency, hospice program, public health clinic, State or local department of public health, skilled nursing facility, ambulatory surgical center, or any other facility designated by the Secretary (see PHS Act section 801(11)).

All applicant **Schools of Nursing providing nursing education for VBSN program participants must be accredited for the purpose of conferring baccalaureate (BSN) nursing degrees** by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education. For FY 2014, these agencies are the Commission on Collegiate Nursing Education, National League for Nursing Accrediting Commission, Kansas Board of Nursing, Maryland Board of Nursing, Missouri Board of Nursing, Montana Board of Nursing, North Dakota Board of Nursing and New York Board of Nursing (PHS Act Title VIII, Section 801(2)).

An official letter of accreditation from the appropriate national nurse education accrediting agency must be submitted. No other forms of accreditation documentation (e.g., certificate of accreditation) will be accepted. The letter must be signed and dated by the accrediting agency. Where applicable, applications must provide information for provisional accreditation or re-accreditation status. This information should be clearly documented (i.e., last site visit date, pending date for final decision) in the Project Narrative submitted with this application (Attachment 1).

Eligible Project Participants

Eligible VBSN program participants include honorably or generally discharged service members (including reservists) from any Armed Services branch, with prior healthcare training, who have not yet earned BSN degrees. In addition, VBSN project participants must be U.S. Citizens, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States.

Individuals on temporary student visas are not eligible.

2. Cost Sharing/Matching

Cost sharing or matching is not required for the VBSN program.

3. Other

Applications that exceed the page limit, ceiling amount of \$350,000 in each of the budget years, or do not include all the required attachments indicated in Section IV.2.iv-Attachments, will be considered non-responsive and will not be considered for funding under this announcement.

All applicants must provide written assurance that on or before January 31, 2015, VBSN projects will have resources and program staff in place to actively enroll veteran project participants in meeting the goals and objectives outlined in the proposal. As an example, with regard to the project's stated practice goals and objectives, faculty training in teaching veteran BSN students and curriculum modifications and processes for assessing veteran competencies that are eligible for awarding academic credit would be prepared for full implementation on or before January 31, 2015.

Applications must provide documentation that demonstrates current Service member Opportunity College (SOC) or current Department of Defense Memorandum of Understanding (DoD-MOU) status (Attachment 10). Applications that do not provide SOC/DoD-MOU documentation will be considered non-responsive and will not go forward for review. The Pentagon provides tuition assistance to service members as a benefit under the G.I. Bill. Members of the Armed Forces are permitted to pursue voluntary education at the public or private school of their choice; however, as of March 2013, schools must have signed a Department of Defense Memorandum of Understanding (DoD-MOU), or be a designated Servicemember Opportunity College (SOC) for them to use their federal education benefits. These measures have been instituted for the protection of veterans, to ensure that their education benefits are used wisely. VBSN applicants and award recipients are required to maintain a DoD-MOU, or SOC consortium membership and agree to abide by protections of military members as outlined by the DoD at the time of the application. This status must be maintained throughout the duration of the entire project period. The DoD-MOU process may take up to several weeks to complete, whereas, obtaining the SOC credential may take up to three months to complete. For information on the DoD-MOU application process or how to become a Servicemember Opportunity College, click on the following links: <http://www.dodmou.com> and <http://www.soc.aascu.org>.

Applicants shall specify only **one** Project Director. The Project Director for the VBSN projects must be a licensed Registered Nurse (RN).

Applications must include a 3-year budget and a comprehensive budget justification for each of the three years of the award.

Applications must meet the deadline requirements referenced in Section IV.3 of this funding opportunity announcement.

The purpose of this grant program is to solicit career ladder projects that increase veterans' enrollment in and completion of Bachelor of Science Degrees in Nursing (BSN), and equip veteran (VBSN) program participants with the knowledge, skills, and support(s) needed to succeed in passing the National Council Licensing Examination for Registered Nurses (NCLEX-RN). Applications that do not specifically address the purpose or intent of this FOA will be considered non-responsive and will not be considered.

Applications that do not clearly demonstrate that **all** eligibility requirements are met will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort: The awardee must agree to maintain non-Federal funding for grant activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the grant (Attachment 6).

NOTE: Multiple applications from any single organization are not allowed.

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 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **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 submitted 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 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

i. Project Abstract

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

In addition to the instructions in the guide, please format the body of the abstract to include the following:

- Brief overview of the proposed project and innovation statement
- Goals and objectives of the proposed project
- Description of the team structure and composition of the proposed project
- Description of practice site and demographics of patient population targeted
- Statement of project start date (must be supported by Work Plan)
- Statement of funding preference (if applicable)

The abstract is often distributed to provide information to the public and the Congress. Therefore the abstract should be written in a clear, concise, and accurate manner without reference to other parts of the application. Do not include personal identifying information in the abstract.

ii. Project Narrative

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

Use the following section headers for the Narrative:

- **INTRODUCTION** – *Corresponds to Section V's Review Criterion #1*

This section should briefly describe the purpose of a project that is consistent with the stated purpose of this FOA. The applicant should provide a brief overview of the proposed project and its innovation. The applicant should also provide a brief description of the VBSN program, BSN curriculum modifications and expected veteran enrollment, graduation and post-graduation employment projections.

- **NEEDS ASSESSMENT** – *Corresponds to Section V's Review Criterion #1*

This section should describe and document the needs of the community in which the VBSN program will be located. Applicants should include a description of the targeted veteran student population, and identified needs, challenges and barriers faced by the targeted pool of veterans in obtaining BSN degrees. Supporting data relevant to the target population should be provided whenever possible to document the need for the project, including surveys, pilot studies, community needs assessments, or focus groups. In addition, applicants must describe the needs of the community or population and how the VBSN project will benefit and impact the quality of health care and health care outcomes for patients, families, and/or communities, and improve employment opportunities for veterans as professional nurses. Applicants should describe the geographic area (rural, frontier, urban, suburban) in which the project and practice site will be located, and include information regarding issues of quality, health care access and/or health disparities in

vulnerable and underserved populations (as applicable). The needs assessment should be directly linked to the project's goals and objectives.

▪ *METHODOLOGY – Corresponds to Section V's Review Criterion #2*

Describe the modifications to be made to the existing BSN curriculum that will be integrated to support veteran recruitment, retention, graduation, and passing of the NCLEX-RN exam. In this section provide information including, but not limited to:

- Specify methods or processes that will be used to award academic credit for prior military acquired medical training or experience.
- Include clearly stated goals with specific, measurable, time-framed objectives for each goal.
- Describe how the proposed project strategies will facilitate the translation of military acquired clinical skills into baccalaureate level nursing practicums.
- Describe how the VBSN faculty will be informed about military culture and strategies for teaching veteran students.
- Describe contingency plans for veterans to continue their education in event of deployment.
- Provide evidence supporting the proposed methodologies, including literature, prior experience, and historical data.
- Demonstrate a clear strategy for collaborative planning and implementation of the project objectives.

▪ *WORK PLAN – Corresponds to Section V's Review Criteria #2 & 4*

A comprehensive work plan is required and every plan must address the sustainability of the project. In this section, provide information including, but not limited to the following:

- Describe the activities, methods, techniques, or steps that will be used to achieve each of the objectives proposed in the VBSN project proposal – each activity must support the proposed project outcomes.
- Describe how the activities are defined by the project objectives and will achieve the desired measurable outcomes. The project description should indicate specific activities and project personnel responsible for completing the activities.
- Indicate specific activities and VBSN project personnel responsible for completing the activities.
- A description of the project's overall objectives **by year**.

Describe how the project is innovative; for example:

- How the application challenges and seeks to shift current practice paradigms for veterans pursuing professional nursing careers,
- Any novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used,
- Any advantage over existing practice methodologies, instrumentation or intervention(s),

- Any practice refinements, improvements, or new applications of existing theoretical concepts, approaches, methodologies, instrumentation or interventions, and
- A clear identification and description of possible barriers to implementation, with appropriate collaborative strategies to address potential barriers.

Provide a graphical summary (i.e., table illustration) of the activities/strategies to include:

- Overall objectives by year;
- Specific sub-objectives in measurable terms;
- Activities to achieve objectives;
- VBSN staff responsible for facilitating the project goals and activities;
- Time-frame for implementation of activities.

Describe specifically how partnerships with veteran-centered services and or community organizations will be implemented and utilized to achieve the project goals (recruiting, retaining, graduating, passing the NCLEX-RN exam and improving employment opportunities for BSN prepared veteran graduates).

- Specify any new additions or modification that will be made to existing psychosocial supports to leverage veteran BSN students' retention and graduation.
- Specify any new additions or modifications to existing academic support services that will be leveraged to assist veteran BSN students passing the NCLEX-RN exam.
- Specify strategies that will be implemented to assist VBSN graduates in obtaining employment post-graduation.
- Describe the role of any new or established clinical teaching site partners in helping to accomplish the project goals throughout the project period.
- Provide evidence supporting the proposed methodologies, including literature, prior experience, and historical data.
- Develop a plan for the dissemination of project structure, approach, outcomes and lessons learned (i.e., conferences, presentations, publications, etc.) in collaboration with HRSA staff.

▪ *RESOLUTION OF CHALLENGES – Corresponds to Section V's Review Criterion #2*

Discuss challenges that are likely to be encountered in meeting the project objectives and in employing strategies that will be used to implement the project activities. Also discuss approaches that will be used by the applicant organization or collaboratively with other partner organizations to resolve potential program challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V's Review Criteria #3 & #5*

Applicants are required to discuss their strategies for evaluating their projects over the course of the project. Evaluation results must identify how projects are increasing the numbers of BSN prepared veterans and improving veteran employment opportunities in professional nursing careers, diversifying the health workforce and ensuring that healthcare providers are trained to provide high quality care that is culturally and linguistically aligned. In addition, evaluations should include a mix of process, output, and outcomes

measures to track: (1) what barriers were encountered and overcome that prevented veteran enrollees from transitioning into nursing careers, (2) the number of veterans recruited into the nursing program, (3) what specific career-ladder model, education model, or curricula components were modified or added to address the unique needs of veterans, (4) methods used to award academic credit for prior military training and or experience, (5) which courses veterans received credit for including the number of credits, (6) strategies and methods used to retain veterans, (7) social support activities implemented for veterans, (8) number of veterans that graduate from the nursing program, (9) strategies implemented to assist veteran graduates in gaining professional nursing employment, and (10) plans to track veteran graduates employment placement for at least one-year post graduation.

For the purposes of this FOA, applicants' evaluation plan should fully describe strategies for evaluating the progress and outcomes of their proposed activities and corresponding objectives. Specifically applicants must:

- Identify how they plan to track and monitor their project's progress and outcomes;
- Describe their ability to collect and report this data on a semi-annual basis;
- Describe the evaluation process to be used to validate and monitor data collection, expected results and any anticipated challenges;
- Identify quantitative and/or qualitative measures and metrics for each objective;
- Discuss how findings will be used to determine project progress and outcomes ; and
- Describe how the current and/or projected organizational infrastructure will enable the applicant organization to engage in evaluation activities and determine the effectiveness of their projects.

Applicants must also discuss their ability to collect, report and ensure the validity and reliability of required annual and longitudinal performance measures (see Section VI of the funding opportunity announcement).

Applicants must discuss their ability to collect, report, and ensure the validity and reliability of required annual and longitudinal performance measures (See Section VI of the funding opportunity announcement).

Note: The evaluation plan must identify the selected evaluator and his/her credentials. The evaluation may be done through the institution's evaluation office, or if an evaluator is not an employee of an institution within the collaborative, an external evaluator may be included as a consultant. **The application should document and include evidence that the project evaluator has formal training and experience in evaluation methodology.**

▪ *ORGANIZATIONAL INFORMATION -Corresponds to Section V's Review Criteria #5*

Organizational leadership buy-in is critical to VBSN program success and sustainability. To demonstrate institutional leadership's commitment to supporting and sustaining the project, applicants should provide evidence of the organization's mission statement, goals, and/or value statement that support the proposed VBSN goals and objectives.

Specifically, the applicant must describe the guiding principles of the organization and their commitment to the proposed VBSN program. The applicant should describe the governance, organizational and structural functions in place to implement, monitor, and operate the VBSN

project. In addition, applicants should provide evidence of the financial capability and organizational commitment needed to operate the project. The tasks to be conducted by each administrative component must also be described. The quality and availability of teaching facilities, clinical practice site(s) and personnel including faculty must be sufficient to fulfill the needs and time requirements of the proposed project.

Organizational Structure and Staffing

The applicant organization must include a staffing plan and VBSN project organizational chart.

Organizational Structure: Applicants must include an **organizational chart** for the VBSN program. Attach a one-page figure that depicts the program composition and organizational structure of the VBSN project illustrating the relationship among VBSN project personnel and their respective roles (Attachment 4).

Staffing: Applicants must provide a staffing plan for governance and leadership. Refer to Attachment 2 for specific information.

Projects may include a doctorally prepared nurse project director, at least one key personnel member with three or more years of experience in BSN curriculum design/development and includes project personnel that have one or more years of experience in working with military groups (any branch), military culture, or direct work with veterans.

VBSN Project Team and Clinical Site(s)

Faculty Qualifications: The Project Faculty should demonstrate competence (e.g., publications, funded research) in nursing and other health professions as applicable, with appropriate academic preparation, clinical expertise and experience as an educator.

- Describe plans for faculty skill development in managing veteran's health problems and educational needs
- Describe faculty qualifications, selection criteria/process, orientation to project, mechanisms for providing feedback to project staff, and performance evaluation criteria. Note: Faculty qualifications should be consistent with the requirements of their discipline and academic institution.

Clinical Practice Site Selection: Describe how formal and informal veteran organization linkages/partnerships with national, state, local, rural and community-based agencies for clinical sites serving population(s), including the medically underserved and federally funded health centers will help to carry out the proposed project goals and objectives. The applicant must also provide documentation as indicated in Attachment 5 that:

- Lists the criteria for faculty selection and for clinical teaching site selection.
- Identifies clinical faculty and their credentials
- Describes program modifications, including types of anticipated veterans' clinical experiences and their resulting competencies

Applicants must also propose a timeline for becoming self-sufficient and describe plans to address potential challenges in achieving self-sufficiency that will be used to sustain the project after the period of Federal funding ends.

- **REPLICABILITY**—Corresponds to Section V’s Review Criterion #4

Each applicant should describe the VBSN project’s potential for replication and how the model could be adapted to meet the needs of diverse populations.

ADDITIONAL NARRATIVE GUIDANCE	
<i>Instructions:</i> In order to ensure that the Generic Review Criteria in the FOA Template are fully addressed, this table provides a bridge between the sample narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Generic Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response & (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
SF-424 R&R Budget Forms	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.
Replicability	(4) Impact

iii. Budget and Budget Justification Narrative

In addition to the instructions in Section 4.1.iv and v. of HRSA’s [SF-424 R&R Application Guide](#) the VBSN program requires the following:

Applicants shall identify only **one** Project Director. The Project Director for the VBSN project must be a licensed Registered Nurse (RN).

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), and the Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. These provisions include a salary rate limitation. Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

- If purchasing equipment, note that the purchase must satisfy all of the following requirements:
- The principal purpose of the equipment must be related to the objectives of the project and to enhance the collaborative practice experience of nursing and health professionals;

- The equipment must be retained by the awardee, remain in the United States or territories, and used in accordance with the terms of the grant award for the useful life of the equipment;
- The equipment justification must include a detailed status report of current equipment (refer to Program Narrative and Review Criteria sections for additional information); and
- The equipment purchase must comply with the procurement requirements for Federal grants and your organizational procurement policies, including adequate competition and following proper bid procedures.

iv. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.** The required attachments include:

Attachment 1: Accreditation Documentation.

All nursing schools associated with the project and conferring degrees must be accredited per PHS Act Section 801(2) authority. Applicants must submit documentation with dates of accreditation (e.g., an accreditation letter from the accrediting agency) with the HRSA grant application as Attachment 1.

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

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

6. Based on the agency's review of each program to date, is there any reason to believe that the program will be unable to demonstrate compliance with the agency's standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? If so, why?

In addition, the letter from the recognized accrediting agency should state that the new educational program is an accrediting activity that falls within the scope of the Secretary's recognition and that the program will meet the accreditation/approval standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant will submit, not less than 30 days prior to the HRSA application due date, its request for a letter of assurance along with the accrediting agency letter and any supporting documentation regarding the accreditation or approval of the nursing program to the Accreditation Division staff at aslrecordsmanager@ed.gov.

- If you need additional information regarding the submission, you should contact Cathy Sheffield by telephone at (202) 219-7011; fax: (202) 219:7005; or email at Cathy.Sheffield@ed.gov.
- The program will also submit its contact name(s), address(es), phone number(s), email addresses, and the name of the HRSA Program with all correspondence sent to the Department of Education.
- The Accreditation Division will acknowledge receipt of the application by notifying the program by email. If the application is not received timely, the acknowledgement letter will notify the program that the Accreditation Division will not process the request.
- The Department of Education will process the applicant's request for a letter of reasonable assurance documenting the Secretary's determination that the program will meet the appropriate accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant must include this letter from the Department of Education with the HRSA program application (Attachment I).

Attachment 2: VBSN Project Staffing Plan and Job Descriptions for Key Personnel (see section 4.1.vi. of HRSA's SF-424 R&R Application Guide).

Applicant must provide a staffing plan and provide a justification for the plan that includes education and experience, qualifications, and rationale for amount of time requested for a staff position. The staffing plan should provide:

- The number, titles of staff job descriptions, and expected time commitment of staff that will be dedicated to the project, including the roles and responsibilities for each position.
- The percentage of time each individual/position is dedicated to the cooperative agreement.
- Where applicable, the number, roles, and responsibilities of contracted individuals supporting the cooperative agreement.
- A resume of the proposed Project Director.

In addition to the organization management chart, the applicant should also provide a chart visually illustrating the relationship among VBSN project personnel and their respective roles. The VBSN chart should include information regarding VBSN program composition and structure.

Keep each position description to one page in length as much as is possible. Attach position descriptions of project participants that include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Each application must include letters of commitment from the respective leadership of the institution(s) who are supportive of the VBSN program and will commit additional resources as necessary to ensure that the VBSN program models will have the maximum chance of success.

Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables. Include only letters of agreement/commitment which specifically indicate a commitment to the project/program. Letters of agreement/commitment must be dated. Merge all letters of agreement into a single document and include a table of contents cover page specific to Attachment 3. The table of contents page will not be counted in the page limit.

Attachment 4: Project Organizational Chart (VBSN)

Attach a one-page figure that depicts the organizational structure for the entity that is responsible for the management of the HRSA award.

Attachment 5: Letter of Agreement or of Collaborating Commitment from Clinical Practice Site

Attach letter(s) of agreement or collaborating commitment of project partners, clinical practice site (s) partners stating the role that will be played by each partner in contributing to the success of the VBSN project. Letters of agreement or of collaborating commitment must be dated. Merge all letters of agreement into a single document and include a table of contents cover page specific to this attachment. The table of contents page will not be counted in the page limit.

Attachment 6: Maintenance of Effort Documentation.

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

NON-FEDERAL EXPENDITURES	
FY 2013 (Actual) Actual FY 2013 non-Federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	FY 2014 (Estimated) Estimated FY 2014 non-Federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Attachment 7: Request for Funding Preference (If applicable)

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. An example of the request would be: The VBSN project will substantially benefit a rural or medically underserved area, or will help to meet the public health nursing staff needs of a state or local health department. For additional information, please see Section V.2. - Review and Selection Process – Funding Preference of this announcement.

Attachment 8: Health Professions Institutional Diversity Statement

The Health Professions Diversity Statement collects information on the applying entity's mission and activities to increase diversity in the health profession work force.

Data and information provided in this Statement should reflect only the entity that will execute the VBSN cooperative agreement. For example, if the grant will be held by a College of Nursing within a larger university, the information provided should be specific to the College of Nursing's BSN program. The Health Professions Institutional Diversity Statement should include concise responses that can:

- 1) Describe the need for diversity within the nursing workforce, and include a discussion of factors and barriers contributing to the problem.
- 2) Describe the applicant's established strategic plan, policies, organizational structure(s), recruitment and supportive strategies (including outreach, pipeline programs, financial aid, mentoring, and tutoring), and program initiatives (e.g., specific curricula or program tracks) to increase the diversity of the student population and, by extension, the health professional work force.
- 3) Provide performance data from at least the 2011 academic year on the number and percentage of students from the populations you seek to reach in order to improve diversity within the student population (e.g., underrepresented minority groups, students from educationally and economically disadvantaged backgrounds, veterans or students from other diverse backgrounds). Data should be provided for the number and percentage of such students recruited, admitted, and graduated from the program. If you are a newly established school or do not have historical data on past performance, please explain this in your response.
- 4) Describe plans to evaluate the impact of the proposed VBSN project, monitor achievement, recruitment plans and academic support for completion of studies, mentoring of students from diverse groups or backgrounds.

For the purpose of this document, "Diversity" refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one's 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 gender, sexual orientation, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities and language.

Attachment 9: VBSN Program Summary Plan (1-page)

The information should include the following in a simple table format:

- Type of eligible applicant (i.e. school of nursing, health care facility, or a partnership of a school of nursing and health care facility)
- The total number of VBSN faculty members that will receive training in military culture and how to effectively work with and teach veteran BSN students;
- Characteristics of the veteran student population to be recruited for enrollment in the VBSN program;
- The total projected number of VBSN students to be enrolled over the course of the three-year project period;
- The number of anticipated VBSN student enrollees based on level of educational preparation after awarding academic credit or credit for prior **informal** healthcare training and experience (i.e., freshman, sophomore, junior, senior);
- The number of veteran students enrollees anticipated with **formal** prior advanced medical training (e.g., combat medics, corpsmen, EMT's, LVN/LPN, AD licensed RN's) at various levels – freshmen, sophomore, junior, senior;
- Anticipated total number of VBSN cohorts planned over the three year (3-year) project period;
- Anticipated length of time for veterans to graduate from the VBSN program (by cohort);
- The percentage of veterans expected to be recruited for the VBSN program from various armed service branches, if known (ex. Army, Navy, Marines, Air Force, Reserves, and Coast Guard).

Attachment 10: Documentation of DOD MOU or SOC status

Provide a 1-page copy of the SOC webpage or DoD MOU webpage that clearly displays the applicant organization's status, name and date stamp of when the document was printed or downloaded from the SOC or DoD MOU website.

Attachment 11: Statement of Federal Indebtedness. (If applicable)

If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the federal agency to which the debt is owed.

Attachment 12: Letters of Support (If applicable)

Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

Attachments 13-15: Other Relevant Documents

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

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **February 18, 2014 no later than 11:59 P.M. Eastern Time.**

4. Intergovernmental Review

The NEPQR-VBSN program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years at no more than \$350,000 per year, including indirect costs. 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 the following purposes:

- Student support including tuition, stipends, scholarships, bonuses, student salaries and student travel;
- Subsidies or paid release time for project trainees/participants;
- Payment of temporary personnel replacement costs for the time trainees/participants are away from usual worksite during involvement in project activities; and
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees;
- Promotional items and memorabilia;
- Food and drinks
- Animal laboratories

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6)*, apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information.

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 judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

The *VBSN program* has six (6) review criteria:

Criterion 1: NEED-- Corresponds to Section IV's Introduction and Need (maximum of 10 points)

The extent to which the application:

- Identifies the target pool of veterans and describes the needs of this population by giving the relevant data to support the needs identified.
- Describes the project benefits and impact on the quality of health care and health care outcomes for patients, families, and/or communities.
- Describes the quality and appropriateness of the geographic location of the project and clinical practice site (s), including issues of health care quality, access, disparities, vulnerable and underserved populations.
- Provides data relevant to the program participants and how this is needed for the communities they reside in or plan to serve.

Criterion 2: RESPONSE – Corresponds to Section IV's Work Plan, Methodology and Resolution of Challenges (maximum of 30 points)

The extent to which the applicant organization describes:

- A method or process for awarding academic credit for prior military acquired medical training/ experience and strategies for translating military acquired medical skills into professional (baccalaureate level) nursing clinical practice.
- Strategies that will be implemented to enhance the knowledge skills and abilities of VBSN faculty about military culture and teaching veteran students.
- How partnerships or collaboration with veteran-focused services and or community organizations will be utilized in recruiting, retaining, graduating veterans from BSN programs and passing the NCLEX-RN exam.
- Modifications made to the BSN curriculum and support services to address veterans' challenges and barriers (including potential deployment) in obtaining baccalaureate nursing degrees.
- Specific strategies to assist VBSN graduates to obtain professional nursing employment post-graduation.
- Measurable goals, objectives, activities, project personnel responsibilities, methods, and techniques.
- The time-frames presented by year to achieve the project aims.
- Evidence to support the proposed methodologies.

Criterion 3: EVALUATIVE MEASURES-- Corresponds to Section IV's Evaluation (maximum of 30 points)

The degree to which the applicant:

- Clearly describes the evaluation strategies used to assess project objectives and activities in clear detail.
- Includes a plan to track required progress and outcome measures that will be reported bi-annually.
- Provides a clear description of evaluation methodology.
- Includes a description of quantitative and/or qualitative evaluation measures and metrics for each objective.
- Describes the process to validate and monitor data collection, expected results and challenges encountered in clear detail.
- Describes collaborative efforts with HRSA staff in the development of harmonized data collection across projects.

Criterion 4: IMPACT-- Corresponds to Section IV's Work Plan and Replicability (maximum of 10 points)

The extent to which the applicant organization describes:

- How the proposed project is innovative.
- Specific strategies that will increase enrollment and the successful matriculation of veterans through the BSN program.
- How the proposed project will expand the number of baccalaureate prepared veteran nurses that will graduate and be equipped with the knowledge, skills and experiences to improve employment opportunities and to succeed as professional nurses practicing in civilian settings.
- How the proposed VBSN program model can be replicated and disseminated in diverse populations and settings.
- How the VBSN program will improve health care access to vulnerable and medically underserved populations.
- How the VBSN program will improve employment opportunities for veterans that complete the VBSN program.

Criterion 5: RESOURCES/CAPABILITIES-- Corresponds to Section IV's Technical Support Capacity and Organizational Capacity (maximum of 15 points)

The extent to which the applicant organization provides evidence that the:

- Organizations mission, governance, faculty and facilities demonstrate a commitment to program success and will fulfill the needs and requirements of the proposed project.
- Project Director (PD) is a Licensed Registered Nurse.
- Project Director and/or project personnel has BSN curriculum design/development experience.

- Project Director and/or project personnel has experience working either with military groups, military culture or directly with veterans.
- Credentials of the project personnel with regard to training and/or experience are sufficient to address the needs of veteran students enrolled in the VBSN program.
- Applicant organization provides supporting evidence of:
 - Collaborating partners and practice sites
 - Memorandum of understanding for the proposed VBSN program with organization(s) in addition to SOC or DoD documentation.
- The applicant organization demonstrates the ability to collect, report and validate project activities.
- The project evaluator has training and experience in evaluation methodologies.
- The applicant organization will sustain the project.
- The applicant organization has an appropriate Institutional Diversity Statement (Attachment 8)

Criterion 6: SUPPORT REQUESTED – Corresponds to Section IV’s SF -424 R&R Budget Forms (maximum of 5 points)

The extent to which:

- The proposed budget is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and anticipated results.
- The key personnel have adequate time devoted to the project to achieve project objectives and the percentage of time devoted to the PD is reasonable.
- The applicant provides a line item budget; clear justification narrative for each line item; and outlines changes from one year to the next for each budget period.
- The applicant provides budget justification for each year that support is requested.

2. Review and Selection Process

Please see section 5.3 of the HRSA’s SF-424 R&R Application Guide.

Funding Preferences

The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that meets the criteria for the preference as follows:

Section 805 of the PHS Act provides a funding preference for applicants with projects that will 1) substantially benefit rural or 2) underserved populations, or 3) help meet public health nursing needs in State or local health departments. To be considered for this funding preference, HRSA requests applicants specifically describe which preference track is addressed in the Needs Assessment section of the Project Narrative and in Attachment 7.

To demonstrate that the project “Substantially Benefits Rural Populations” – the applicant provides sufficient documentation indicating that:

- Students will have a field placement or practicum experience in a site serving rural populations, which include at least one of the following: Rural Health Clinic, State office of Rural health, Critical Access hospital (CAH), Sole Community Hospital (SCH), Medicare Dependent Hospital (MDH) or Rural Referral Center; OR
- That the curriculum includes content on rural culture and other health indices specific to rural populations and a high proportion of graduates go to work in a site serving rural populations; OR
- The local population being served is defined as a rural population (i.e. comprised primarily of populations residing in rural locales)

To demonstrate that the project “Substantially Benefits Underserved Populations” – the applicant provides sufficient documentation indicating that:

- The applicant organization is physically located in a federally designated health professional shortage area (HPSA), medically underserved community (MUC), OR
- Provides health services in MUCs and focuses on primary care, wellness, and prevention strategies, OR
- The curriculum incorporates content addressing the cultural health indices specific to underserved populations; OR
- The curriculum prepares students and graduates to meet the health care needs of the medically underserved and a high proportion of graduates go on to work in sites that provide service to medically underserved populations; OR
- The applicant organization has proof of an established and/or recent (preceding 2 year period) track record of placing a high rate of graduates in practice settings located in medically underserved communities

To demonstrate that the project “Helps Meet the Public Health Nursing Needs in State or Local Health Departments” – the applicant provides sufficient documentation indicating that:

- The curriculum concentrates on public health sciences and prepares students for core competencies in public health nursing; OR
- The applicant provides documentation of linkages with state and local health departments for student learning experiences; OR
- Applicant provides a curriculum that ensures that students and graduates are eligible for public health certification and public health nursing certification.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2014. See section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

4. Reporting

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

- 1) **Performance Report(s)**. The awardee must submit a performance report to HRSA on a semi-annual basis. The performance report collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

As part of the performance report, applicants are also expected to submit annual project evaluation reports that highlight recent findings and plans, if any, for ongoing or special evaluation activities. Annual evaluation reports should include information on the use of cooperative agreement funding and an assessment of VBSN program implementation, lessons learned, VBSN student experiences in making the career transition into the BSN civilian nursing role, and possible links to enrollment, retention, graduation, passing the NCLEX –RN exam and clinical or educational outcomes. Where appropriate, applicants are encouraged to include plans to obtain feedback from program participants, community partners, faculty, and/or patients to help identify weaknesses and to provide suggestions for VBSN program improvements

- 2) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

The **BHPr Progress Report has two parts**. The first part demonstrates awardee progress on program-specific goals and the second part is the BHPr performance report.

Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. Further information will be provided in the Notice of Award.

- 3) **Final Report.** All BHPPr awardees are required to submit a final report within 90 days after the project period ends. The Final Report must be submitted on-line by awardees in the Electronic Handbooks system <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the Bureau of Health Professions (BHPPr) with information required to close out a grant after completion of project activities. As such, 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.
 - Changes to the objectives from the initially approved grant.

Awardees are also required to submit to BHPPr a copy of their final evaluation report.

VII. Agency Contacts

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

Barbara Ellis
Grants Management Specialist
DHHS/HRSA/OFAM/DGMO
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Phone: 301-443- 1738
Fax: 301-443-6343
Email: bellis@hrsa.gov

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

Marian Smithey, MSHP, BSN, RN
Nurse Consultant
Division of Nursing
HRSA/BHPR/DN
5600 Fishers Lane, Suite 9-61, Rockville, MD 20857-0001
Telephone: (301) 443-3831
Fax: (301) 443-0792
Email: MSmithey@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

iPortal: <http://grants.gov/iportal>

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, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

E-mail: CallCenter@HRSA.GOV

VIII. Other Information

PROGRAM DEFINITIONS

The following definitions apply to the Nurse Education, Practice, Quality and Retention Veteran's Bachelor of Science Degree in Nursing program for Fiscal Year 2014.

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

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

“Accredited” means a program accredited by a nationally recognized body or bodies, or by a State agency approved for such purposes by the Secretary of Education and when applied to a hospital, school, college or university (or unit thereof) means a hospital, school, college or university (or unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. The Secretary of Education publishes a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be a reliable authority as to the quality of education offered at <http://www.ed.gov/admins/finaid/accred/index.html>.

There are two forms of accreditation: (1) professional or specialized accreditation and (2) institutional accreditation. Professional or specialized accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the

extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program’s mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation.

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

“Associate Degree School of Nursing” means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, unit, college or university is accredited, as defined in section 801(4) of the (PHS) Act.

“Career Ladder” means the progression from entry level positions to higher levels positions of pay, skill, responsibility, or authority after obtaining a higher level of education and skills.

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

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

“Clinical Skills” means any action performed by a nursing student that involves direct patient care which impacts clinical outcomes in a measurable way.

“Cohort” means a group of veterans (students) starting coursework at the same time.

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

“Cultural Competence” means a set of academic and interpersonal skills that allow an individual to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on

community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports.

“Cultural Diversity” means differences in race, ethnicity, language, nationality, or religion among various groups within a community, an organization, or a nation.

“Culturally Competent Program” means a program that demonstrates sensitivity to and an understanding of cultural differences in program design, implementation and evaluation.

“Culturally and Linguistically Appropriate Services” means health care services that are respectful of and responsive to cultural and linguistic needs.

“Diploma School of Nursing” means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited, as defined in section 801(5) of the PHS Act.

“Diversity” refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one’s 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 gender, sexual orientation, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities and language.

“Economically Disadvantaged” means an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary will annually publish these income levels in the Federal Register. The table below provides a breakdown of family income levels used to determine economic disadvantaged status. Family income is defined as the income of the family of the individual participant or of the family of the parents of the individual participant.

“Educationally Disadvantaged” means an individual who comes from an environment that has hindered the individual in obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school. The following are provided as examples of “Educationally Disadvantaged” for guidance only and are not intended to be all-inclusive. Applicants should seek guidance from their educational institution as to how “Educationally Disadvantaged” is defined by their institution.

Examples:

1. Person from high school with low average SAT scores or below the average State test results.
2. Person from a school district where 50% or less of graduates go to college.
3. Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.

4. Person for who English is not their primary language and for whom language is still a barrier to their academic performance.
5. Person who is first generation to attend college and who is from rural or urban area or receiving public assistance.
6. Person from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches.

“Electronic Distance Learning Methodologies” means electronic media are used to deliver education content when the learner and teacher are separated by distance. An electronic medium may be a computer, World Wide Web technologies, teleconferencing, television, or CD ROM/DVD.

“Evidence Based Practice” means the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient.

“Faculty Development” means activities and/or programs designed to improve project faculty’s ability to teach.

“Frontier” means an area where remote clinic sites are located and where weather and distance can prevent patients who experience severe injury or illness from obtaining immediate transport to an acute care hospital.

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

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

“Graduate Education Program or Training” means a program administered by an institution of higher learning, leading to a master’s or higher degree.

“Graduate Nurse” means an individual permitted to practice registered nursing under rules and regulations of the state Board of Nursing if the individual has an application for license pending before the Board, or has taken the nurse licensing examination, but the results are not yet known.

“Healthy Literacy” means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

“Health Care Workforce” means a health professional working in health service settings.

“Home Health Agency” as defined by the Social Security Act, section 1861(o), means a public agency or private organization, or a subdivision of such an agency or organization, which:

- (1) Is primarily engaged in providing skilled nursing services and other therapeutic services;
- (2) Has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services by a physician or by a registered professional nurse;
- (3) Maintains clinical records on all patients;

(4) In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, (a) is licensed pursuant to State law or (b) is approved by the agency of such State or locality responsible for licensing agencies or organizations of this nature as meeting the standards established for such licensing;

(5) Has in effect an overall plan and budget that meets the requirements of subsection (z) of this section;

(6) Meets the conditions of participation specified in section 1819(a) of the Social Security Act and such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization;

(7) Provides the Secretary on a continuing basis with a surety bond in a form specified by the Secretary and in an amount that is not less than \$50,000 (more specifics about the duration and nature of the surety bond can be found in Sec. 1861 (c)(7)(A) of the SSA and Sec. 1861 (7)(C));

(8) Meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary to the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program; and

(9) Except that for purposes of Part A of this sub-chapter such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases.

The Secretary may waive the requirement of a surety bond under paragraph (7) in the case of an agency or organization that provides a comparable surety bond under State law.

“Interdisciplinary” means, two or more persons from the same profession but different specialties (e.g.: Medical / Surgical Nurse and Labor and Delivery Nurse).

“Interprofessional Education” means, students from two or more health care professions learning with, from and about each other to enhance collaboration in a shared learning environment (WHO, 2010). (e.g.: Registered Nurse and Certified Licensed Social Worker)

“Interprofessional Collaborative Practice” (IPCP) in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings. IPCP includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, and disease management (WHO, 2010).

“Licensed Practical/vocational Nurse” (LPN/LVN) means an individual who is currently licensed as a licensed practical nurse or a licensed vocational nurse in at least one jurisdiction of the United States and employed in a nursing facility or home health agency.

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

Low Income Levels:

The Secretary defines a “low-income family” for 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, marriage¹¹, or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student’s parents to compute low income status, while a few programs, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student’s family as long as he or she is not listed as a dependent upon the parents’ tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department’s poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer price Index.

The Secretary annually adjusts the low-income levels based on the Department’s poverty guidelines and makes them available to persons responsible for administering the applicable programs. The 2013 Poverty Guidelines to determine Disadvantaged status can be located at the following website: <http://www.gpo.gov/fdsys/pkg/FR-2013-10-25/pdf/2013-25275.pdf>. The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2012.

2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Size of parents’ family * Income level **

1	\$22,980
2	31,020
3	39,060
4	47,100
5	55,140
6	63,180
7	71,220
8	79,260

For families with more than 8 persons, add \$8,040 for each additional person.

2013 POVERTY GUIDELINES FOR ALASKA

Size of parents’ family * Income level **

1	\$28,700
2	38,760
3	48,820
4	58,880
5	68,940
6	79,000
7	89,060
8	99,120

¹¹ On June 26, 2013, in U.S. v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex spouses and same-sex marriages, was unconstitutional. In light of this decision, please note that same-sex marriages and same-sex spouses will be recognized on equal terms with opposite-sex spouses and opposite-sex marriages, regardless of where the couple resides.

For families with more than 8 persons, add \$10,060 for each additional person.

20123POVERTY GUIDELINES FOR HAWAII

Size of parents' family * Income Level **

1	\$26,460
2	35,700
3	44,940
4	54,180
5	63,420
6	72,660
7	81,900
8	91,140

For families with more than 8 persons, add \$9,240 for each additional person.

* 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 2012.

“Medically Underserved Community” as defined in Title VII section 799B (6) of the PHS Act, means an urban or rural area or population that:

- (1) is eligible for designations under section 332 of the PHS Act as a health professional shortage area;
- (2) is eligible to be served by a migrant health center (MHC), under section 329 [now 330(g)] of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);
- (3) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa) (2) of the Social Security Act (relating to rural health clinics); or
- (4) is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

In keeping with the Congressional intent that eligible entities should not be limited to formally designated Health Professional Shortage Areas (HPSAs) and populations served by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision has been expanded to include, but is not limited to the following:

- Community Health Centers (CHC)
- Nurse managed Health Centers (NMHC)
- Migrant Health Centers (MHC)
- Health Care for the Homeless Grantees
- Public Housing Primary Care Grantees
- Rural Health Clinics, Federally designated
- National Health Service Corps (NHSC) Sites
- Indian Health Services (IHS) Sites
- Federally Qualified Health Centers
- Primary Medical Care Health Professional Shortage Areas (HPSAs)

- State or local Health Departments (regard
- less of sponsor - for example, local Health
- Departments that are funded by the State would qualify)
- Ambulatory practice sites designated by State Governors as serving medically underserved communities

“**Mentor**” means a collaborative partner who is a role model and motivator providing support, help, enthusiasm, inspiration, and nurturing in a non-structured learning environment.

“**Minority**” means an individual whose race/ethnicity is classified as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander.

➤ **American Indian or Alaska Native** means a person having origins in any of the original Peoples of North and South America (including Central America), and who maintains Tribal affiliation or community attachment.

➤ **Asian** means a person who has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

➤ **Black or African American** means a person having origins in any of the black racial groups of Africa.

➤ **Hispanic or Latino** means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term “Spanish origin,” can be used in addition to “Hispanic or Latino.”

➤ **Native Hawaiian or Other Pacific Islander** means a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

➤ **White** means a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

“**National of the United States**” means an individual who owes his sole allegiance to the United States, including all U.S. citizens, and including some individuals who are not U.S. citizens. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

“**Nonprofit**” means any school, agency, organization or institution which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure to the benefit of any private shareholder or individual, as defined in Section 801(7) of the PHS Act.

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

“Nursing Personnel” is the collective term used to identify providers of nursing services and includes both licensed and unlicensed individuals.

“Organized Health Care System” means a network of organizations that provides or manages the provision of a coordinated continuum of services to a defined population and is willing to be held clinically and fiscally accountable for the healthcare outcomes and health status indicators of the populations served.

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

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

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

In providing such services:

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

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

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

“Project” means all proposed activities, including educational programs, specified or described in a grant application as approved for funding.

“Public Health Nurse” in the advanced education nursing program means a registered nurse who has successfully completed a master’s and/or doctoral degree program of study designed to prepare nurses for the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

“Public Health Nursing” means the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

“Public Health Nursing Practice” means the systematic process by which:

- (1) The health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death;
- (2) A plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death;
- (3) The plan is implemented effectively, efficiently, and equitably;
- (4) Evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the populations; and
- (5) The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, State and national health policy and research to promote health and prevent disease. (APHA Public Health Nursing Section, 1996).

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

“Race” means according to standards for the classification of Federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White. i The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African-American.”

- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Note: See “Ethnicity” for definitions of Hispanic or Latino ethnicity.

“Racial and Ethnic Minority Group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

Minority/Minorities refer to individual(s) from a racial and ethnic minority group.

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

“Rural Area” means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located a significant distance from the major city in the Standard Metropolitan Area (SMA). Rural means people who live in places with small populations or unincorporated areas with population density less than 1,000 per square mile. A rural place is any incorporated place or Census Designated Place with fewer than 2500 inhabitants that is located outside of an Urbanized Area (UA). An UA is defined as a continuously built-up area with a population of 50,000 or more.

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

“Rural Health Clinic” means a facility which is located in an area that is not an urbanized area (as defined by the Bureau of the Census) and in which there are insufficient numbers of needed health care practitioners (as determined by the Secretary), and that, within the previous 4-year period, has been designated by the chief executive officer of the State and certified by the Secretary as an area with a shortage of personal health services or designated by the Secretary either (I) as an area with a shortage of personal health services under section 330(b)(3) or 1302(7) of the Public Health Service Act, (II) as a health professional shortage area described in section 332(a)(1)(A) of that Act because of its shortage of primary medical care manpower, (III) as a high impact area described in section 329(a)(5) of that Act, of (IV) as an area which includes a population group which the Secretary determines has a health manpower shortage under section 332(a)(1)(B) of that Act, (ii) has filed an agreement with the Secretary by which it agrees not to charge any individual or other person for items or services for which such individual is entitled to have payment made under this title, except for the amount of any deductible or coinsurance amount imposed with respect to such items or services (not in excess of the amount customarily charged for such items and services by such clinic), pursuant to subsections (a) and (b) of section 1833, (iii) employs a physician assistant or nurse practitioner, and (iv) is not a rehabilitation agency or a facility which is primarily for the care and treatment of mental diseases.

“Rural Health Facility” means a hospital of less than 100 beds or other patient care facility located outside Office of Management and Budget (OMB) designated metropolitan areas. Census

tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

“Rural Populations” means populations who reside in rural areas.

“School of Nursing” means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are: (a) authorized to sit for the NCLEX-RN; or (b) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b) of the Public Health Service Act (Title VIII).

“State” means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

“State Government” means the government of any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments. For purposes of PHS grants, federally recognized Indian Tribes are treated the same way as State HRSA-13-256 47 governments. State institutions of higher education and State hospitals are considered non-governmental organizations for purposes of this program.

“Underrepresented Minorities” means racial and ethnic populations that are underrepresented in the registered nurse population relative to the number of individuals who are members of the population involved. Underrepresented minorities include Black or African Americans, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

“Veterans” means formerly active military service members who have served honorably in one of the U. S. armed services, and received an honorable or general discharge.

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA’s *SF-424 R&R Application Guide*.

In addition, BHPPr 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>.