

U.S. Department of Health and Human Services



Health Resources & Services Administration

Bureau of Health Workforce

Division of Nursing and Public Health

**Nurse Education, Practice, Quality and Retention-Mobile Health
Training Program (NEPQR-MHTP)**

Funding Opportunity Number: HRSA-22-056

Funding Opportunity Type(s): New

Assistance Listings (AL/CFDA) Number: 93.359

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 22, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date December 3, 2021

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C §§ 296p, 296-1 (Section 831 of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Nurse Education, Practice, Quality and Retention-Mobile Health Training Program (NEPQR-MHTP). The purpose of this program is to strengthen the nursing workforce through education and training to provide culturally aligned quality care in rural and underserved areas and training of diverse nursing students to address and manage Social Determinants of Health (SDOH) factors and improve health equity and health literacy of vulnerable populations in rural and underserved communities through nurse-led mobile health training sites. The NEPQR-MHTP will create and expand experiential learning opportunities for nursing students, including: the provision of high-quality culturally sensitive care, identify and understand SDOH in local communities, engagement in critical thinking, and clinical practice highlighting a collaborative team approach to care.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award, due to availability of funds.

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|-----------------------------------------------------|------------------------------------------------------------------------------------------------|
| Funding Opportunity Title: | Nurse Education, Practice, Quality and Retention (NEPQR)-Mobile Health Training Program (MHTP) |
| Funding Opportunity Number: | HRSA-22-056 |
| Due Date for Applications: | February 22, 2022 |
| Anticipated Total Annual Available FY 2022 Funding: | \$35,000,000 |
| Estimated Number and Type of Award(s): | Up to 35 cooperative agreements |
| Estimated Annual Award Amount: | Up to \$1,000,000 per year subject to the availability of appropriated funds |
| Cost Sharing/Match Required: | No |
| Period of Performance: | July 1, 2022, through June 30, 2026 (4 years) |

| | |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligible Applicants: | <p>Eligible applicants are accredited schools of nursing, health care facilities, including federally qualified health centers, or nurse-managed health clinics or a partnership of such a school and facility.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/default.aspx> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Nurse Education, Practice, Quality and Retention-Mobile Health Training Program (NEPQR-MHTP).

Through the expansion of experiential training opportunities in nurse-led community-based settings, the purpose of this mobile health training program is to increase and strengthen the diversity, education, and training of the nursing workforce to provide culturally aligned quality care in rural and underserved areas where there are health care disparities related to access and delivery of care. This program will provide enhanced education and training opportunities within collaborative, reciprocal partnerships, utilizing community-based, nurse-led mobile units. This program aims to strengthen the capacity of nursing students to address and manage Social Determinants of Health (SDOH) and improve health equity for vulnerable populations in rural and underserved areas. The NEPQR-MHTP aims to expand on the nursing education provided by emphasizing leadership and effective communication skills as well as innovative technological methods (i.e. telehealth) to deliver quality care in a rural or underserved environment.

For more details, see [Program Requirements and Expectations](#).

Program Goals

1. Establish or expand Nurse-led mobile units to provide care to the target vulnerable populations in rural and underserved areas.
2. Expand the nursing workforce by creating experiential learning opportunities emphasizing advanced nursing skills and care delivery in rural and underserved communities.
3. Provide didactic nursing education geared toward the delivery of culturally competent care, addressing SDOH while developing skills in leadership, communication, and critical thinking in a technologically innovative and collaborative practice environment.
4. Foster a community-based learning environment which mentors nursing students to identify and implement evidence-based best practices in rural and medically underserved communities.
5. Increase the diversity of the nursing workforce by recruiting and supporting students and faculty from diverse populations, including those from disadvantaged backgrounds and underrepresented racial and ethnic minorities.

Program Objectives

- Develop or enhance nurse-led mobile health units to provide quality health care to rural and underserved communities;
- Utilize the NEPQR-MHTP as an experiential platform for nursing students;
- Expand access to health care services in underserved and rural communities through the use of the mobile health unit and innovative technology solutions;
- Enhance current curriculum to integrate SDOH concepts, providing a foundation for nurses/nursing students to address and improve patient health outcomes;
- Implement professional development programs and share resources with faculty and preceptors related to social determinants; and
- Develop a nursing workforce that address the needs of the target populations being served in rural and underserved communities.

HHS and HRSA Priorities

You are encouraged to select and address one of the clinical priorities below which include HHS's and HRSA's priorities:

- COVID-19;
- Environment as it relates to climate change and health disparities/equity;
- Equity in HHS Service Delivery (racial, LGBTQ);
- Reproductive Health/Family Planning/teen pregnancy initiatives;
- Refugee/Immigration/unaccompanied children;
- Maternal Health;
- Mental Health; and
- SUD/Opioids.

Promoting equity is essential to the Department's mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985 entitled Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021).

Recipients of Federal Financial Assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See [HHS Provider Obligations](#) and [HHS Nondiscrimination Notice](#). See [Section VIII. Other Information](#) for further details.

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), 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.

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that grantees are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to experiential training on the NEPQR-MHTP.

2. Background

The NEPQR-MHTP is authorized by 42 U.S.C §§ 296p, 296-1 (Section 831 of the Public Health Service Act) to strengthen the capacity for basic nurse education and practice. The NEPQR program has statutory authority to address the development and enhancement of the nursing workforce. The three priority areas defined in the statute for this program are (1) Education, (2) Practice, and (3) Retention.

The NEPQR: MHTP addresses the following priority areas:

1. Education Priority (Section 831(a)(2) of the PHS Act):
 - Provide education in new technologies, including distance learning methodologies.
2. Practice Priority (Section 831(b)(1-3) of the PHS Act)
 - Establish or expand nursing practice arrangements in non-institutional settings to demonstrate methods to improve access to primary health care in underserved communities;
 - Provide care for underserved populations and other high-risk groups such as the elderly, individuals living with HIV/AIDS, individuals with mental health or substance use disorders (SUD), individuals who are homeless, and survivors of domestic violence; and
 - Provide coordinated care, and other skills needed to practice in existing and emerging organized health care systems.
3. Retention Priority (Sections 831(c)(1)(A)(i) and 831(c)(2)(A) of the PHS Act)
 - Promote career advancement for nursing in a variety of training setting, cross training or specialty training among diverse population groups, and the advancement of individuals including become professional registered nurses, advanced practice registered nurses, and nurses with graduate nursing education; and

- Improve the retention of nurses, and enhance patient care that is directly related to nursing activities, by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision making processes of a health care facility.

Many people in the United States are unable to receive the health care services they need due to the lack of access and availability of health care services where they live. These barriers lead to an increased risk of poor health outcomes as well as health disparities.¹ According to the Centers for Disease Control and Prevention (CDC), 46 million or 15 percent of the United States (U.S.) population lives in rural areas.² Many rural communities suffer from poor health due to a lack of health care services, coupled with low socioeconomic status.³ The lack of access to health services has a significant impact on overall well-being. Through community-based partnerships addressing SDOH, NEPQR-MHTP can make a difference in rural and underserved communities

Today, Americans are less healthy than previous generations and their global counterparts³. The CDC reports that six in ten Americans live with at least one chronic disease, and four in ten have two or more chronic diseases.⁴ Chronic diseases in the United States have a significant health and financial cost and they are among the most prevalent and costly health conditions in the United States.⁵ The annual health care expenditures in the U.S. are close to 3.8 trillion dollars, and a substantial percentage of those costs go to caring for people living with chronic and mental health conditions.⁴

Many health disparities impact racial and ethnic minorities living in underserved (rural or urban) communities in America.⁴ Rural residents are more likely to die prematurely from the five leading causes of death (heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke).⁶ Access to screening and health care services can lead to early detection and management of chronic diseases.

Healthy People 2030 (HP2030) establishes national health objectives with targets and monitors and catalyzes progress over time to measure the impact of research and prevention efforts. An important objective of HP2030 is the health care access and

¹ "HealthyPeople.gov," [Online]: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health#2>

² "Centers for Disease Control and Prevention," [Online]. <https://www.cdc.gov/ruralhealth/about.html> . (Accessed 17 June 2021).

³ OECD, "Health Spending. Organization for Economic Co-operation and Development," 2021. [Online]. Available: <https://data.oecd.org/healthres/health-spending.htm> . (Accessed 29 June 2021).

⁴ "Centers for Disease Control and prevention," [Online]. <https://www.cdc.gov/chronicdisease/about/index.htm> . (Accessed 29 June 2021).

⁵ E. Solomon, HW. Wing, J. Steiner and L. Gottlieb, "Impact of Transportation Interventions on health care outcomes A systematic review," *Medical Care*, vol. 58, no. 4, pp. 384-391, April 2020.

⁶ "CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)," [Online]. Available: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm> . [Accessed 30 June 2021].

quality domain of SDOH.⁷ HP2030 also highlights that having access to health services is a step toward reducing health disparities.⁷ The absence or limited access to transportation can be a significant barrier to receiving timely and appropriate health care services.⁵ For nursing to improve communities' access to health care services, there needs to be a shift in thinking about how nurses can provide much needed care in rural and underserved communities. The Department of Health and Human Services (HHS) is committed to improving the health and well-being of the nation through HP2030.

Providing care to some of our most vulnerable and underserved populations in the U.S. through a Mobile Health Clinic (MHC) can help reduce health care disparities and limitations in access to care.⁸ There are approximately 1,500-2,000 mobile clinics nationwide, providing up to 6.5 million visits annually within the United States. Bridging the gap between the clinics and the community, MHCs can improve health care delivery by reaching people where they live and where they work. A literature review by Yu et al. notes that MHCs successfully provide health care services “directly at the curbside in communities of need and flexibly adapting their services based on the changing needs of the target community MHCs can provide various services in the community”, such as primary care, preventive screenings, women’s health, patient education, and pediatric care, amongst many other beneficial services.⁹

As recommended in Future of Nursing 2030 report, nursing education programs, including continuing education, and accreditors and the National Council of State Boards of Nursing should ensure that nurses are prepared to address SDOH¹⁰ In alignment with this recommendation, nurse educators must continuously evaluate and revise education curricula and programs used to educate new and practicing nurses. Likewise, to prepare nurses to practice in new models of care, clinical rotations need to include exposure to high-performing teams in community-based settings, and provide longitudinal experiences within non-traditional, community-based settings. Effective academic, practice, and community partnerships create systems where students have relevant curricula, quality training sites, well-trained faculty and preceptors, and produce graduates with the experience and competencies that facilitate employment in rural and underserved communities.

⁷ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-people-who-cant-get-medical-care-when-they-need-it-ahs-04>

⁸ N. Malone, M. Williams, M. Smith Fawzi, J. Bennet, C. Hill, J. Katz and e. al., "Mobile health clinics in the United States," *Mobile health clinics in the United States*, vol. 19, no. 1, p. 1–9, 2020.

⁹ Yu, S.W.Y., Hill, C., Ricks, M.L., Bennet, J., Oriol, N.E. "The scope and impact of mobile health clinics in the United States: A Literature Review." *International Journal for Equity in Health*, October 5, 2017. <https://doi:10.1186/s12939-017-0671-2>.

¹⁰ National Academies of Sciences, Engineering, and Medicine. 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.

The complex health care needs of individuals and underserved communities call for the nursing practice to shift to provide quality community care.¹¹ Fostering this change to population and community health, MHCs can play an important role in developing the nursing workforce where it is needed. Many nursing programs face challenges related to obtaining clinical sites and qualified preceptors; the nurse-led MHC can serve as a clinical training site for nursing students and practice site for current nurses.^{12,13} The MHC can address medical and SDOH in the community, an essential component in nursing education and training.¹⁴

Preparing the future nursing workforce to provide culturally sensitive, patient-focused care should be strongly considered moving forward. Studies have found that racial and ethnic concordance between providers and patients can improve patient outcomes.¹⁵ A study done in 2012 showed that race or race concordance were significantly associated with increased patient trust score outcomes.¹⁶ Patients' decision making can be affected by race concordance between a provider and patient.¹⁷ Diversifying the nursing workforce will be a step toward improving the healthcare disparities faced by our target population.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply specifically to the NEPQR-MHTP for Fiscal Year 2022:

- **Collaborative care team:** communication, sharing, and problem solving between the health care personnel as peers; this pattern of practice also implies a shared responsibility and accountability for patient care. At a minimum, the proposed system must include collaborative practice across disciplines, mechanisms to

¹¹ S. Randall, T. Crawford, J. Currie, J. River and V. Betihavas, "Impact of community based nurse-led clinics on patient outcomes, patient satisfaction, patient access and cost effectiveness: A systematic review," *International Journal of Nursing Studies*, vol. 73, pp. 24-33, 2017.

¹² M. Cockroft, J. Laboy, L. Mullen and S. Hubbell, "Nurse-Led Mobile Health Clinics: An Opportunity for Student Scholarship and Faculty Practice," *Journal of Nursing Education*, vol. 59, no. 10, 2020.

¹³ S. Drayton-Brooks, P. Gray, N. Turner and J. Newland, "Building clinical education training capacity in nurse practitioner programs," *Journal of Professional Nursing*, vol. 33, no. 6, pp. 422-428, 2017.

¹⁴ K. Porter, G. Jackson, R. Clark, M. Waller and A. Grimes Stanfill, "Applying Social Determinants of Health to Nursing Education Using a Concept-Based Approach," *Journal of Nursing Education*, vol. 59, no. 5, pp. 293-296, 2020

¹⁵ A. Nguyen, N. Siman, M. Barry, C. Cleland, H. Pham-Singer, C. Ogedegbe and D. Shelley, "Patient-Physician Race/Ethnicity Concordance Improves Adherence to Cardiovascular Disease Guidelines," *Health Services Research*, vol. 55, no. 51, pp. 51-51, 2020.

¹⁶ G. H. C. H. a. W. P. B. Smith, "Physicians, Physician Extenders and Health Outcomes: Race, Gender and Patient-Health Provider Concordance in North Carolina Medicaid," *Journal of Health Care for the Poor and Underserved*, vol. 29, no. 1, pp. 530-555, 2018.

¹⁷ S. & B. M. C. Saha, "Impact of Physician Race on Patient Decision-Making and Ratings of Physicians: a Randomized Experiment Using Video Vignettes.," *Journal of General Internal Medicine*, vol. 34, no. 4, p. 1084-1091, 2020.

improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided.

- **Disparity Impact Statement-** is a statement applicants are expected to develop using local data (e.g. the CDC Social Vulnerability Index (SVI)) to identify populations at highest risk for health disparities and low health literacy. The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the NEPQR-MHTP proposed project. See [Section VIII. Other Information](#) for further details.
- **Health equity-** is the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services
- **Longitudinal experiential training** - is the process of instruction between a designated faculty and/or nursing preceptor and an individual(s) that includes a component of direct work experience over a period of time to adequately immerse the individual(s) in that training, for the purposes of this NOFO, longitudinal is a minimum of 80 hours.
- **Mobile Health Unit** – is an innovative model of health care delivery to address health disparities and improve health outcomes utilizing intermittent sites to provide direct health care services to a target population. Intermittent sites operate on a regular scheduled basis for a short period of time at locations that change frequently as necessary to continue services to the target population. Generally, these sites are established to assure access to care for more mobile populations, who may not be in one area for an extended period of time and, therefore, may not access care.
- **Nurse-led** – is a care practice in which the lead care provider is a registered nurse (RN) or advanced practice registered nurse (APRN).
- **Social Determinants of Health-** is defined by HHS as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains: economic stability; education access and

quality; health care access and quality; neighborhood and built environment; social and community context.

- **Underserved Communities-** are populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity'.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

- 1) Make available the services of experienced HRSA/BHW personnel as participants in the planning and development of all phases of the project;
- 2) Provide programmatic consultation for development and delivery of training and technical assistance, project data collection methods and a set of core measures and metrics across projects;
- 3) Provide ongoing input in all phases of the project to accomplish the goals;
- 4) Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
- 5) Review and approve project information prior to dissemination;
- 6) Provide direction, assistance and recommendations in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA grant projects, and other resource centers and entities relevant to the project's mission;
- 7) Provide guidance concerning the content, structure and format of required reports; and
- 8) Support and direct the dissemination of effective education or practice models that emerge from the NEPQR-MHTP and identifying opportunities to expand best practice models to diverse populations.

The cooperative agreement recipient's responsibilities will include:

- 1) Develop, implement, and evaluate projects to ensure that they meet the goals outlined in Section I of this NOFO, and comply with all applicable grant requirements;
- 2) Engage, collaborate, and communicate with HRSA staff for input on project activities, quality improvement, and dissemination of lessons learned and effective education and practice models;
- 3) Participate in training and technical assistance by HRSA and other stakeholders, as appropriate;
- 4) Engage with relevant stakeholders to ensure project success and sustainability;
- 5) Engage, collaborate, and communicate with other NEPQR-MHTP recipient in a learning community to share practice innovations and leverage resources; and
- 6) Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the [SF-424 R&R Application Guide](#) (**Acknowledgement of Federal Funding**).

2. Summary of Funding

HRSA estimates approximately \$35,000,000 to be available annually to fund up to 35 recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to \$1,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2022 through June 30, 2026, (4 years). Funding beyond the first year is subject to the availability of appropriated funds for NEPQR-MHTP in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

Limitations on indirect cost rates

Indirect costs under training awards to organizations other than state, or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs, rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subawards in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

In accordance with Section 831(f) of PHS Act, eligible entities are an accredited school of nursing as defined in section 801(2), a health care facility, including federally qualified health centers or nurse-managed health clinics, or a partnership of such a school and facility.

Schools of nursing affiliated with the proposed project must be accredited. Applicants must provide documentation of current accreditation by a national nurse education accrediting agency or a state agency by the U.S. Department of Education as [Attachment 10](#). Individuals and for-profit entities are not eligible to apply.

In addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Tribes and Tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

A trainee receiving support from grant funds under this program must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible to participate.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by Sec. 803 (b) of the Public Health Service Act (42 U.S.C. §296b). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort (MOE) information and submit as [Attachment 6](#).

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowable. Separate organizations are those entities that have unique DUNS numbers or [Unique Entity Identifier](#) (UEI).

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-056 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for or all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes project and budget narratives, attachments including biographical sketches (bio sketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary."

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-056, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 70 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-056, prior to the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 11: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a

state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\) website](http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx) via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

Program Requirements and Expectations

All applicants funded under this funding opportunity will be required to implement the following:

1. Establish or enhance a **nurse-led mobile unit(s)** to meet the health care needs of populations at highest risk for health disparities and low health literacy in rural, underserved or marginalized communities providing mobile health services;
2. Establish or enhance **reciprocal collaborative partnerships** to develop and implement a work plan to address and manage SDOH factors and improve health outcomes in underserved communities utilizing the NEPQR-MHTP;
3. Provide **longitudinal experiential clinical training** for nursing students (BSN and or APRNs) in a mobile-based community setting to provide essential services to the targeted communities;
4. Enhance **didactic nursing curriculum and continuing professional education and development** (for faculty and/or staff) with an emphasis on a collaborative team- based practice model to integrate:
 - Social determinants of health factors,
 - Health equity,
 - Populations at highest risk for health disparities;
 - Low health literacy, and
 - Leadership and communication skills
5. Expand **health care access** to rural and underserved areas through the use of the mobile health unit and innovative technological solutions; and
6. Increase the **diversity** of the nursing workforce with the recruitment of nursing students and faculty from **diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minorities.**

7. Develop a **business model** outlining the development and/or enhancement of the proposed nurse-led mobile unit.

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), include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less. The summary must include:

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable
- If requesting a funding preference, priority, or special consideration as outlined in Section V. 2. of the program-specific NOFO, indicate here.

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USAspending.gov](#).

The abstract must also include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. Which of the clinical priorities will be addressed by the project, if applicable; and
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

| <u>Narrative Section</u> | <u>Review Criteria</u> |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Purpose and Need | (1) Purpose and Need |
| Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges | (2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges |
| Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability | (3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability |
| Organizational Information, Resources, and Capabilities | (4) Organizational Information, Resources, and Capabilities |
| Budget and Budget Justification Narrative | (5) Support Requested |

ii. **Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- **PURPOSE AND NEED** -- Corresponds to Section V's [Review Criterion 1](#)
You must identify and describe the needs of the target community being supported by the proposed project. You must directly link all aspects of the project to its goals and objectives, including its contribution to improving health equity, access to care, and diversity within the nursing workforce. You must describe the following:
 - A disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) to identify

populations at highest risk for health disparities¹⁸, low health literacy and infrastructure to receive necessary services in rural, underserved, or marginalized communities;

- The community that will benefit from the proposed project activities. Include information and quantifiable data, such as the demographics of the population, health status, including existing health disparities and unmet health care needs of the community, SDOH, and barriers accessing care;
 - The development of an experiential longitudinal clinical training opportunity for nursing students (BSN and or APRNs) in the project;
 - Nursing curricula modifications and enhancements needed to incorporate SDOH, populations at highest risk for experiencing health disparities, low health literacy, and health equity;
 - Develop critical thinking and introduce leadership skills in order to prepare students to enter the nursing workforce and with skillsets to in rural and underserved areas;
 - How the NEPQR-MHTP and innovative technology will improve health outcomes related to the SDOH factors and contribute to enhancing resiliency of the community or catchment area;
 - Demographic data of the target student and faculty population, including but not limited to demographic characteristics, geographic background, and race/ethnicity background; and
 - Demographics of the current nursing workforce in the geographic area of the proposed project.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V’s Review Criteria #2 (a), (b), and (c).*
- (a) *WORK PLAN -- Corresponds to Section V’s [Review Criterion 2 \(a\)](#)*
Provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your

¹⁸ [National Institute on Minority Health and Health Disparities, Health Disparity Populations \(April 1, 2021\). See Section VIII. Other Information for details.](#)

project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the “Other Priority Linkage” if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package. The work plan must:

- Describe of the goals of the proposed project; including the subjective, objectives, reasons for proposing the intervention and how they relate to attainment of the goals of the Disparities Impact Statement;
 - Include the responsible entity/entities (i.e., key staff and partners) and collaboration with key stakeholders for carrying out the project;
 - Detail the timeline, deliverables, and key partners required during the award period of performance to address each of the needs described in the [Purpose and Need](#) section;
 - Describe existing resources and programs available for target population;
 - Proposed outcomes including the number of current and future nurses trained each year in the proposed project;
 - Identify the plan for the recruitment of students and faculty from diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minority populations, including any partnerships used to facilitate efforts; and
 - Provide a plan for using training and/or learning experiences that address cultural awareness, SDOH, health equity and health literacy; and Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including the development of the application, and further, the extent to which these contributors reflect the cultural, racial, linguistic and/or geographic diversity of the populations and communities served.
- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review [Criterion 2\(b\)](#)*
Describe your objectives and proposed activities that will be used to address the needs and requirements of the program, identified in the [Purpose and Need](#) section. You must describe how the objectives link to each of the previously described requirements listed in *Section IV. [Program Requirements and Expectations](#)*

You must:

- Provide a detailed strategic plan to implement the MHTP in the rural and underserved community;

- Identify strategies, tools and/or activities to address the SDOH, health equity, low health literacy and community and system needs, explain the rationale for proposing specific activities, and present a clear connection between identified system gaps, needs, and the proposed activities;
- Propose methods that you will use to address the stated needs and meet each of the previously described purpose and need and program requirements in this NOFO;
- Describe plan for recruitment and training of nursing students and faculty from diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minority populations;
- Provide a detailed plan to provide staff and faculty professional development addressing SDOH and health equity;
- Provide an emergency preparedness plan, in case of public health emergency, to ensure continuation of programmatic and training activities; and
- Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

Logic Model

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this announcement, the logic model ([Attachment 1](#)) should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., beliefs about how the program will work based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, etc.);
- Target population (e.g., individuals/communities served);
- Activities (e.g., approach, key interventions);
- Outputs (i.e., direct products or deliverables of program activities); and
- Outcomes (i.e., program results, change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

- (c) *RESOLUTION OF CHALLENGES -- Corresponds to Section V's [Review Criterion 2 \(c\)](#)*
 - Discuss likely challenges and anticipated major barriers in the design and implementation of the activities described in the work plan and approaches that you will use to resolve such challenges; and
 - Describe how you monitor progress towards program objectives and strategies to address challenges or obstacles. Challenges discussed should be specific to the proposed project and relate to either the overall goal(s) or objective(s) proposed within the work plan.
- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*
- (a) *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's [Review Criterion 3 \(a\)](#)*
Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must:
 - Monitor ongoing processes and progress toward meeting goals and objectives of the project and attainment of the goals of the Disparities Impact Statement;
 - Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; evidenced-based tools to be used, expected outcomes of the funded activities;
 - Describe how all key evaluative measures will be reported. Evaluation methodology must identify how projects will meet identified needs, including the connection to those identified in the Disparities Impact Statement, and work toward increasing the number of nursing and other health professionals who are able to practice in effective collaborative interprofessional team based environments that are comprised of high-functioning diverse professionals;
 - Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>;
 - Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes;

- Describe how the work plan strategies and outcomes will be measured, with particular focus on the social and public health impact on the target population(s);
- Document the procedure for assuring the data collection, management, and storage. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature;
- Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles;
- Provide an evaluation and reporting plan that indicates the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable. [Attachment 9](#); and
- Describe your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' National Provider Identifiers (NPI). (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics).

In addition, applicants may be asked to provide annual evaluation reports that include information on the use of cooperative agreement funding and an assessment of project implementation, lessons learned, interprofessional provider and patient experience, and possible links to clinical outcomes.

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

Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to:

- Highlight key elements of your grant projects, e.g., training methods or strategies, and innovative technology which have been effective in improving practices;
- Forecast likely challenges in sustaining the program, and outline approaches to resolve such challenges;
- Obtain future sources of potential funding;
- Provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population;

- Leverage strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population;
 - Demonstrate a commitment to support, to the extent possible, the activities implemented through this funding opportunity beyond the period of federal funding – including: recruitment of nursing students and faculty from diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minorities;
 - Improving care access in rural and underserved communities, and efforts to strengthen professional development opportunities, curricula, and partnerships;
 - Describe strategies to expand, diversify, and sustain implementation efforts, including funding; and
 - Describe a business model that demonstrates the added value of nurses on interprofessional teams.
- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's [Review Criterion 4](#)*

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. (A project organizational chart is requested in Section IV.2. vi. [Attachment 4](#))

- Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations;
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings; and
- Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Capabilities of the Applicant Organization:

- Describe how the organizational structure, including the capability and commitment of administration, management and governing board, is appropriate for the implementation, operations, and oversight necessary to implement integrated services and curriculum enhancements;
- Provide evidence of the financial capability and organizational commitment needed to operate the project;
- Describe the facilities available to meet the needs of the project;

- Provide a letter(s) of support from the President of the academic institution and or health care facility or other higher level official that demonstrates the institution's commitment to the project ([Attachment 8](#));
- Provide a letter of support from each partner organization or department, internal and external, involved in your proposed project; include letters of support as [Attachment 8](#);
- Evidence of transformative learning and active recruitment, retention, and continuing professional development that demonstrates commitment to equity; and
- Presence of an emergency preparedness plan to continue grant activities in the event of a public health emergency.

Key Personnel

Project Director Qualification: Identify one Project Director. The Project Director for the proposed project must be a licensed Registered Nurse. NOTE: There may only be one Project Director for the NEPQR-MHTP project.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2.

However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed **TWO** pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study

- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Section D (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Subawards/subcontracts

A detailed line-item budget form and budget justification is required for each subaward and should be uploaded to the R & R Subaward Budget Attachment(s) Form.

The R & R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs, rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subawards in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

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

The budget justification narrative must describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit. The budget justification narrative must describe all line-item federal funds (including subawards), and matching non-federal funds proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, the NEPQR-MHTP requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “Total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

Consultant Services: If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

v. Standardized Work Plan (SWP) Form

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Work Plan -- Corresponds to Section V’s Review Criterion 2 (a).

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: (Required) Logic Model

Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: (Required) Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: (Required) Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 4: (Required) Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the *project* (not the *applicant organization*).

Attachment 5: (As applicable) Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: (Required) Maintenance of Effort (MOE) Documentation

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

| NON-FEDERAL EXPENDITURES | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FY Before Application (Actual) | Current FY of Application (Estimated) |
| Actual FY 2021 non-federal funds, including in-kind, expended for activities proposed in this application. | Estimated FY 2022 non-federal funds, including in-kind, designated for activities proposed in this application. |
| Amount: \$ _____ | Amount: \$ _____ |

Attachment 7: (As applicable) Request for Funding Preference or Priority

To receive a funding preference and/or priority, include a statement that the applicant is eligible for a funding preference and/or priority and identify the preference. Include appropriate documentation of this qualification. See [Section V.2.](#)

Attachment 8: (Required) Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 9: (Required) Evaluation Plan

Provide an evaluation plan that indicates the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable. Evaluation plan must identify and discuss how their current and/or projected organizational infrastructure will enable them to engage in evaluation activities and determine the effectiveness of their projects. Also, the applicants should describe in their evaluation plan how they will demonstrate that faculty, students, and practitioners will utilize the collaborative care team environments to put into practice interprofessional education principles, health equity, and SDOH. This evaluation plan must describe the applicant’s plan to monitor and evaluate its progress and evaluation of the attainment of the goals of their Disparities Impact Statement.

Attachment 10: (Required) Accreditation

Schools of nursing affiliated with the proposed project must be accredited by a recognized body or bodies or by a State agency approved for such purpose by the Secretary of the U.S. Department of Education. Applicants must submit

documentation that (1) demonstrates continuing accreditation from the relevant accrediting body and are not on probation, (2) the name of the accrediting body, (3) the date of initial accreditation, (4) the date of the next expected accrediting body review (or expiration date of current accreditation), and (5) a web link to the accreditation information on the accrediting body website (if available).

Applicants on provisional accreditation status must provide proof of this status.

Applicants whose accreditation status cannot be verified will be considered nonresponsive and deemed ineligible under this funding notice.

Substantive Change Notification

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

Newly Established Programs of Nursing Accreditation

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program. The Letter of Reasonable Assurance from the U.S. Department of Education must be submitted with the application.

Attachment 11: (As Applicable): Other Relevant Documents

Include here any other document that is relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management [SAM.gov](https://www.sam.gov). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or

(c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

*Currently the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages; instead, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *February 22, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$1,000,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. 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 notice may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, funds cannot be used for the following purposes:

- a. Subsidies or paid release time for project faculty
- b. Payment of temporary personnel replacement costs for the time faculty/preceptors/participants are away from usual worksite during involvement in project activities
- c. laboratories
- d. Provision of child care/child care costs
- e. Foreign travel
- f. Accreditation, credentialing, licensing, certification exam/licensing fees, and franchise fees and expenses
- g. Preadmission costs, including college entrance exam costs
- h. Fringe benefits for participant/trainees
- i. Construction and Major Renovation

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Extending Funding and Emergency Assistance Act, 2022 (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. The Notice of Award (NOA) will reference the FY 2022 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on

use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Review criteria are used to review and rank applications. Five review criteria are used to review NEPQR-MHTP. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's [Purpose and Need](#)

Reviewers will consider the quality and extent to which you demonstrate the problem and associated contributing factors to the problem, including the quality and extent to which it addresses:

- Prevalence/incidence of health care needs within the target community/ population, including health status indicators, SDOH and barriers to care and unmet health needs;
- The Health equity and disparities with the development of a disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) to identify populations at highest risk for health disparities and low health literacy. The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the NEPQR-MHTP;

- Barriers to health care services in the underserved community such as, lack of or limited infrastructure to receive services;
- Gaps in the current nursing curricula incorporating SDOH and health equity;
- Development of innovative technology and experiential longitudinal training sites for nursing students;
- Target population and/or catchment area needs that impact health outcomes;
- Impact the SDOH identified have on the quality of health care, health outcomes, and health equity; and
- Significant gaps and the need for increasing educational opportunities for current nurses and nursing students, including those from diverse populations such as individuals from disadvantaged backgrounds and underrepresented racial and ethnic minorities.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan, Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges

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

Reviewers will consider the quality and extent to which you:

- Detail a comprehensive plan to ensure successful implementation of the project;
- Provide detailed activities to achieve goals and objectives of the project including the attainment of the Disparities Impact Statement; the description should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served;
- Identify the target population and integration of the NEPQR-MHTP to the rural and underserved community;
- Describe a detailed plan to address SDOH and health equity in the target population and community as described in the purpose and need;
- Describe existing and or potential partnerships and their abilities to assist with achieving goals, outcomes and health equity through the implementation of the MHTP; and
- Include a logic model that illustrates all components of the proposed project, demonstrates that the methodology/approach proposed is sufficient to meet the structural and community-based needs identified in the needs statement, and aligns with HRSA performance measures for the NEPQR-MHTP ([Attachment 1](#)).

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's [Response to Program Purpose Sub-section \(b\) Methodology/Approach](#)

The application will be evaluated on the extent to which you demonstrate an understanding of the program requirements and expectations, and the extent to which the proposed goals, objectives, and activities will address the needs highlighted in the Purpose and Needs section.

Reviewers will consider the quality and effectiveness of applicant plans to address the following:

- The applicant provided detailed strategies to implement the NEPQR-MHTP into the target community;
- The approach aligns with the funding opportunity's purpose, goals, and objectives and contributes to the attainment of the goals of the Disparities Impact Statement;
- The applicant provides as appropriate, innovative technological tools, strategies and/or activities for addressing SDOH needs for the target area;
- The extent to which the application provides a logical description of proposed activities and describes why the project is innovative and the context for why it is innovative;
- Strategies for recruitment, placement and retention of current and future nurses likely to practice in community-based mobile health sites in underserved communities;
- Implementation of ongoing plans to provide continued staff and faculty professional development addressing SDOH, low health literacy and improving health equity;
- The sophistication and plausibility of the logic model proposed, also will be evaluated;
- Projected number of nursing students trained – both didactic and longitudinal clinical training;
- Preparation of faculty/preceptors to educate nursing students in SDOH; and
- A detailed emergency preparedness plan is documented.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's [Response to Program Purpose Sub-section \(c\) Resolution of Challenges](#)

The application will be evaluated on the extent to which you demonstrate an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Reviewers will determine the quality and extent to which you:

- Identify and address potential barriers to implementing the NEPQR-MHTP in the targeted community; and
- Provide effective resolutions that are reasonable and actionable to address the challenges identified above.

Criterion 3: IMPACT (30 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to Section IV's [Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#)

Reviewers will consider the quality of your plan to report on the measurable outcomes being requested, including both internal program performance evaluation plan and HRSA's required performance measures. Reviewers will consider the extent to which the applicant describes the:

- Overall quality of the impact evaluation plan including its relevance to the Disparities Impact Statement (descriptions of the inputs, key processes, variables to be measured, identify evidenced-based tools, expected outcomes of the funded activities, and how key measures will be reported) [Attachment 9](#);
- Expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement;
- Activities are defined by proposed objectives and will achieve measurable outcomes;
- Quality of the methods and proposed approach for using results, and how performance outcomes will inform program development and service delivery;
- Impact evaluation plan using evidenced-based tools to assess effectiveness of program learning outcomes (Ensuring validity and reliability of instruments is integral to the process; instruments that lack validity and reliability should not be used);

- Strength of plan to utilize both quantitative and qualitative data to accurately and promptly inform quality improvement efforts, periodically review program progress, and make adjustments in order to optimize program output;
- Potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles;
- Logic model that includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported) [Attachment 1](#); and
- Processes to obtain participant employment data one year after graduation, including the use of NPIs.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV's [Impact Sub-section \(b\) Project Sustainability](#)

Reviewers will consider the extent to which you describe a reasonable and feasible plan for project sustainability after the period of federal funding ends, including:

- Commitment to support, to the extent possible, the use of equipment and related technology implemented through this funding opportunity beyond the period of federal funding;
- Plan for challenges that are likely to be encountered in sustaining the program and resources that will be used to resolve such challenges;
- Strategies to build needed capacity to achieve efficient and sustainable community health nursing curricula and clinical training practices;
- Dissemination of outcomes as a result of the implementation and replicable evidenced-based practices; and
- Business model that demonstrates the added value of nurses on interprofessional teams.

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

Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Reviewers will also consider the extent to which you clearly articulate:

- The degree to which the applicant describes how it will sustain the project after the period of federal support. Sustainability plans should also include future funding sources, initiatives and strategies;
- A time table for becoming self-sufficient and a plan to address challenges in achieving self-sufficiency;
- The quality and availability of facilities and personnel to fulfill the programmatic, fiscal, and administrative needs and requirements of the proposed project (include the project's organizational chart Attachment 4);
- The extent to which the project identifies the Project Director (PD) is a Licensed Registered Nurse;
- The extent to which existing resources and/or programs are available and how they will work together;
- The quality and availability of the PD and personnel (i.e., level of effort) are reasonable and sufficient to carry out the proposed activities and the percentage of time for the PD is reasonable; and
- The quality of the evidence of support from institution and collaborating partners and practice sites (Attachments [3](#) and [8](#)).

Criterion 5: SUPPORT REQUESTED (20 points) – Corresponds to Section IV's [Budget Justification Narrative](#) and SF-424 R&R budget forms

Reviewers will consider the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget justification and required resources sections, evaluation plan, and are reasonable given the scope of work, keeping in mind the program funding restrictions;
- The extent to which the PD and key personnel have adequate time devoted to the project to ensure commitment, are reasonable, and achieve project objectives as well as the impact of in-kind support, if applicable;
- Participant/Trainee support is reasonable and supportive of the project objectives. Describes, clearly and concisely, the number of participant/trainees and the cost per student;
- The extent to which the application follows the program-specific budget guidelines under Section IV and the SF-424 R&R Application Guide, including the allowable indirect cost; and

- The extent to which the budget justification is clear and aligned with the proposed budget for each project year, and includes a narrative description of all costs and an itemized detailed cost breakdown.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Priorities

This program includes a funding priority. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. The Objective Review Committee adjusts the score by a set, pre-determined number of points. Applicants eligible for the priority may apply for and receive five (5) priority points. The NEPQR-MHTP has one (1) funding priority.

Priority 1: Increased Educational Opportunities for students from disadvantaged backgrounds, including underrepresented racial and ethnic minority populations (5 Points)

Funding priority will be granted to established and reputable applicants that can demonstrate increased educational opportunities for individuals from disadvantaged backgrounds, including underrepresented racial and ethnic minority populations. Documentation includes, but is not limited to, nursing program enrollment and demographic data for the last four academic years and a description of any supportive activities implemented for students from disadvantaged backgrounds, including underrepresented racial and ethnic minority populations. Please include documentation in [Attachment 7](#).

Funding Preferences

This program provides a funding preference for some applicants as authorized under Section 805 of the Public Health Service Act (42 U.S.C. § 296d). 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification(s) to meet the funding preference(s): Preference shall be given to applicants with projects that will:

Qualification 1: Substantially benefit rural populations: Eligibility confirmation can be obtained by inserting the address of the clinical training site into HRSA's [Rural Health Grants Eligibility Analyzer](#) or "[Am I Rural?](#)" (Applicants must include a copy of the output from the Analyzer with the application in [Attachment 7](#) (*Funding Factor*). Note that if the output exceeds three pages, only the first three pages will count toward the page limit).

Qualification 2: Substantially benefit underserved populations; Applicants are eligible to receive this funding preference if they serve a federally-designated Medically Underserved Area (MUA) or Medically Underserved Population (MUP).

Eligibility confirmation can be obtained by using the [Shortage Designation Advisor](#). Applicants must include a copy of the output from Shortage Designation Advisor in [Attachment 7](#) (*Funding Factor*). Note that if the output exceeds three pages, only the first three pages will count toward the page limit).

OR

Qualification 3: Benefits the public health nursing needs in State or local health departments. Provide documentation that the partnered site is a state or local health department. Applicants must include a copy of the MOU/MOA in [Attachment 7](#) (*Funding Factor*).

Funding Special Considerations and Other Factors

This program includes special consideration. A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. There are a disproportionate share of veterans living in rural areas of the United States. According to the Veterans Health Administration – Office of Rural Health (VHA – ORH) there are 4.7 million veterans residing in rural areas, with 2.7 million enrolled in the VA health care system. Veterans also face unique challenges with care coordination as they routinely access care from multiple locations and can be included in multiple health care systems. Because of these factors, HRSA will give special consideration in funding applications submitted that provide nurse education and training opportunities or provide direct care and treatment to military veteran populations in rural and underserved areas. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the

project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2022. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA’s [SF-424 R&R Application Guide](#).

If you are successful and receive a NoA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities.

The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

[Executive Order on Worker Organizing and Empowerment](#)

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NoA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NoA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NoA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

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

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance

information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA.

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

The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

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

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

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

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

Further information will be provided in the NoA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.
- 5) **Uniform Data System (UDS) Report.** The UDS is an integrated reporting system used to collect data on all health center programs to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. All awardees are required to submit a Universal Report annually. The Universal Report provides data on patients, services, staffing, and financing across all Health Center Program recipients
- 6) **Integrity and Performance Reporting.** The NoA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

G. Sapphire Marc-Harris
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Email: SMarc-harris@hrsa.gov

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

Michelle U. Osborne, MSN, RN, FNP-BC
Nurse Consultant/Project Officer
Attn: NEPQR-MHTP
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N100C
Rockville, MD 20857
Email: MOsborne@hrsa.gov
Telephone: 301-594-3803

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: [Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models:

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Additional information on developing logic models can be found at the following website:

https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

Health Literacy – NOFOs may benefit from providing links to information on health literacy. Below are available HHS resources.

- HHS Health.gov: [Health Literate Care Model](#)
- AHRQ: [Health Literacy Universal Precautions Toolkit](#)

Disparity Impact Statement:

Applicants are expected to develop a disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) to identify populations at highest risk for health disparities and low health literacy (see below). The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the NEPQR-MHTP services. Below are available HHS resources:

- CDC.gov: CDC Social Vulnerability Index (SVI)
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- CMS.gov: [Quality Improvement & Interventions: Disparity Impact Statement](#)
- SAMHSA.gov: [Disparity Impact Statement](#)

The National Institutes of Health have designated the following U.S. health disparity populations:

- Blacks/African Americans
- Hispanics/Latinos
- American Indians/Alaska Natives
- Asian Americans
- Native Hawaiians and other Pacific Islanders
- Sexual and gender minorities
- Socioeconomically disadvantaged populations
- Underserved rural populations

See [National Institute on Minority Health and Health Disparities, *Health Disparity Populations* \(April 1, 2021\)](#).

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

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

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

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