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

Bureau of Health Workforce
Division of Medicine and Dentistry

Dental Faculty Development and Loan Repayment Program

Announcement Type: New
Funding Opportunity Number: HRSA-16-182

Catalog of Federal Domestic Assistance (CFDA) No. 93.059

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: May 31, 2016

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

Release Date: March 30, 2016

Issuance Date*:* March 30, 2016

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Authority: Title VII, Sec. 748 of the Public Health Service Act

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), Division of Medicine and Dentistry is accepting applications for the fiscal year (FY) 2016 Dental Faculty Development and Loan Repayment Program. The purpose of this program is to increase the number and quality of the oral health workforce by assisting dental training programs to attract, develop and retain dental faculty through both loan repayment and faculty development activities.

Funding Opportunity Title:	Dental Faculty Development and Loan Repayment Program
Funding Opportunity Number:	HRSA-16-182
Due Date for Applications:	May 31, 2016
Anticipated Total Annual Available Funding:	$1,600,000
Estimated Number and Type of Award(s):	Up to 8 grant(s)
Estimated Award Amount:	Up to $200,000 – Year 1 Up to $250,000 – Year 2 Up to $300,000 – Year 3 Up to $300,000 – Year 4 Up to $350,000 – Year 5
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2021 (5 years)
Eligible Applicants:	Eligible entities include entities that have programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Eligible entities may partner with schools of public health to permit the education of dental students, residents, and dental hygiene students for a master's year in public health at a school of public health. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

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

Technical Assistance

The Oral Health Training Branch (OHTB) in BHW's Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion and a recording of the webinar will be available after the webinar ends and will remain available through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: http://bhw.hrsa.gov/grants/dentistry/index.html

Date: Thursday, April 14, 2016
Time: 2:00 p.m. – 4:00 p.m. (ET)
Telephone Number: 800-369-1726
Passcode: 5539488
Web Link: https://hrsa.connectsolutions.com/DFLRP-April2016
Play-back telephone number: 866-463-2193
Passcode: 4516

Date: Tuesday, May 3, 2016
Time: 2:00 p.m. ET
Telephone Number: 800-857-9670
Passcode: 9675331
Web Link: N/A
Play-back telephone number: 888-282-0031
Passcode: 7316

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Dental Faculty Development and Loan Repayment Program.

Program Purpose
The purpose of this program is to increase the number and quality of the oral health workforce by assisting dental training programs in general, pediatric, dental public health or dental hygiene to attract, develop and retain dental faculty through both loan repayment and faculty development activities. This FOA will focus on faculty who are training and providing service in community-based primary care settings.

Program Requirements
Applicants must propose both faculty loan repayment and faculty development activities.

Faculty Loan Repayment:
Award recipients must create and manage a dental faculty loan repayment program for individuals who agree to serve as full-time faculty members within the disciplines of general dentistry, pediatric dentistry, dental public health or dental hygiene. Faculty who receive loan repayment must be participants in the proposed dental faculty development program in primary care (see below) and perform at least 50% of their full-time faculty duties in a community-based primary care setting. A primary care setting is "one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."[1]

Awardees must create a Selection Committee to identify and determine the individual loan repayment recipient(s). The Selection Committee is encouraged to include, as part of its review/scoring process, consideration for the rural or disadvantaged background status of individual loan repayment recipients. Awardees must select loan repayment recipient(s) prior to the end of the first budget period of the award (August 31, 2017). No member on the Selection Committee, or the Project Director (PD), is eligible for loan repayment through this program.

The institution's loan repayment program will pay an amount equal to 10, 15, 20, 25, and 30 percent for each successive year of service up to five years, respectively, of the individual's student loan balance, as calculated based on principal and interest owed at the initiation of the agreement. Loan repayments are to be made upon completion of each year of service and may not be prorated.

Applicants may not request more than the following amounts for loan repayment activities through this FOA (See Section II.2: Summary of Funding for additional details):

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[1] U.S. Department of Health and Human Services (HHS). Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determination Manual. (2011). Pub 100-03 Medicare National Coverage Determinations Transmittal 139. Change Request 7636. Retrieved February 17, 2016 from https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R139NCD.pdf

- Year 1: $100,000
- Year 2: $150,000
- Year 3: $200,000
- Year 4: $250,000
- Year 5: $300,000

Direct and indirect costs associated with the creation and management of the loan repayment program at the institution must be paid for out of these above-listed amounts or absorbed by the institution.

Faculty Development in Primary Care:
Awardees must establish, maintain or improve a dental faculty development program in primary care to prepare and support faculty for successful academic careers focused on enhancing training for students and/or residents in general dentistry, pediatric dentistry, dental public health, or dental hygiene within community-based, interprofessional primary care settings. Faculty in the loan repayment program must be included as participants in the faculty development program. The faculty development program may also train other oral heath care providers who plan to teach in general dentistry, pediatric dentistry, dental public health, or dental hygiene, including current faculty. Examples of faculty development activities include:

- Faculty mentoring and career guidance;
- Faculty training to improve teaching skills;
- Faculty training to improve integrated oral health and primary care delivery;
- Faculty training in leadership and management;
- Faculty development awards to implement education and/or practice initiatives.

Applicants are encouraged to propose innovative methods, such as using telehealth/tele-education or interprofessional teams to support faculty training and practice in community-based settings. No more than $100,000 per year may be requested for Faculty Development activities (See Section II.2: Summary of Funding for additional details):

Priorities

Section 748(c) of the PHS Act provides for funding priorities for the Dental Faculty Development and Loan Repayment Program. The approval of a funding priority adds points to an applicant's score. Up to 15 points are available across seven funding priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 15 priority points.

Refer to *Section V* of this FOA for detailed information on qualifying for the funding priorities.

2. Background

This program is authorized by Title VII, Section 748 of the PHS Act.

According to the Bureau of Labor Statistics, employment of dentists is projected to grow 16 percent from 2012 to 2022, faster than the average for all occupations.[2] While the number of oral health providers may be growing, significant unmet need exists for vulnerable and underserved populations. On December 31, 2015, there were 683 geographic areas, 1,519 population groups, and 3,067 facilities designated for a total of 5,269 Dental Health Professional Shortage Areas (HPSAs). Factors contributing to lack of access to oral health care include lack of dental insurance or inability to pay, difficulty accessing services due to low levels of health literacy, physical disabilities, geographic barriers, and mal-distribution of oral health care providers. [3]

The Institute of Medicine (IOM) released a report in 2011 which provides recommendations to improve access to oral health services for vulnerable and underserved populations and to advance oral health in America. Many of these recommendations focus on education and training programs. The IOM recommended that the Department of Health and Human Services (DHHS) invest in workforce innovations that "focus on interprofessional, team-based approaches to the prevention and treatment of oral diseases and the best use of new and existing oral health care professionals." Dental professional education programs should also "increase recruitment and support for enrollment of students from underrepresented minority, lower-income, and rural populations, and should require all students to participate in community-based education rotations with opportunities to work with interprofessional teams." Specifically, the IOM recommended that HRSA dedicate Title VII funding to the "development, implementation, and maintenance of substantial community-based education rotations, to support and expand opportunities for dental residencies in community-based settings, and increase funding for recruitment and scholarships for underrepresented minorities, lower-income, and rural populations to attend dental professional schools."[4]

Relevant recommendations have also come from the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD), which provides advice and recommendations to the Secretary of DHHS and to Congress on matters concerning the activities under Title VII Part C of the Public Health Service Act. In their 11th Report to Congress (2014) entitled, *Training Health Professionals in Community Setting During a Time of Transformation: Building and Learning in Integrated Systems of Care*, the Committee concluded "oral health training must be part of the interprofessional approach" and "Community Health Centers are an ideal model for team-based training."

At a time when the number of retiring full-time dental faculty is steadily increasing, faculty recruitment, retention, and development are critical components to addressing the recommendations of the IOM and the ACTPCMD. In 2013-14, 31% of full-time faculty who separated from U.S. dental schools retired, up from 22% in 2011-12[5]. During that same period, the number of vacant faculty positions with active searches rose from 175 to 183[6]. New faculty hires are primarily junior faculty positions with 53% of new faculty members hired at the

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[2] Bureau of Labor Statistics. Job Outlook. Available at: www.bls.gov/ooh/healthcare/dentists.htm#tab-6.

[3] Health Resources and Services Administration. Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations. Available at: www.hrsa.gov/shortage/.

[4] Institute of Medicine. 2011. *Advancing Oral Health in America.* Washington, DC: The National Academies Press.

[5] Wanchek T, Cook BJ, Anderson EL, Duranleau L, Valachovic RW. Dental School Vacant Budgeted Faculty Positions, Academic Years 2011-12 Through 2013-14. Journal of Dental Education. October 2015. 79(10):1230-42.

[6] Ibid.

Assistant Professors rank[7]. The IOM Report points out, "While the number of programs is increasing, faculty recruitment, especially for dental schools and dental hygiene programs, is a persistent problem; this is often due to low salary"[8]. Rising student debt is also a concern. According to the American Dental Education Association, after adjusting for inflation, educational debt for students at public schools since 1990 has nearly tripled; for students at private and private state-related schools, debt has more than doubled[9].

Program Definitions

The following definitions apply to the Dental Faculty Development and Loan Repayment Program for Fiscal Year 2016:

Disadvantaged background –

An individual from a disadvantaged background is defined as someone who comes from an environmentally *or* economically disadvantaged background.

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

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

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

2016 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	Income Level**		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	$23,760	$29,680	$27,340
2	$32,040	$40,040	$36,860
3	$40,320	$50,400	$46,380
4	$48,600	$60,760	$55,900
5	$56,880	$71,120	$65,420
6	$65,160	$81,480	$74,940

[7] Ibid34

[8] Institute of Medicine. 2011. Advancing Oral Health in America. Washington, DC: The National Academies Press.

[9] Wanchek T, Cook BJ, Anderson EL, Duranleau L, Booker C. Annual ADEA Survey of Dental School Seniors: 2014 Graduating Class. Journal of Dental Education. September 2015. 79(9):1108-1128.

7	$73,460	$91,840	$84,460
8	$81,780	$102,240	$94,020
For each additional person, add	$8,320	$10,400	$9,560

* Includes only dependents listed on federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2015.

SOURCE: *Federal Register*, Vol. 81, No. 45, March 8, 2016, pp. 12108-12109.

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

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

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

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

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

Interprofessional education - occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). The goals of interprofessional collaboration and education are to encourage increased knowledge of the roles and responsibilities of other disciplines, and to improve communication and collaboration among disciplines in future work settings.

Medically Underserved Community (MUC) - a geographic location or population of individuals that is eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing. More information on HRSA shortage designations is available at: http://www.hrsa.gov/shortage/.

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

Primary Care Setting – A primary care setting is "one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities and hospices are not considered primary care settings under this definition."[10]

Primary Trainees - faculty in general, pediatric, dental public health or dental hygiene that is participating in the grant-funded loan repayment and/or faculty development programs.

Rural – a geographical area that is not part of a Metropolitan Statistical Area (MSA) to determine if a specific geographical area is considered rural, go to http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx.

Team-Based care is delivered by intentionally created work groups of at least three types of health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise

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[10] Ibid.

concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

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

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

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

Funding will be provided in the form of a grant.

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2016 – 2020. Approximately $1,600,000 is expected to be available annually to fund up to eight (8) awardees. Applicants may apply for a ceiling amount, to include both direct and indirect costs, of up to:

- Year 1: $200,000
- Year 2: $250,000
- Year 3: $300,000
- Year 4: $300,000
- Year 5: $350,000

As a subset of the above amounts, no more than the following may be requested for <u>loan repayment</u> activities, inclusive of direct and indirect costs:

- Year 1: $100,000
- Year 2: $150,000
- Year 3: $200,000
- Year 4: $250,000
- Year 5: $300,000

No more than $100,000 per year may be requested for Faculty Development activities, inclusive of direct, and indirect costs.

The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

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

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 sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include dental schools, public or private not-for-profit hospitals, or other public or private not-for profit entities capable of carrying out the grant activities. Faith-based and community-based organizations, Tribes, and tribal organizations are able to apply, if otherwise eligible.

Eligible applicants must have accredited training programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general dentistry, pediatric dentistry, or dental public health. The applicant must submit accreditation documentation for the relevant training program in **Attachment 9** Section IV.2.vi of this FOA.

Current award recipients under the Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program are eligible to apply for this FOA. Applicants must ensure that funding requests do not overlap with currently funded programs.

Foreign entities are not eligible to apply for this FOA.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
Applications that exceed the ceiling amounts specified under *Section II.2* of this FOA will be considered non-responsive and will not be considered for funding under this announcement.

Deadline

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

Maintenance of Effort (MoE)

The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award as required by Title VII, Section 797(b) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as **Attachment 5**.

Multiple Applications

Multiple applications from an organization are not allowable. An "organization" for this FOA is defined as an institution with a single Employer Identification Number (EIN).

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

Faculty receiving support from award funds, either through loan repayment or faculty development activities, must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the FOA to do otherwise.

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this FOA. With the exception of the biosketch form and unless specified elsewhere in this FOA or the Application Guide, standard OMB-approved forms that are included in the application package are NOT included in the page limit. (Exception: Biographical Sketches in Appendix A of the *R&R Application Guide* **do** count in the page limit). **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

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

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

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

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

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

The Abstract must include:

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

ii. Project Narrative

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

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

  Provide a brief statement of the purpose of the proposed project. Describe gaps in the current community-based oral health workforce and explain how the proposed project will address those gaps. Specifically, address the following:

  - Describe the community-based primary care site(s) in which dental faculty who are expected to receive loan repayment and faculty development support will teach and provide oral health care. Describe the training that occurs in these sites, including disciplines, levels of trainees, and descriptions of training rotations. Describe the interprofessional, integrated oral health and primary care health care delivery models implemented in these sites. Describe the community/communities that are served by these sites, including diversity, social determinants of health, health disparities, and any unmet needs.
  - Describe your organization's current need for dental faculty and any challenges your organization has faced in recruiting and retaining dental faculty in the described community-based primary care settings.
  - Describe the need for faculty development and explain how the proposed project will address those needs.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes 3 sub-sections— (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

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

  Faculty Loan Repayment

  Describe in detail your proposed plan to establish, maintain or improve a dental faculty loan repayment program, including written rules that govern the program. Describe your recruitment plan for dental faculty who will teach and/or practice primarily in community-based primary care settings. Describe how you will determine and document participant eligibility, student loan balance at the initiation of the agreement, completion of each year of full-time faculty service and percentage spent in a community-based primary care setting, and payments. Describe how you will establish and implement a Selection Committee to identify and determine individual loan repayment recipient(s), including likely committee members and a description of the review/scoring process. Consideration for the rural or disadvantaged background status of individual loan repayment recipients is encouraged to be part of the review/scoring process. Any additional considerations, such as underrepresented minorities or rural background status may also be described.

  The institution's loan repayment program will pay an amount equal to 10, 15, 20, 25, and 30 percent upon completion of each successive year of service, respectively, up to five

years of the individual's student loan balance, as calculated based on principal and interest owed at the initiation of the agreement. Loan repayments are to be obligated at the start of an individual's year of service, **but paid only upon completion of each year of service**. Awardees must select loan repayment recipient(s) prior to the end of the first budget period of the award (August 31, 2017). No member on the Selection Committee, or the PD, is eligible for loan repayment through this program.

Faculty Development

Describe in detail your proposed project goals, objectives, and intended outcomes for your faculty development activities. Objectives should be specific, measurable, realistic, and achievable within the project period, and clearly related to the project goals and objectives. Describe how your proposal is innovative. Provide evidence, where available, for your proposed faculty development methodology.

Clearly describe how your proposed faculty development activities will develop and support new faculty for successful academic careers focused on enhanced training of future oral health providers to be well prepared to practice in community-based primary care sites.

- *(b) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (b).*

Describe, in detail, the activities or steps, and the staff responsible for achieving each of the activities proposed during the entire project period. Provide clear, comprehensive, and specific goals and objectives and describe the steps that will be used to achieve the goals and objectives. Use a timeline that includes each activity and identifies responsible staff and amount of time estimated to carry out each step. Identify key partners involved in the project and describe how you will function and coordinate carrying out the grant activities. Describe the projects management plan, including the management structure, monitoring tools, and activities to promote the successful accomplishment of the goals, objectives, and specified activities. Be sure to describe any cultural, racial, linguistic and geographic diversity with reference to the anticipated populations or communities planned to be served.

Your Work Plan must include a projected annual faculty loan repayment and development chart that indicates the number of faculty you plan to support through loan repayment and through the faculty development activities. Attach this Work Plan chart as **Attachment 1**.

A sample work plan can be found at:
http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

You must also provide a logic model for your faculty development activities in **Attachment 4**. Your logic model should provide a framework for your project and connect your program activities with the short- and long-term outcomes and goals of your project. More information on logic models is provided in *Section VIII*.

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*
  Discuss challenges that are likely to be encountered in designing and implementing the dental faculty loan repayment and dental faculty development activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *IMPACT -- This section includes 2 sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*

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

  Applicants must describe their evaluation plan for program performance. This plan must monitor ongoing processes and progress toward meeting grant goals and objectives. The evaluation plan must indicate what will be considered success, how they will assess the progress of the grant-funded efforts, and include a continuous quality improvement component for the grant activities. The evaluation plan must include an assessment of the effect of faculty loan repayment and/or faculty development activities on the patient services and/or training provided in community-based primary care sites.

  The evaluation plan must include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. Evaluation may be both qualitative and quantitative. The application must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

  Applicants also must describe the systems and processes that will support the organization's collection of HRSA's performance measurement requirements for this program. The following link includes examples of program performance measures: http://bhw.hrsa.gov/grants/reporting/index.html. Please include a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, as well as how those obstacles will be addressed. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)*
  Applicants must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions the applicant will take to a) highlight key elements of their grant projects, e.g., training methods or strategies, which have been effective in improving practices; b) obtain future sources of potential funding, as well as a timetable for becoming self-sufficient. The applicant must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

Applicants must describe their capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on the applicant organization's current mission and structure, organizational chart, relevant experience, and scope of current activities (a project organizational chart is requested in Section IV.2.v, **Attachment 3**). The applicant must describe how the <u>organization</u> has the ability to implement the proposed project and meet the program requirements and expectations. Provide information on the program's community-based primary care site(s)/partner(s) and provide letters of agreement in **Attachment 7**, when appropriate.

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

iii. Budget

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

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

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for

additional information. Note that these or other salary limitations may apply in FY 2016, as required by law.

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 sub-grants and subcontracts 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.* In addition, the Dental Faculty Development and Loan Repayment Program requires the following:

Faculty Loan Repayment/Faculty Development Year-by-Year Budget: Provide a budget breakdown between the faculty loan repayment activities and the faculty development activities for each year of the award including direct and indirect costs.

Faculty Participant Support Costs: For applicants with faculty development activities that include faculty participant support costs, list tuition/fees, travel, other, and the number of faculty participants. Ensure that your budget breakdown separates these costs, and includes a separate sub-total entitled "total Faculty Participant Support Costs" which includes the summation of all participant support costs. Funds may not be used to cover or offset release time or to provide payments, including salaries or stipends, to faculty or preceptors to carry out their faculty or precepting duties. However, funds may be used to pay salaries for the development and management of grant activities.

Faculty Loan Repayments: Include a breakdown by fiscal year of faculty loan repayments and a justification for the amount budgeted, including estimated number of recipients and anticipated payments. Clearly indicate how the amount budgeted reflects the progressive increases in the annual loan payment amounts (10%,15%, 20%, 25%, and 30% of students' established loan balance) for those faculty who continue to participate in the program.

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

Attachment 1: Work Plan
Attach the Work Plan for the project using a table or chart that accounts for all of the information you provided in *Section IV, ii. Project Narrative.*

Attachment 2: Staffing Plan, Job Descriptions for Key Personnel, and Biographical Sketches
See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide* for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Include biographical sketches for persons occupying the key positions, <u>not to exceed two pages in length each</u>. 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. Biosketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form. Note that all biographical sketches count toward the application page limit.

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

Attachment 4: Logic Model
Attach the Logic Model for the project. More information on logic models is provided in *Section VIII.*

Attachment 5: Maintenance of Effort (MOE) Documentation
Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

<table>
<tr><td colspan="2" align="center">NON-FEDERAL EXPENDITURES</td></tr>
<tr>
<td>FY 2015 (Actual)
Actual FY 2015 non-federal funds, including in-kind, expended for activities proposed in this application.

Amount: $_____</td>
<td>FY 2016 (Estimated)
Estimated FY2016 non-federal funds, including in-kind, designated for activities proposed in this application.

Amount: $_____</td>
</tr>
</table>

Attachment 6: Request for Funding Priorities, if applicable
To receive a funding priority, include a statement that you are eligible for a funding priority and identify the priority. Include documentation of this qualification. See *Section V.2* of this FOA.

Attachment 7: Letters of Agreement
Include any letters of agreement relevant for the implementation of the proposed project. Letters of Agreement must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: Letters of Support
Include any additional letters of support that are relevant for the implementation of the proposed project.

Attachment 9: Accreditation Documents
> The applicant organization must provide a statement: (1) that they hold CODA (Commission on Dental Accreditation) accreditation, (2) that includes the dates of their initial accreditation, and (3) the date of their next expected CODA accreditation review. The full letter of accreditation is not required.

Attachment 10: Other Relevant Documents
> Include here any other document that is relevant to the application.

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

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

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

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *May 31, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The Dental Faculty Development and Loan Repayment Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. Funding Restrictions

Applicants responding to this announcement must request funding for a project period of five (5) years, at no more than the following amounts in total costs (direct and indirect) for each year of the award:

- Year 1: $200,000
- Year 2: $250,000
- Year 3: $300,000
- Year 4: $300,000
- Year 5: $350,000

In addition, as a subset of the above amounts no more than the following may be requested for loan repayment activities, inclusive of direct and indirect costs:

- Year 1: $100,000
- Year 2: $150,000
- Year 3: $200,000
- Year 4: $250,000
- Year 5: $300,000

No more than $100,000 per year may be requested for Faculty Development activities, inclusive of direct and indirect costs.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

Funds under this announcement may not be used for purposes specified in HRSA's SF-424 R&R Application Guide.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

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

Funds may not be used to cover or offset release time or to provide payments, including salaries or stipends, to faculty or preceptors to carry out their faculty or precepting duties. However, funds may be used to pay salaries for the development and management of grant activities.

Indirect costs under training awards to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at eight (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 sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The Dental Faculty Development and Loan Repayment Program has *FIVE (5)* review criteria:

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need

>   The application will be evaluated on the extent to which the applicant describes the community-based primary care site(s) in which the dental faculty will teach, including the following characteristics:
>
>   * Significant interprofessional training of dental students, dental hygiene students, or general, pediatric, and dental public health residents;
>   * Provision of services and training in integrated oral health and primary health care;
>   * The community/communities that are served, including diversity, social determinants of health, health disparities, and any unmet needs;
>   * Provision of services to diverse and/or underserved communities;
>   * Significant unmet need for community-based dental faculty and challenges their recruitment and retention; and
>   * Significant unmet need for faculty development.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

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

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

- Clearly describes a Selection Committee and review/scoring process that is likely to be successful in recruiting community-based primary care faculty to receive loan repayment, and that may also consider the rural or disadvantaged background status of individuals;
- Describes the ability to recruit the proposed number of full time dental faculty loan repayment participants and assure that they will spend at least 50% of their faculty time in community-based primary care settings;
- Proposes faculty development activities that are innovative and/or evidence-based, where available, and address the unmet needs described in the Purpose and Needs section;
- Proposes faculty development activities that are likely to develop and support new faculty for successful academic careers focused on enhanced training to produce future oral health providers who are well prepared to practice in community-based primary care sites; and
- Proposes faculty development activities that are likely to enhance community-based integrated oral health and primary care training for trainees.

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

Reviewers will consider:
- The extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the cultural, racial, linguistic and geographic diversity of the populations and communities served;
- The feasibility and effectiveness of the proposed activities and timelines to achieve the goals and objectives;
- The extent to which the applicant provides a logic model that clearly connects the activities, short- and long-term outcomes, and goals of the program;
- The extent to which the applicant clearly describes and justifies the number of participating faculty cohorts planned during the 5-year project period, including the annual faculty loan repayment and faculty development charts;
- The adequacy of the staffing plan to implement the proposed work plan; and

- The extent to which the management plan will promote the successful accomplishment of the goals, objectives, and specified actities.

Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

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

Criterion 3: IMPACT (20 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   (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

The extent to which the applicant is able to effectively report on the measurable outcomes being requested. This includes both their internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include:

- The strength and effectiveness of the method proposed to monitor and evaluate the project results;
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project;
- The extent to which the applicant is able to incorporate data collected into program operations to ensure continuous quality improvement;
- The extent to which the evaluation plan 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), as well as a description of how the organization will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes;
- The extent to which the applicant anticipates obstacles to the evaluation and proposes how to address those obstacles;
- The extent to which the applicant describes the feasibility and effectiveness of plans for dissemination of project results; and
- The extent to which project results may be national in scope and the degree to which the project activities are replicable.

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

The extent to which the applicant describes a solid plan for project sustainability after the period of federal funding ends, including a description of specific actions the applicant will take to highlight key elements of their grant projects. The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, logical approaches to resolving such challenges, and a timetable for becoming self-sufficient.

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

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as Attachment 3 and Attachment 7. The extent to which the following are articulated: the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. The extent to which community-based primary care site(s)/partner(s) are clearly incorporated into the project.

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

- 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;
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which faculty development costs are reasonable and supportive of the project objectives;
  - The extent to which the applicant has clearly broken down all costs for each program year by dental faculty loan repayment and faculty development activities and that they fall within the annual maximum amount allowed for each program. The maximum amounts are $100,000 per year for Faculty Development activities and $100,000, $150,000, $200,000, $250,000, and $300,000 for Years 1 through Year 5, respectively, for Dental Faculty Loan Repayment activities; and
- The extent to which the breakdown by fiscal year of faculty loan repayments and the justification for the amount budgeted indicates appropriate planning for the progressive increases in the annual loan payment amounts (10%, 15%, 20%, 25%, and 30%) for those faculty who will continue to participate in the program.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide*.

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

Funding Priorities -
This program includes funding priorities as required by Section 748(c) of the PHS Act. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding factor will be determined by the Objective Review Committee.

The Dental Faculty Development and Loan Repayment Program has seven funding priorities. You must clearly request each funding priority you wish to be considered for in Attachment 6. To request a funding priority, in Attachment 6, applicants must clearly indicate the funding priority they are requesting, briefly summarize how they meet the criteria of the funding priority, and provide any additional information per the instructions below. Applicants must also provide any additional documents per the instructions provided below.

Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an applicant's score. Up to 15 priority points are available across the funding priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 15 priority points.

PARTNERING

Priority 1: Collaborative Project (3 Points)
To qualify you must propose a collaborative project between 1) a department of general, pediatric, or public health dentistry *and* 2) a department of primary care medicine. The proposed collaboration must include joint planning and implementation of the project. To apply for this priority, you must provide a letter of agreement from the department of primary care medicine in Attachment 7. See the instructions for Attachment 7 for additional information on letters of agreement.

Priority 2: Formal Relationships (3 Points)
To qualify for this priority you must demonstrate that your training program has established a formal relationship with a Federally Qualified Health Center, or a rural health center that conducts training of students, residents, fellows, or faculty at the center. To apply for this priority, you must provide a letter of agreement from the Federally Qualified Health Center or rural health center in Attachment 7. See the instructions for Attachment 7 for additional information on letters of agreement.

TRAINING OUTCOMES

Priority 3: Discipline Retention (1 Point)
The priority focuses on the number of completers from your program who enters into and remains in general, pediatric, or public health dentistry. There are two ways to qualify outlined below:

    1) Record of Training
        To qualify under **Record of Training** you must demonstrate that the percentage of your training program completers (dental students, dental hygiene students, or general, pediatric, or dental public health residents) who enter into, and remain in, general,

pediatric or public health dentistry practice for the last two years, Academic Years (AY) 2013-2014 and 2014-2015, is greater than 90%. To apply you must provide the **Greatest Percentage** calculation and all of the data shown below, clearly labeled, in Attachment 6. To calculate the **Greatest Percentage**, please use the formula below:

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

N_{2015} – Numerator (2015) = the number of program completers who entered into, and remained in, general, pediatric, or public health dentistry in AY 2014-2015.

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

D_{2015} – Denominator (2015) = the total number of program completers in AY 2014-2015.

To calculate the **Greatest Percentage**, please use the formula below:

$$\text{Greatest percentage} = \frac{N_{2014} + N_{2015}}{D_{2014} + D_{2015}} \times 100$$

2) **Significant Improvement**

To qualify under **Significant Improvement** you must demonstrate your program has achieved a significant improvement in the percentage of training program completers (dental students, dental hygiene students, or general, pediatric, or dental public health residents) who enter into, and remain in, general, pediatric or public health dentistry practice from AY 2012-2013 to 2014-2015. This will be determined by programs with a **Percentage Point Increase** of 50% or more in the number of completers who entered into, and remained in, general, pediatric or public health dentistry. To apply you must provide and clearly label the **Percentage Point Increase** calculation and all of the data shown below in Attachment 6.

N_{2015} – Numerator (2015) = the number of program completers who entered into, and remained in, general, pediatric or public health dentistry in AY 2014-2015.

D_{2015} – Denominator (2015) = the total number of program completers or graduates in AY 2014-2015.

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

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

$$\textbf{Percentage Point Increase} = ((\textbf{N2015/D2015}) - (\textbf{N2013/D2013})) \text{ x } 100$$

Note: New programs, or programs that had no program completers in AY 2012-2013, are not eligible use this method when applying for this priority due to the absence of baseline data.

Priority 4: Placement in Practice Settings (3 Points)
This priority focuses on the number of completers from your program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify, as outlined below:

1) **High Rate**
   To qualify under **High Rate** you must demonstrate that the percentage of your training program completers (dental students, dental hygiene students, or general, pediatric, or dental public health residents) placed in practice settings serving underserved areas or *health disparity populations* for the last two years, Academic Years (AY) 2013-2014 and 2014-2015, is greater than 40%. To apply you must provide and clearly label in Attachment 6 the **High Rate** calculation and all of the data shown below:

   N2014 – Numerator (2014) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2013-2014.

   N2015 – Numerator (2015) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2014-2015.

   D2014 – Denominator (2014) = the total number of program completers in AY 2013-2014.

   D2015 – Denominator (2015) = the total number of program completers in AY 2014-2015.

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

   $$\textbf{High Rate } = \frac{\textbf{N2014 + N2015}}{\textbf{D2014 + D2015}} \text{ x } 100$$

2) **Significant Increase**
   To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** from AY 2012-2013 to 2014-2015 of 25% in the rate of placing program completers (dental students, dental hygiene students, or general, pediatric, or dental public health residents) in practice settings serving underserved populations or health disparity populations. To apply you must provide and clearly label the **Percentage Point Increase** calculation and all of the data shown below in Attachment 6.

N2015 – Numerator (2015) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2014-2015.

D2015 – Denominator (2015) = the total number of program completers in AY 2014-2015.

N2013 – Numerator (2013) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2012-2013.

D2013 – Denominator (2013) = the total number of program completers in AY 2012-2013.

To calculate the difference in percentages, please use the formula below:

Percentage Point Increase = $((N_{2015}/D_{2015}) - (N_{2013}/D_{2013}))$ x 100

Note: New programs, or programs that had no program completers in AY 2012-2013 are not eligible to apply for this component of Priority 7 due to the absence of baseline data.

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

Priority 5: Diversity (3 Points)
This priority focuses on the organization's record of training individuals who are from a rural or disadvantaged background or from underrepresented minorities.

To request this priority, an applicant must demonstrate that the current dental school, dental hygiene school, or general, pediatric, or dental public health residency enrollment is at least 35% students/trainees who are from rural or disadvantaged backgrounds or are underrepresented minorities. Individuals should only be counted once in the numerator. To apply, applicants must provide the following calculation:

$$\text{Diversity} = \frac{\text{\# students/trainees who are underrepresented minorities or from rural or disadvantaged backgrounds}}{\text{Total number of student/residents enrolled}} \times 100$$

<u>TRAINING CONTENT</u>

Priority 6: Cultural Competency and Health Literacy (1 Point)
To qualify you must include in your proposed faculty development program activities that are aimed at improving training in cultural competency and health literacy. The proposed activity must be considered substantive by an objective review committee. Reference relevant Objectives and Activities related to your qualification for this funding priority.

Priority 7: Vulnerable Populations (1 Point)
To qualify you must propose faculty development activities aimed at improving training in the care of vulnerable populations (such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with disabilities, and individuals with HIV/AIDS) and in the risk-based clinical disease management of all populations. Reference relevant Objectives and Activities related to your qualification for this funding priority.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA will take into consideration the geographic and discipline-specific distribution of applicants, as well as the type of applicant training program (predoctoral / postdoctoral) to ensure a fair and equitable distribution of funds across the dental training continuum.

3. Assessment of Risk

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System (FAPIIS)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR [§ 200.205 Federal Awarding Agency Review of Risk Posed by Applicants.](#)

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

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

VI.   Award Administration Information

1.   Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2.   Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 R&R Application Guide*.

3.   Reporting

The successful applicant under this FOA 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. BHW will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.
>
> The BHW Progress Report has two parts. The first part demonstrates recipient progress on 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.
>
> Further information will be provided in the Notice of Award (NoA).
>
> 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All BHW recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and 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.
>
> Annual performance reports cover activities between July 1 and June 30. The report must be submitted by July 31 of the same year.
>
> 3) **Final Report.** A final report is due within 90 days after the project period ends. The Final Report must be submitted online by recipients in the EHB system at https://grants.hrsa.gov/webexternal/home.asp.
>
> The Final Report is designed to provide BHW with information required to close out a grant after completion of project activities. Every recipient is required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this 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. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the NoA.

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

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

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

8) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR 75 Appendix XII.

VII. Agency Contacts

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

> Denis Nikiema
> Grants Management Specialist
> Division of Grants Management Operations, OFAM
> Health Resources and Services Administration
> 5600 Fishers Lane, Room 10N168B
> Rockville, MD 20857
> Telephone: (301) 443-8007
> Fax: (301) 443-6343
> Email: DNikiema@hrsa.gov

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

> Thomas Vallin
> Project Officer, Oral Health Training Branch
> Attn: Dental Faculty Development and Loan Repayment Program
> Bureau of Health Workforce
> Health Resources and Services Administration
> 5600 Fishers Lane, Room 15N144B
> Rockville, MD 20857
> Telephone: (301) 443-1307
> Fax: (301) 594-4200
> Email: TVallin@hrsa.gov

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

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

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

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

VIII.   Other Information

Logic Models:

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

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

Technical Assistance: Call/Webinar

The Oral Health Training Branch (OHTB) in BHW's Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion and a recording of the webinar will be available after the webinar ends and will remain available through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: http://bhw.hrsa.gov/grants/dentistry/index.html

Date: Thursday, April 14, 2016
Time: 2:00 p.m. – 4:00 p.m. (ET)
Telephone Number: 800-369-1726
Passcode: 5539488
Web Link: https://hrsa.connectsolutions.com/DFLRP-April2016
Play-back telephone number: 866-463-2193
Passcode: 4516

Date: Tuesday, May 3, 2016
Time: 2:00 p.m. ET
Telephone Number: 800-857-9670
Passcode: 9675331
Web Link: N/A
Play-back telephone number: 888-282-0031
Passcode: 7316

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

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