

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

Bureau of Health Workforce
Division of Health Careers and Financial Support

Area Health Education Centers Program

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA-17-071

Catalog of Federal Domestic Assistance (CFDA) No. 93.107

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: March 29, 2017

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Program Contact Name:
Aleisha Langhorne, MPH, MHSA
Public Health Analyst, Health Careers Pipeline Branch
Email: ALanghorne@hrsa.gov
Telephone: (301)-443-7121

Authority: Title VII, Section 751 of the Public Health Service Act (42 U.S.C. 294a), as amended by Sec. 5403 of the Patient Protection and Affordable Care Act, Public Law 111-148.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW) is accepting applications for fiscal year (FY) 2017 Area Health Education Centers (AHEC) Program. The AHEC Program develops and enhances education and training networks within communities, academic institutions, and community-based organizations. In turn, these networks support BHW's strategic priorities to increase diversity and distribution among health professionals, enhance health care quality, and improve health care delivery to rural and underserved areas and populations.

Section 751 of the Public Health Service Act (PHS) Act authorizes the AHEC Program. Awardees must establish and maintain community-based training programs with an emphasis on primary care in off-campus rural and underserved areas. The AHEC Program consists of two phases:

- 1) Infrastructure Development (ID); and
- 2) Point of Service Maintenance and Enhancement (POSME).

Entities eligible for the ID phase include accredited schools of allopathic or osteopathic medicine, incorporated consortia of such schools, or the parent institutions of such schools. With respect to states in which no AHEC Program is in operation, an accredited school of nursing is eligible to apply. The ID phase is designed to help entities initiate health care workforce educational programs or to assist with planning, developing, operating, or evaluating a center. Eligibility for the ID phase is further defined under Program Structure in the Purpose section of this funding opportunity announcement (FOA).

Entities eligible for POSME phase include entities that have previously received AHEC Program funding from HRSA for more than 12 years.

The FY 2017 AHEC Program FOA has been refined to better align with the U.S. Department of Health and Human Services (HHS)/HRSA's strategic priorities, and will:

- (1) Define AHEC focus areas and core competencies;
- (2) Outline expectations regarding the responsibilities of the AHEC Program/award recipient to monitor, evaluate, and report on their sub-contracted center(s) core activities and the impact of those activities;
- (3) Provide guidance on core activities and competencies to define and strengthen the relationships between the AHEC Program/award recipient and their centers; and
- (4) Emphasize the need for awardees to evaluate their programmatic processes and outcomes.

Funding Opportunity Title:	Area Health Education Centers Program
Funding Opportunity Number:	HRSA-17-071
Due Date for Applications:	March 29, 2017
Anticipated Total Annual Available Funding:	Up to \$28,400,000
Estimated Number and Type of Award(s):	Up to 55 cooperative agreements
Estimated Award Amount:	Varies and total award amount will be based upon the number of centers an awardee has. For FY 2017, anticipated amount is \$103,000 per center in the POSME phase and \$250,000 for center in the ID phase.
Cost Sharing/Match Required:	Yes
Project Period:	September 1, 2017 through August 31, 2022 (5 years)
Eligible Applicants:	Public or non-profit private accredited schools of allopathic and osteopathic medicine or incorporated consortia made up of such schools or the parent institution(s) of such schools. In states with no existing AHEC Program, schools of nursing may apply for an award in the infrastructure development phase. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

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 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

Technical assistance calls related to the application process for the AHEC Program will be held on February 7 and February 22. In addition, a Webinar will be held on January 18. All calls will be recorded and will be available for replay. Please refer to Section VIII of this FOA for specifics.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Area Health Education Centers Program.

Program Purpose

The purpose of the AHEC Program is to develop and enhance education and training networks within communities, academic institutions, and community-based organizations. In turn, these networks support BHW's strategic priorities to increase diversity among health professionals, broaden the distribution of the health workforce, enhance health care quality, and improve health care delivery to rural and underserved areas and populations.

For the purposes of this funding opportunity announcement (FOA), Area Health Education Center Program and Area Health Education Center are defined as follows:

“Area Health Education Center Program” – a cooperative agreement program consisting of an entity that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2).

“Area Health Education Center” – a public or nonprofit private organization that has a cooperative agreement or contract in effect with an entity that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2). Such organizations may include hospitals, health organizations with accredited primary care training programs, accredited physician assistant educational programs associated with a college or university, and universities or colleges not operating a school of medicine or osteopathic medicine.

Program Goals

The Bureau of Health Workforce (BHW) improves the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. In FY 2017, the AHEC Program funding opportunity announcement (FOA) has been refined to better align with HRSA/BHW's strategic priorities¹. The AHEC Program supports the following three (3) overarching goals:

1. *Diversity*: Preparing a diverse, culturally competent primary care workforce representative of the communities we serve;
2. *Distribution*: Improving workforce distribution throughout the nation, particularly among rural and underserved areas and populations; and

¹ For more information about HRSA, please see: <http://www.hrsa.gov/about/strategicplan/index.html>.
For more information about BHW, please see: <http://www.hrsa.gov/about/organization/bureaus/bhw/>

3. *Practice Transformation*: Developing and maintaining a health care workforce that is prepared to deliver high quality care in a transforming health care delivery system with an emphasis on rural and underserved areas and communities.

Program Structure

This FOA solicits applications for a **five-year project period**. Successful applicants will be awarded cooperative agreements to establish and/or advance statewide AHEC programs.

The AHEC Program exists in two phases: AHEC Infrastructure Development (ID) and AHEC Point of Service Maintenance and Enhancement (POSME). These two phases collectively embrace the goal of increasing the number of students in the health professions who will pursue careers in primary care and are prepared to practice in rural and underserved areas and populations.

All AHEC programs start in the ID phase, where the planning must reflect the projected growth of the project to include the resulting number of anticipated centers at the conclusion of the expansion period. The amount of time in the ID phase is limited to six (6) years for a center and a total of twelve (12) years for the AHEC Program (for complete statutory information regarding the establishment of an AHEC, see section VI. Award Administration Information). Upon transition to the POSME phase, the focus shifts to maintaining and improving the effectiveness of the established AHEC program(s) based on community needs. HRSA expects that throughout the ID and POSME phases the programmatic approaches and activities detailed in this FOA will be accomplished and outcomes will be documented.

Applicants must clearly identify their request for participation in the ID or POSME phase in the abstract (see section II Award Information for additional eligibility information).

1. AHEC ID phase for initiating, planning, developing, operating and evaluating an AHEC program:
 - Up to two years of the five-year project period can be used for a planning period.
2. AHEC POSME phase for improving the capacity and effectiveness of the program through ongoing evaluation:
 - Up to one year of the five-year project period can be used for a planning period.

AHEC Program award recipients contract with centers to coordinate and facilitate workforce education and training projects, especially the specialized training of health professions students and health care providers as detailed under the heading of Program Activities, below.

Program Activities

In the past, AHEC programs addressed the statutory requirements of the program through a broad array of activities. (For complete statutory information, please see E. Other Requirements at the end of this section.) The AHEC Program awardees addressed the immediate needs of their service areas, which allowed for a high degree of individuality; however, the variation among programs made it challenging to measure the collective impact of the program nationally. With this FOA, HRSA has identified

several evidence-based practices and promising approaches established through previous AHEC awards and is driving future investments to scale-up these approaches. This effort is aimed at helping HRSA and the AHEC community achieve a more sustainable, long-term impact.

Specifically, the AHEC Program will achieve the overarching Program Goals and the statutory requirements through the following required activities. Successful applicants must ensure that all activities conform to these requirements.

A. Educational and Training Activities—A critical component of the AHEC investment is the provision of educational and training activities. Applicants must propose educational and training activities that align with the below provisions. Competitive applicants will prioritize the following:

1. AHEC Scholars Program: Recipients must support the development and implementation of longitudinal, interdisciplinary program curricula that implements a defined set of clinical, didactic, and community-based training activities in rural and/or underserved areas for a cohort of health professions students. For additional requirements, please see *AHEC Scholars Program* at the end of this section.
2. Community-based Experiential Training: Recipients must support community-based experiential training in rural and underserved areas through field placements and clinical rotations for health professions students outside of the AHEC Scholars Program. Each training experience must be team-based and include a formal, didactic component addressing one or more of the Core Topic Areas: Recipients must ensure all educational and training activities support the following six (6) Core Topic Areas (Youth Pipeline activities are exempt from these requirements.):
3. Core Topic Areas: Recipients must ensure all educational and training activities support the following six (6) Core Topic Areas (Youth Pipeline activities are exempt from these requirements.):
 - a. Inter-professional Education (also known as interdisciplinary training), which supports a coordinated, patient-centered model of health care that involves an understanding of the contributions of multiple health care professionals;²
 - b. Behavioral Health Integration which promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions;³
 - c. Social Determinants of Health includes five key areas (determinants) [Economic Stability, Education, Social and Community Context, Health and Health Care, and Neighborhood and Built Environment] and their impact on health;⁴

² See HRSA's Coordinating Center for Interprofessional Practice for more information at <https://nexusipe.org/>.

³ See SAMHSA-HRSA Center for Integrated Health Solutions at <http://www.integration.samhsa.gov/>.

⁴ See Healthy People 2020 for more information about Social Determinants of Health at <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

- d. Cultural Competency which seeks to improve individual health and build healthy communities by training health care providers to recognize and address the unique culture, language and health literacy of diverse consumers and communities⁵ (e.g., National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care);
 - e. Practice Transformation which aims to fully support quality improvement and patient-centered care through goal-setting, leadership, practice facilitation, workflow changes, measuring outcomes, and adapting organizational tools and processes to support new team-based models of care delivery.⁶ To that end, AHEC Program award recipients are expected to develop and implement educational and training activities and build and strengthen strategic partnerships as defined below. Educational and training activities under practice transformation must target the specific skills and competencies needed to prepare students and practicing health professionals to effectively practice in a transforming health care system; and
 - f. Current and emerging health issues (e.g., Zika virus, pandemic influenza, opioid abuse, geographically relevant health issues, etc.) may be proposed, but will need prior approval from the HRSA program office before implementation.
4. Pipeline Activities: Recipients must support recruitment, training, interactive, and/or didactic activities⁷ developed for high school students (grades 9-12), which must focus on exposing youth to health careers, including public health. HRSA strongly recommends recipients use no more than 10 percent of the total award for these activities.
5. Continuing Education: Recipients must support didactic and experiential training activities focused on the Core Topic Areas developed for currently practicing health professionals. HRSA strongly recommends recipients use no more than 10 percent of the total award for these activities.

B. Strategic Partnership Activities—Effective partnerships that engage key stakeholders (e.g., federal, state, local, and national organizations) are important to implementing, advancing, and sustaining the work of the AHEC Program. Partners help to ensure the relevancy, coordination and timeliness of the education and training provided.

Highly competitive applicants will establish strategic partnerships with organizations that align with the AHEC Program goals to maximize the impact and outcomes. Such partnering organizations may include:

- a. Existing AHEC program offices;

⁵ See HRSA's Cultural Competency resources at <http://www.hrsa.gov/culturalcompetence/index.html>.

⁶ See also "Natural History of Practice Transformation: Development and Initial Testing of an Outcomes-Based Model." *Ann Fam Med* May/June 2013 vol. 11 no. 3 212-219.

⁷ Pipeline activities may include, but are not limited to, afterschool enrichment activities, community-based outreach and education, pre-college preparation, and pre-certification preparation activities.

- b. Minority-serving institutions such as Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs) in the state and region to facilitate relationships with health professions schools and programs;
- c. State-level entities such as State Workforce Agencies and State and Local entities, Primary Care Associations (PCAs) and Primary Care Organizations (PCOs), State Offices of Rural Health (SORH), State Minority Health Contacts, and State Education Agencies (SEAs);
- d. Health Care Safety Net Sites (e.g., Federally-Qualified Health Centers (FQHCs) and Look-Alikes, including school-based health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers), Native Hawaiian Health Centers, outpatient health clinics associated with tribal or Urban Indian Health Organizations, Rural Health Clinics, Critical Access Hospitals, and Disproportionate Share Hospitals (DSHs); and
- e. Pipeline programs such as recruitment programs through health professions schools and other educational institutions, particularly those focused on recruiting underrepresented minority populations or individuals who come from disadvantaged or rural backgrounds.

Please see Section IV, **Attachments** for additional information about Letters of Agreement and Memoranda of Agreements/Understanding.

- C. Statewide Evaluation Activities**—To quantify the impact of the award investment, recipients must implement a comprehensive outcome focused evaluation of all AHEC Program activities. The AHEC program office/award recipient must develop and implement a statewide evaluation in collaboration with the centers to ensure that consistent evaluation tools and protocols are used throughout the state.

In states where multiple AHEC program offices may exist, the program offices must work collaboratively to develop a joint needs assessment and statewide evaluation of AHEC Program activities. Letters of Agreement are required for states anticipating multiple AHEC program offices/award recipients. Please see Section IV, **Attachments** for additional information about Letters of Agreement and Memoranda of Agreements/Understanding.

Post award, recipients must submit evaluation plans and final partnership agreements as an attachment with the first non-competing continuation (NCC) progress report submission. In subsequent years, an evaluation report will be a required part of the NCC.

- D. AHEC Scholars Program**—Recipients must support the development of a longitudinal program with interdisciplinary curricula to implement a defined set of clinical, didactic, and community-based training activities. All experiential or clinical training must be conducted in rural and/or underserved settings for those students who are enrolled in the AHEC Scholars Program.

AHEC program offices/award recipients must develop the AHEC Scholars Program curriculum content in coordination with their centers and other community-based partners. Additionally, the AHEC Scholars Program must include a formal application process, with defined eligibility criteria to ensure AHEC Scholars reflect a diverse student body.

The AHEC Scholars Program will supplement students' existing health professions programs. At a minimum, each cohort of the AHEC Scholars Program must last for two years⁸ and culminate in completion or graduation from a degree or certificate program. The program must target students enrolled in either a health professions degree program or an allied health workforce degree/certificate program. The requirements for acceptance in the AHEC Scholar Program should be congruent with the student's existing health professions program requirements.

Stipends are allowable for students participating in the AHEC Scholars Program.⁹ Student stipend support is provided to assist in covering a student's general living expenses. The budget narrative must indicate the stipend rate, the number of stipends to be awarded, and the total stipend amount for each educational level as appropriate. It is the responsibility of the applicant to justify the basis for the stipend rate requested. Stipends are to be prorated and paid to eligible participants at regular intervals during the budget period.

Highly competitive applicants will submit an approach and implementation plan that at a minimum details:

- a) A formal application process, with defined eligibility criteria to ensure AHEC Scholars reflect a diverse student body with representation from disadvantaged backgrounds and underrepresented minorities;
- b) A cohort will include at least 15-25 new students per center, beginning each new academic year of the project period. Each cohort must include students from multiple disciplines (e.g., medicine, nursing, social work, and other allied health workforce programs);
- c) Discipline-specific defined Points of Entry and Exit for the AHEC Scholars Program;
- d) Interdisciplinary Learning Objectives and Outcomes;
- e) One-year follow-up after graduation or completion of health professions or allied health workforce program;
- f) Establishment of strategic partnerships that will support the successful implementation of the AHEC Scholars Program;

⁸ Disciplines, particularly allied health workforce programs where the duration of the program is less than two years may be approved for inclusion on a case-by-case basis by the HRSA Program Office after award.

⁹ If stipends are provided, the amount must be no more than \$2,000 per student for the duration of the program. Stipends may be used to cover the cost of school-related supplies, travel and/or job related supplies and needs, such as continuing education.

- g) Community-based, experiential, or clinical training must be conducted in rural and/or underserved settings. Of which a minimum of 40 hours must consist of participation in team-based training;
- h) In addition to requirements of their health professions degree or certificate programs, each AHEC Scholar must participate in a minimum of 40 hours¹⁰ per year of didactic education (inclusive of innovative and/or interactive learning activities) focused on the six HRSA AHEC Core Topic Areas; and
- i) A plan to collect and track individual-level data on the AHEC Scholars Program participants, including demographic factors, number of training hours in designated settings, and one-year post-completion data on employment outcomes.

E. Other Requirements

1. Clinical Education, Funding Distribution, and Project Terms¹¹

- A. An entity that receives an award under PHS Act section 751 shall conduct at least 10 percent of clinical education required for medical students in community settings that are removed from the primary teaching facility of the contracting institution for awardees that operate a school of medicine or osteopathic medicine. In states in which an entity that receives an award under this section is a nursing school or its parent institution, the Secretary shall alternatively ensure that:
 - i. the nursing school conducts at least 10 percent of clinical education required for nursing students in community settings that are remote from the primary teaching facility of the school; and
 - ii. the entity receiving the award maintains a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the AHEC program's geographical area.
- B. An entity receiving funds under PHS Act section 751(a)(2) (AHEC Point of Service Maintenance and Enhancement phase) shall not distribute such funding to a center that is eligible to receive funding under PHS Act section 751(a)(1) (AHEC Infrastructure Development awards).
- C. MATCHING FUNDS—With respect to the costs of operating a program through an award under this section, to be eligible for financial assistance under this section, an entity shall make available (directly or through contributions from state, county or municipal governments, or the private sector) recurring non-federal contributions in cash or in kind, toward such costs. The matching ratio for AHEC awards is 1:1 (federal funds to non-

¹⁰ This number is may change at HRSA's request.

¹¹ See Title VII, Section 751 of the Public Health Service Act. Optional: see previous comments, unclear why this general citation is included here]

federal contributions). At least 25 percent of the total required non-federal contributions shall be in cash.

- D. LIMITATION—Not less than 75 percent of the total amount provided to an AHEC Program office/award recipient shall be allocated to the area health education centers participating in the program under this section.
- E. PROJECT TERMS—The period during which payments may be made under an award under the Infrastructure Development (ID) phase may not exceed:
 - i. in the case of a program, 12 years; or
 - ii. in the case of a center within a program, six years.

2. Center Requirements.¹²

Each AHEC program includes at least one center, and that each such center shall meet the following requirements:

- A. The center is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;
- B. The center is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;¹³
- C. The center designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;
- D. The center fosters networking and collaboration among communities and between academic health centers and community-based centers;
- E. The center serves communities with a demonstrated need of health professionals in partnership with academic medical centers;
- F. The center addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and
- G. The center has a community-based governing or advisory board that reflects the diversity of the communities involved.

¹² See Section 751 of the Public Health Service Act.

¹³ For carrying out titles III, VII, and VIII of the PHS Act with respect to the health workforce, section 1128E of the Social Security Act, and the Health Care Quality Improvement Act of 1986, \$786,895,000... *Provided further*, That for any program operating under section 751 of the PHS Act on or before January 1, 2009, the Secretary of Health and Human Services (referred to in this title as the "Secretary") may hereafter waive any of the requirements contained in sections 751(d)(2)(A) and 751(d)(2)(B) of such Act for the full project period of a grant under such section." These provisions can be waived pending Secretary approval for any program operating on or before Jan. 2009

HRSA has operationalized the statutory activities¹⁴ listed below across the AHEC programs as described in the Program Activities Section to demonstrate consistent inputs and outcomes.

- A. Develop and implement strategies, in coordination with the 10 applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.
- B. Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other federal and state health care workforce development programs, the state workforce agency, and local workforce investment boards, and in health care safety net sites.
- C. Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities.
- D. Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.
- E. Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations.
- F. Propose and implement effective program and outcomes measurement and evaluation strategies.
- G. Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

2. Background

Originally established by Congress in 1971, the Area Health Education Centers Program is authorized under Section 751 of the Public Health Service Act (42 U.S.C. 294a), as amended by the Patient Protection and Affordable Care Act, Public Law 111-

¹⁴ *ibid.*

148 (Affordable Care Act). The AHEC Program has a long-standing history of supporting program activities that focused on health careers exposure at the elementary and secondary school levels, with a particular emphasis on innovative, evidence-based strategies to strengthening the science, technology, engineering, and math (STEM) skills at the pre-college levels. In addition, AHECs have focused heavily on health professions continuing education and professional development through conferences, seminars, colloquiums, and workshops.

AHECs will continue to play a major role in the development of interprofessional collaboration and evidence-based recruitment and retention strategies that will result in a well-prepared diverse and culturally competent primary care workforce. The Institute of Medicine report, “The Future of Nursing: Leading Change, Advancing Health” (2011) highlighted the significant role that team-based care will play in a rapidly changing health care environment. The report states, “As the delivery of care becomes more complex across a wide range of settings, and the need to coordinate care among multiple providers becomes ever more important, developing well-functioning teams becomes a crucial objective throughout the health care system.”¹⁵

Interprofessional collaborative practice and education are essential elements to achieving health equity for underserved and health disparity populations, while also meeting the critical objectives of the Institute for Healthcare Improvement’s Triple Aim: (1) Improve patients’ care experience; (2) Improve the health of patient populations; and (3) Reduce the per capita cost of health care. The AHECs will use a multi-pronged, multi-partner approach to increase diversity and distribution in the health workforce and accelerate practice transformation. All AHEC Program activities will be structured around these three focus areas: (1) Educational and Training Activities (2) Strategic Partnership Activities, and (3) Statewide Evaluation Activities.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation

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

As awards will be made as cooperative agreements, HRSA will:

- Participate in the planning and development of each AHEC Scholars Program;
- Review, and, if necessary, comment on each AHEC program office’s/award recipient’s work plan, evaluation plan and interdisciplinary program curriculum

¹⁵ Institute of Medicine. 2011. The Future of Nursing: Leading Change, Advancing Health. Washington: National Academies Press, 72.

that includes a set of clinical, didactic, and community-based training activities in rural and/or underserved areas;

- Host an annual meeting for the AHEC project directors;
- Participate, as appropriate, in any additional meetings (beyond the annual AHEC meeting), training activities, or workgroups conducted during the project period;
- Review and recommend changes to peer-reviewed publications and other resources developed by AHEC program offices, as specified by HRSA;
- Review and approve written materials that include performance data produced by the AHEC program office/award recipient prior to publication;
- Coordinate with other Bureaus within HRSA to develop partnerships among funded programs;
- Coordinate work plan activities with other HHS federally-funded cooperative agreement recipients;
- Review and approve contracts and agreements between the AHEC Program and centers;
- Provide consultation and technical assistance, as appropriate, to each AHEC program office to design strategies for disseminating AHEC work in order to target multiple audiences interested in pipeline programs and health workforce development; and
- Coordinate quarterly technical assistance calls with AHEC project directors and other program partners as appropriate.

The cooperative agreement recipient's (AHEC Program) responsibilities will include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds;
- Development and implementation of contractual agreements, which must include a statement of work, designation of roles and responsibilities, and appropriate financing provisions between the AHEC Program and the governing body of each center or other relevant party;
- Monitor, evaluate, and report on its sub-contracted center's activities. Ensure centers comply with HRSA requirements. Specifics include but are not limited to:
 - Center Director minimum .75 Full-Time Equivalents (FTEs) allocated solely to conduct center duties and responsibilities; and
 - Community-based governing or advisory board responsible for the hiring and/or termination of the Center Director.
- Development of strategic partnerships (see Section I);
- Providing quarterly updates during the planning years of the project period;
- Comply with all HRSA and AHEC program reporting requirements, to include, but not be limited to:
 - Reporting during the planning years
 - Annual Non-Competing Continuation Applications must include:
 - Work Plan Progress Report
 - Proposed work plan for the upcoming year
 - Evaluation Report
 - Annual Performance Reports (APRs)
 - Federal Financial Report (FFR)
 - Final Report (FR)
 - Final Performance Report (FPR)

- Identify a Program Director with a faculty appointment to assume responsibility for the overall direction and coordination of the AHEC Program. The AHEC Program Director must serve on the admissions committee for the school of medicine (or nursing, if applicable);
- Identify an individual to function as an AHEC Program Evaluator with a minimum of a .5 FTE; and
- Respond to all information requests by the established deadline.

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2017-2021. Approximately \$28,400,000 is expected to be available annually to fund approximately fifty-five (55) AHEC Infrastructure Development (ID) and AHEC Point of Service Maintenance and Enhancement (POSME) programs for a five-year project period. Approximately, 15 percent of the total funds will be available for AHEC ID awards, and 85 percent of the total funds will be available for AHEC POSME awards. Based on the fiscal year 2016 AHEC Program appropriation and the projected number of centers, current estimates of the funding level is \$103,000 per center per year in the AHEC POSME phase. You may apply for a ceiling amount of up to \$250,000 per year per center for the AHEC ID phase. The actual amount available will not be determined until enactment of the final FY 2017 federal budget, and will vary as a function of the number of centers supported.

Total award amounts depend upon the number of centers approved for the AHEC ID and POSME phases (see the Purpose and Program Definitions Section for clarification on the difference between the two). If the total amount appropriated to carry out the AHEC Program is not sufficient to comply with the funding amount of \$250,000 per center, the Secretary may reduce the per center amount as necessary.

This FOA is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is September 1, 2017 through August 31, 2022 (five (5) years). Funding beyond the first year is dependent on the availability of appropriated funds for the AHEC Program 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.

Not less than 75 percent of the total amount provided to an AHEC Program office/award recipient shall be allocated to the area health education centers (for additional details, please see Section IV.6. Funding Restrictions).

III. Eligibility Information

1. Eligible Applicants

Entities eligible to apply are public or nonprofit private accredited schools of allopathic medicine and osteopathic medicine and incorporated consortia made up of such schools or the parent institutions of such schools. In states and territories in which no AHEC Program is in operation, an accredited school of nursing is an eligible applicant.

AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B) of the PHS Act
For Fiscal Year 2016, the Consolidated Appropriations Act, 2016 (Public Law 114-113) gives the Secretary authority to grant a waiver of the AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B) of the PHS Act[i] to programs meeting certain requirements. Applicants **seeking a waiver must submit their request with their grant application**. Decisions regarding the waiver requests are contingent upon extension of the Secretary's waiver authority for Fiscal Year 2017 and HRSA administrative review of each waiver request. For instructions, please see Section 2. v. Attachments..¹⁶

Foreign entities are not eligible for these awards.

2. Cost Sharing/Matching

Matching is required for this program. The recipient shall provide documentation that it will make available (directly or through contributions from state, county, or municipal government, or the private sector) recurring non-federal contributions in cash or in kind equal to not less than 50 percent of the operating costs of the AHEC Program. Thus, the matching ratio for AHEC awards is one to one, federal funds to non-federal contributions.¹⁷ If the recipient fails to provide some or all of the required matching, the Grants Management Officer will make a downward adjustment in the federal award.

Examples of match include:

- 1) Non-federal cash match of at least 25 percent of the total match is to be provided in cash.
- 2) Other contributions providing 75 percent of the total match may include:
 - In-kind time and effort (provided by a third-party, non-salaried, individual).
 - Unrecovered indirect costs.

¹⁶ § 751(d)(2)(A) of the Public Health Service Act (PHS Act) requires that each Area Health Education Center "is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee." PHS Act sec. 751(d)(2)(B) requires that each Area Health Education Center "is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities."

¹⁷ Public Health Service Act, §751(e).

- Allowable/allocable third-party donated items of value or services.
- Program Income (if expressly permitted by the Notice of Award).

Waiver 75 Percent of Matching Funds – First Three Years:

An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first three years the entity is funded through an award under PHS Act section 751(a)(1) (AHEC Infrastructure Development Program). To be considered for a waiver, an applicant must present a written request for a waiver as **Attachment 6**. Unless a waiver of the matching funds requirement is requested and approved, funds awarded may only be expended with the understanding that the matching requirement must be met. This waiver is only applicable for new AHEC Program award recipients.

3. Other

Ceiling Amount

Applications that exceed the statutory ceiling amount of \$250,000 per center 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* 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 Public Health Service Act, Section 797(b). Applicants should complete the Maintenance of Effort document and submit as Attachment 5.

Multiple Applications

Multiple applications from an organization are not allowable. For the purposes of this FOA, an organization means a campus or a division of a university that has its own grounds, buildings, and faculty. Therefore, one application per campus is allowed.

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

You are reminded that failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive. Students/trainees receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States. In addition, per the HHS Grants Policy Statement (GPS), a non-citizen national is eligible for a career award.

IV. Application and Submission Information

1. Address to Request Application Package

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

It is recommended that you supply an e-mail address to Grants.gov when downloading a 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 [SF-424 R&R Application Guide](#) in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the FOA to do otherwise.

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 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. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: Biographical Sketches **do** count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your 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](#).

In addition to the information required in the Guide, the Abstract must include:

1. Name of the School
2. Department (submitting application)
3. State
4. PROGRAM PHASE: Describe the phase of the program (ID or POSME), the number of centers, and type of public or nonprofit private organization (e.g. hospital, health organization) for the proposed project. Specifically identify whether the centers are existing or proposed. Identify information listed in Section V.2 Funding Considerations and provide HPSA score and ZIP codes as necessary.
5. GEOGRAPHIC AREA/TARGETED POPULATIONS: Describe the geographic area to be served by the proposed project. Describe the training needs of the target population.
6. GOALS AND MILESTONES: Summarize the major goals and milestones for the entire project period of five years. Include specific, measurable objectives that the project will accomplish.
7. OVERVIEW OF PROGRAM PLAN: Summarize the proposed project and outline the approach and activities that will be implemented, including the development and implementation of the AHEC Scholars Program. Identify the key organizations that are collaborating in the project, highlighting innovative strategic partners. Describe the anticipated impact of the proposed project on the geographic areas being served and its primary health workforce system. Relate the impact of the project to the principal problems and unmet needs identified in the needs assessment.
8. PROJECT EVALUATION PLAN: Briefly describe the proposed project's evaluation plan and provide the proposed outcomes.

The abstract must be **single-spaced** and limited to **one-page** in length.

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.

Note: All applicants who have previously received awards under the AHEC Program must include a brief (three-page maximum) accomplishment summary as **Attachment 7**.

Use the following section headers for the Narrative:

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

PURPOSE: This section should briefly describe the purpose of the proposed project, consistent with statutory provisions and the requirements in this FOA. Applicants are expected to articulate key issues and challenges to be addressed through the AHEC Program.

NEED: This section outlines the needs of your community and organization, the target population, its unmet health needs as well as gaps in the health workforce. You must describe the needs/issues related to the overarching AHEC goals of increasing the diversity and distribution of the health care workforce and developing a health care workforce that is prepared to deliver high quality care in a transforming health care delivery system, with an emphasis on rural and underserved areas and populations. **Recent data (less than five years old) must be used and cited whenever possible to support the information provided.** A needs assessment must have been completed no later than two years prior to the date of this application.

In this section, you must:

- Describe the background of the health workforce demand this project proposes to address on a regional, state, and/or local level.
- Identify the health workforce gaps in diversity and distribution that this project intends to fill and provide evidence to support conclusions.
- Identify the population(s) served by this segment of the health workforce, as well as the health status indicators impacting the population or communities served and/or unmet (e.g., socio-cultural determinants of health and health disparities). Disparities based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, age and other relevant factors should be considered. You should also consider individuals with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender populations; individuals with limited health literacy; or populations that may otherwise be marginalized.
- Describe the diversity and distribution of the specific health professions workforce in the geographic area with an emphasis on primary care, rural and underserved populations.

- Project future health workforce training needs, highlighting effects of the implementation of the Affordable Care Act (ACA) and innovative models of clinical practice that facilitate practice transformation (e.g., PCMH/team-based care, Health Information Technology, Alternative Payment Models, etc.).
- Identify existing barriers that affect a student’s competitiveness to successfully enter and graduate from a health professions school and practice as well as barriers to recruitment and retention of health care professionals in the targeted geographic areas.
- Identify barriers for individuals, primarily students, to gain experience and training in underserved and rural areas.

Proposals from an existing AHEC Program to Expand the Centers: An applicant proposing an expansion must delineate the proposed expansion sites from the existing sites throughout their application. Applicants requesting an expansion of the centers to their already established AHEC Program must provide a justification that includes the following:

- (1) a demonstration that there is a geographic area within the state not served by an existing center;
- (2) a needs assessment documenting the need for services of a center;
- (3) the areas (including ZIP codes and [HPSA scores](#)) of the proposed area to be served; and
- (4) the extent to which the addition of a center(s) will contribute to the outcomes and impact of the existing AHEC program.

- **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).

You must show how your project will address the needs highlighted in the Needs Assessment as well as the requirements and expectations of the program.

Applicants must:

- (1) Identify/propose strategies for the AHEC Program Activities (see Sections I and VI of the FOA);
- (2) Provide evidence for proposed strategies (e.g., reports, studies, and/or peer-reviewed literature);
- (3) Present a clear connection between identified gaps, needs, and proposed activities; and
- (4) Provide an approach/proposed content for the AHEC Scholars Program that at a minimum describes:
 - a) A formal application process;
 - b) Interdisciplinary cohorts;
 - c) Discipline-specific defined Points of Entry and Exit;
 - d) Interdisciplinary Learning Objectives and Outcomes;
 - e) Follow-up for participants;
 - f) Establishment of Strategic Partnerships that will support the successful implementation of the AHEC Scholars Program;

- g) Community-based, experiential, or clinical training conducted in rural and/or underserved settings;
- h) Educational activities which includes team-based clinical training and didactic education; and
- i) A plan to collect and track individual-level data.

(b) WORK PLAN – Corresponds to Section V’s Review Criterion #2 (b).

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

You must:

- Describe the activities and steps that will be used to achieve each of the activities proposed during the entire project period in the methodology section.
- Describe project objectives and sub-objectives, activities, resources and personnel responsibilities for program activities, timeframes and milestones, and evaluation outcome measures (chart encouraged).
- As appropriate, 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 geographical diversity of the populations and communities served.
- Provide data and details in response to the statutory requirement that AHEC Program offices/award recipients must conduct 10 percent of the required medical student clinical education training at sites remote to the primary teaching facility of the applicant institution (see Section VI of the FOA).¹⁸
- Provide details and a timeline for the implementation of the AHEC Scholars Program.

(c) RESOLUTION OF CHALLENGES – Corresponds to Section V’s Review Criterion #2

Discuss challenges and barriers that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.

Include in this section, your approaches to challenges such as:

- (1) Barriers to educating and training including retention and attrition, identified among the targeted training audience(s);
- (2) State and/or local legislation and regulations that may impact the implementation of activities outlined in the work plan;
- (3) Difficulties and barriers in identifying preceptors and placements for clinical community-based training, clinical rotations, and field placements for students in rural and underserved areas; and/or

¹⁸ See Section 751 of the Public Health Service Act.

(4) Obstacles that preclude the institution from identifying and providing support to individuals from underrepresented minority populations and/or disadvantaged or rural backgrounds from applying and entering health professions programs.

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

(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V’s Review Criterion #3 (a)

You must include statewide evaluation as an objective of your proposed project and include it in the work plan. Progress on the evaluation plan will be monitored and you will be expected to report on their progress in annual progress reports. A finalized evaluation plan with tools/protocols is required to be submitted to HRSA by the end of the first annual budget period (August 31, 2018).

At a minimum, you must:

- Describe your organization’s technical capacity for a statewide evaluation, detailing their current evaluation experience, and the skills and knowledge of individual(s) responsible for conducting and reporting evaluation efforts.
- Describe the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources), key processes, evaluative measures, expected outcomes of the funded activities, and a description of how all key measures will be reported.
- Provide 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.
- Describe any potential obstacles to implementing the program evaluation and meeting HRSA’s reporting requirements, and indicate how those obstacles will be addressed.
- Describe the plans for dissemination of project results, whether project results may be national in scope, and whether the project activities are replicable.

The evaluation plan must include the following four (4) sections:

1. HRSA Required Performance and Progress Reporting:

You must describe the systems and processes you will use to meet HRSA’s program progress and performance measurement requirements (see *Section VI.3 Award Administration, Reporting*). Include a description of how you will effectively collect and manage required data in a way that allows you to provide accurate and timely required reports to HRSA in the HRSA Electronic Handbooks (EHB). Your systems and processes must include tracking and reporting on required performance reports as well as tracking and reporting on progress and accomplishments on your award objectives and work plan.

At the following link, you will find the required performance data forms for this program under the Area Health Resource Centers heading: <http://bhw.hrsa.gov/grants/reporting/index.html>. Planned metrics will include, but are not limited to, the following:

- Program-level characteristics and aggregate demographics for participants in the AHEC Scholars Programs, pipeline education and training activities, and community-based clinical rotation and field placements for health professions students.
- Individual-level data for AHEC Scholars Program participants, with required one-year post-completion data on employment outcomes.
- Training site and experience characteristics, including data on site types and locations, populations served, and interprofessional team-based.
- Strategic partnerships established to offer each training/educational activity.
- Curriculum development and enhancement activities.
- Continuing education activities.

2. Program Assessment and Improvement:

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

3. Program Impact:

Programs must evaluate the impact of program activities on the following areas:

- Preparing a diverse, culturally competent primary care workforce representative of the communities we are serving (Diversity);
- Improving workforce distribution throughout the nation, particularly in rural and underserved areas and populations (Distribution); and
- Developing and maintaining a health care workforce that is prepared to deliver high quality care in a transforming health care delivery system with an emphasis on rural and underserved areas and communities (Practice Transformation).

In states where multiple AHEC program offices exist and/or are proposed, applicants must indicate whether the signed Letter of Agreement or Memorandum of Understanding for the statewide evaluation is included in the appendix. For additional information, see Section I.1. Program Activities, Statewide Evaluation.

4. Logic Model:

You must submit a logic model for designing and managing your project. A logic model is a one-page diagram that presents the conceptual framework for a proposed

project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:

- Goals of the project (i.e., objectives, reasons for proposing the intervention, if applicable)
- Assumptions (e.g., evidence to support how the program will work and its supporting resources). Assumptions should be based on research, best practices, and experience
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources)
- Target population (i.e., the individuals to be served)
- Activities (e.g., approach, listing key intervention, if applicable)
- Outputs (i.e., the direct products or deliverables of program activities)
- Outcomes (i.e., the results of a program, typically describing a change in people or systems). Defined immediate, intermediate, and long-term outcomes should be described

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

You must provide a clear plan for project sustainability after the period of federal funding ends. Please include a description of specific actions you will take to:

- Highlight key elements of your projects (e.g., training methods or strategies, which have been effective in improving practices).
- 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).

You 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

You must describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization’s current mission and structure, organizational chart, relevant experience, and scope of current activities. A project organizational chart also known as an AHEC organizational chart is requested as Attachment 3. This is usually different from the applicant’s organizational chart (e.g., School of Medicine or Nursing).

You must:

- Describe how the organization has the ability to implement the proposed project and meet the program requirements and expectations.
- Provide information on the program’s resources and capabilities to support

- provision of culturally and linguistically competent and health-literate services.
- Describe how the unique needs of target populations of the communities served are routinely assessed and improved.
 - Describe how these components all contribute to the ability of the organization to conduct the AHEC Program requirements and meet expectations. If an applicant already has an Advisory Board, describe the board and its composition, its function, the number of proposed meetings per year, and how the board members will provide guidance to the Project Director and staff for the project.
 - Describe each center, and its proposed or existing organizational structure and capacity.
 - Describe the relationship between the applicant and sub-contracted centers.

Previous AHEC Award Recipients

A new component for applicants who have previously received awards under the AHEC Program is the inclusion of a brief (three-page maximum) accomplishment summary as **Attachment 7**. A well-presented accomplishment summary provides a description of the degree to which the applicant met previous project objectives. The progress of an AHEC is carefully considered during the review process; therefore, previously awarded applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made and how those goals are revised to meet the FY2017 requirements. Because the accomplishment summary is considered when applications are reviewed and scored, **applications from awardees who have previously been awarded funds under the AHEC Program who do not include an accomplishment summary may not receive as high a score as applicants who do.**

New applicants may, but are not required to, submit a summary of accomplishments that would support their application and provide additional information outside of that included in the Program Narrative as described under Attachment 7.

Key Personnel

The staffing plan and job descriptions for key staff must be included in Attachment 1 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile 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.

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 three years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
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:	(3) Impact:

(a) Evaluation and Technical Support Capacity	(a) Evaluation and Technical Support Capacity
(b) Project Sustainability	(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](#) may differ from those offered by Grants.gov. Please follow the instructions included the *R&R 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 2017, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). In addition, the AHEC Program requires the following:

- **Personnel Costs:** Reminder: As noted previously in Section II.1. the Program Director must have a faculty appointment and each Center Director should have at least 75 percent time allocated solely to the conduct of Center duties and responsibilities.
- **Travel:** The budget should include the travel expenses associated with participating in meetings and other proposed trainings or workshops. Attendance of at least one staff member from the AHEC Program Office and the attendance of at least one staff member from a participating center in the AHEC Program at one HRSA technical assistance meeting or site visit is encouraged.
- **Equipment:** A detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the

definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

- **Participant/Trainee Support Costs:** For applicants with participant/trainee support costs, stipends¹⁹, 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. Funds for trainee travel necessary for the training experience must include the purpose, number of trips involved, travel allowance used, destinations, and number of individuals requesting funds. Daily commuting and/or routine local travel costs are not allowable.
- **Consultant Services:** For applicants that 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.

Applicants should complete subrecipient budget(s) in accordance with the R&R fed/Non-fed budget instructions and attach them to the R&R Subaward Budget Attachment(s) Form included with the application kit. In the budget justification, include a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Letters of Agreement, Memorandum of Agreement/Understanding (MOAs/MOUs) and/or existing or proposed contracts should be included in **Attachment 2**.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel

See Section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#) for required information. (Reminder: Biographical Sketches **do** count in the page limit).

- Staffing Plan: Education and experience qualifications and a rationale for the amount of time requested for project staff positions (e.g., Program Director, Associate Program Director, Center Director(s), and Evaluator, etc.).
- Job Descriptions: Keep each to one page in length. Include the roles, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement 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.

¹⁹ Stipends are allowed in the AHEC Scholars Program. If stipends are provided, the amount must be no more than \$2,000 per student for the duration of the program. Stipends may be used to cover the cost of school-related supplies, travel and/or job related supplies and needs, such as continuing education.

- All strategic partnerships must be supported by formal signed agreements that describe: (1) the purpose of the partnership; (2) roles/responsibilities of each partner; (3) proposed joint activities and/or outcomes; (4) duration of the partnership; and (5) any exchanged or shared resources.
- Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.
- An applicant school of nursing or its parent institution shall provide a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the AHEC program area.
- Sample MOAs/MOUs should be provided as well.
- In states where multiple AHEC program offices currently exist or are proposed, applicants must submit Letter(s) of Agreement with each AHEC program office identified, proposed roles/responsibilities of each AHEC program office/award recipient in the statewide evaluation, and appropriate signatories to indicate full participation. A finalized agreement must be submitted before August 31, 2018.

Attachment 3: Organizational Charts

- Applicant Organization Chart that highlights the office that will manage the AHEC Program award.
- Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators (not the applicant organization).

Attachment 4: Tables, Charts, etc...

- To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 5: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURES

FY2016 (Actual)

Actual FY 2016 non-federal funds, including in-kind, expended for activities proposed in this application.

Amount: \$ _____

FY 2017 (Estimated)

Estimated FY 2017 non-federal funds, including in-kind, designated for activities proposed in this application.

Amount: \$ _____

Attachment 6: Request for Waiver (if applicable) regarding 75 percent/25 percent allocation to Centers)

- At least 75 percent of the total funds provided to an AHEC Program shall be allocated to the center(s) participating in the program. To provide flexibility to newly funded AHEC programs (AHEC Infrastructure Development programs), the Secretary/HRSA may waive the requirement for the first three years of a new AHEC program funded under subsection 751(a)(1).
- To be considered for a waiver of the 75 percent allocation requirement, an applicant must present a written request for a waiver as an attachment to a competing application in which AHEC Infrastructure Development funds are requested for a new start AHEC Infrastructure Development program. The applicant shall provide a rationale for the waiver request including an explanation of the reason(s) why the applicant may not meet the 75 percent allocation requirement.

Attachment 7: Summary of Previous Accomplishments (required attachment for competing continuation AHEC programs)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. All applicants who have previously received awards under the AHEC program must include a brief (three-page maximum) accomplishment summary. The progress of an AHEC is carefully considered during the review process; therefore, previously awarded applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives and even how those goals are revised to meet the FY2017 requirements. Because the accomplishment summary is considered when applications are reviewed and scored, **applications from previous recipients who have previously been awarded funds under the AHEC Program who do not include an accomplishment summary may not receive as high a score as applicants who do.**

The accomplishment summary will be considered in Review Criterion 4 – Organization Information.

New applicants may, but are not required to, submit a summary of accomplishments that would support their application and provide additional information outside of that included in the Program Narrative.

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

- 1) The period covered (dates).
- 2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of objective review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application. Include the quantitative and qualitative measures used to evaluate the project in the context of each funded objective. Include performance and evaluation information used to develop the project for which funding is being requested.
- 3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important. Include the results obtained for each funded objective including the number of trainees. Include a list of articles published in peer-reviewed journals presenting the outcomes of activities supported by award funds.

Attachment 8: 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 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: FY 2017 - Process for Requesting Waiver of AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B)

To request a waiver of AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B), please review the following information and follow the waiver application process outlined below. **Please note that final decisions regarding the waiver are contingent upon extension of the Secretary's waiver authority for Fiscal Year 2017 and HRSA administrative review of each request.**

Pursuant to Public Law 112-74, "Consolidated Appropriations Act, 2012," **any program operating under section 751 of the Public Health Service Act on or before January 1, 2009** may apply to the Secretary for a waiver of the AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B) for the full project period of the grant.

- Section 751(d)(2)(A) requires that each area health education center within an area health education center program “is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;” and
- Section 751(d)(2)(B) requires that each area health education center within an area health education center program “is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities.”

Waivers will be granted at the discretion of the Secretary. To request a waiver of the above stated requirements, the applicant shall submit a letter signed by the applicant organization’s Authorizing Official. The request shall include the following:

1. The names and addresses of each center for which the applicant is requesting a waiver;
2. A statement certifying that the program for which a waiver is requested was operational on or before January 1, 2009;
3. A short summary of the AHEC’s organizational structure (including the grantee and contracting center(s)) that specifies which center(s) was operational on or before January 1, 2009, and explains why this structure does not meet the requirements of sections 751(d)(2)(A) and 751(d)(2)(B);
4. A request that the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) be waived for the center(s) described above, and a justification that explains why the center(s) for which a waiver is requested is unable to come into compliance with sections 751(d)(2)(A) and 751(d)(2)(B) at this time; and
5. A statement indicating the grantee’s understanding that any waiver granted pursuant to Public Law 112-74 “Consolidated Appropriations Act, 2012,” does not permanently waive the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) and **will be applicable only to the full project period specified in the notice of grant award.**

Applicants **seeking a waiver must submit their request with their grant application.** Any waiver granted pursuant to Public Law 112-74 “Consolidated Appropriations Act, 2012,” does not permanently waive the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) and **will be applicable only to the full project period specified in the notice of grant award.** Therefore, for FY 2017 AHEC Program/award recipients who are approved for a full five-year project period, the waiver period will apply from September 1, 2017 - August 31, 2022.

Include here any other document that is relevant to the application. ***The maximum number of attachments allowed is fifteen (15).***

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(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 you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- 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 March 29, 2017 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 AHEC Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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 project period of up to five (5) years, pursuant to the parameters described in Section II.2. Summary of Funding. 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.

The following funding requirements apply to the AHEC Program²⁰:

- a) *75 Percent Allocation and Waiver*: Not less than 75 percent of the total amount provided to an AHEC program/award recipient shall be allocated to the area health education centers participating in the program.

Waiver: To provide flexibility to newly funded AHEC programs the Secretary/HRSA may waive the requirement (stated in the preceding sentence) for the first two years of a new AHEC program funded in the Infrastructure Development Phase. To be considered for a waiver of the 75 Percent Allocation requirement, an applicant must present a written request for a waiver (see Section IV. 2. xi. Attachment 6).

- b) *Limitation*: An entity receiving funds under the Infrastructure Development phase shall not distribute such funding to a center that is eligible to receive funding under Point of Service Maintenance and Enhancement phase.
- c) *Carryover Funds*: An entity that receives an award under this section may carry over funds from one fiscal year to another without obtaining approval from the Secretary. The recipient must notify the Grants Management Specialist and Project Officer in writing of the intended use of the carryover funds, and must report the amount carried over on the Federal Financial Report for the period in which the funds remain unobligated.
- d) *Matching Funds*: With respect to the costs of operating a program through an award under section 751, to be eligible for financial assistance under section 751, an entity shall make available (directly or through contributions from state, county or municipal governments, or the private sector) recurring non-federal contributions in cash or in kind toward such costs. The matching ratio for AHEC awards is 1:1 (federal funds to non-federal contributions). At least 25 percent of the total required non-federal contributions shall be in cash.

²⁰See Section 751 of the Public Health Service Act and 45 CFR Part 75

- e) *Indirect costs* under training grants 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 cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.
- f) Stipends: If stipends are provided, the amount must be no more than \$2,000 per student for the duration of the program. Stipends may be used to cover the cost of school-related supplies, travel, and/or job related supplies and needs, such as continuing education.
- g) Project Terms: The period during which payments may be made for an award in the AHEC Infrastructure Development phase may not exceed – (A) in the case of a program, 12 years; or (B) in the case of a center within a program, six years.

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 2017, as required by law.

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

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

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. 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 AHEC Program has five (5) review criteria:

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

The extent to which the applicant:

- presents a clear purpose and evidence of a significant and compelling need for AHEC program;
- identifies needs in the community and organization that align with the AHEC program purpose;
- identifies a target population and shows significant unmet health needs as well as gaps in the health workforce;
- uses recently published, publically available, verifiable data (e.g., Bureau of Labor Statistics, and U.S. Census Bureau); and
- proposes a strong and compelling justification to expand the number of centers in an already established AHEC Program, as applicable.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (40 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 extent to which the applicant:

- proposes objectives that will fully address the project purpose, stated needs, program requirements and are likely to result in a successful and high performing awardee;
- proposes activities that align with the Education and Training Major Program Activities, specifically the AHEC Scholars Program, and comply with the Core Activities. Applicants that propose Education and Training or Core Activities that do not conform to the FOA will not score as competitively as other applicants;

- describes, as appropriate, promising practices and evidence-based tools and strategies for meeting stated needs;
- provides a logical description of proposed activities and describe how the project will utilize innovative approaches and the context for why it is innovative; and
- understands and address the requirements and expectations of the program and the needs stated in the previous section.

The quality of the information provided by the applicant in response to the Project Narrative and supporting attachments will determine the number of points awarded.

Criterion 2 (b): WORK PLAN (20 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (b) Work Plan

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, specifically the AHEC Scholars Program; and
- proposes a timeline, identifies stakeholders, and describes how the cultural, racial, linguistic, and geographic diversity of the populations and communities will be served.

The quality of the information provided by the applicant in response to the Project Narrative and supporting attachments will determine the number of points awarded.

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

The extent to which the applicant demonstrates a sound 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. The quality of the information provided by the applicant in response to the Project Narrative and supporting attachments will determine the number of points awarded.

Criterion 3: IMPACT (25 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

The quality of the information provided by the applicant in response to the Project Narrative and supporting attachments will determine the number of points awarded.

General criteria include:

- The strength and effectiveness of the applicant’s technical capacity for a statewide evaluation, including the degree to which proposed evaluation

personnel demonstrate the skills and knowledge necessary to conduct and report evaluation efforts and/or the extent to which the applicant plans to secure the resources and technical capabilities to carry out the proposed evaluation;

- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, evaluative measures, expected outcomes of the funded activities, and a description of how all key measures will be reported);
- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities;
- The extent to which you identify obstacles to implementing the program evaluation and HRSA's reporting requirements and identify ways to address these obstacles;
- The feasibility and effectiveness of the dissemination plan for project results;
- The degree to which the project results may be national in scope; and
- The degree to which the project activities are replicable.

Specific criteria include:

- Program Impact (8 points)
 - The extent to which proposed award activities will accomplish programmatic goals impacting the diversity, distribution, and development of a health care workforce that is prepared to deliver high quality care in a transforming health care delivery system, with an emphasis on rural and underserved areas and populations;
 - To the extent feasible, assesses the impact of the program on trainees after completion of the program; and
 - Feasibility of approach to the statewide evaluation.
- Logic Model (3 points)
 - The extent to which applicant presents a sophisticated and plausible logic model effectively summarizing the connections among project goals, assumptions, inputs, target populations, activities, outputs, and outcomes.
- HRSA Required Progress and Performance Reporting (5 points)
 - Strength of applicant's ability to collect and report on HRSA's program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data in the HRSA EHB system on an annual basis; and
 - Strength of a trainee (AHEC Scholar) tracking system that allows the program to track individual trainees for one year following completion of training programs.

- Program Assessment and Improvement (4 points):
 - Strength and effectiveness of the plan to incorporate continuous quality improvement of award activities including how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans.

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 achieving maximum impact and sustainability after the period of federal funding ends. The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges. The quality of the information provided by the applicant in response to the Project Narrative and supporting attachments will determine the number of points awarded.

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 your project narrative, as well as your Attachments. The extent to which the following are articulated: the capabilities of the applicant organization, the availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Criterion 5: SUPPORT REQUESTED (10 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 research 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 trainee stipends, if provided, and other costs are reasonable and supportive of the project objectives.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

For this program, HRSA will use a Funding Special Consideration and Other factors in making award selections.

Funding Special Consideration

This program includes a Geographic Consideration as authorized by Section 751 (k). "Geographic Consideration— It is the sense of the Congress that every state have an area health education center program in effect under this section. (See Section 751 (k) of the Public Health Service Act).

A special consideration is defined as the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

Other factors in making award decisions:

Table 1. Considerations for Funding Existing AHEC Programs, a New AHEC Program, and Existing AHEC Programs requesting expansion

1. Existing AHEC Program Office(s) and/or center(s) in the state; HRSA will fund the most competitive application from that state
2. No Existing AHEC Program Office(s) and/or center(s) in the state; HRSA will fund the most competitive application from that state
3. Existing AHEC Program Office(s) in the state requesting expansion (i.e., adding a new center) in an area with a HPSA Score ≥ 14 ; HRSA will fund the most competitive application in each state while ensuring parity in the number of grants in each state
4. Existing AHEC Program Office(s) in the state requesting expansion (i.e., adding a new center) in an area with a HPSA Score < 14 ; HRSA will fund the most competitive application in each state while ensuring parity in the number of grants in each state
5. Applicant proposes a new AHEC Program Office(s) in a state that has existing AHEC Program; HRSA will fund the most competitive application in each state while ensuring parity in the number of grants in each state

Please note: If the FY 2017 appropriation level for the AHEC Program is the same or less than the FY 2016 appropriation level, the additional new Center(s) for an existing AHEC Program requesting expansion may not be funded.

3. Assessment of Risk and Other Pre-Award Activities

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](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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 § 75.205 HHS 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](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

HRSA expects implementation of program activities within the parameters set forth through this FOA.

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 Reports.** The recipient must participate in quarterly technical assistance (including AHEC Scholars Program) during the planning years and a progress report to HRSA on an **annual** basis for the remainder of the award period. A final evaluation plan with evaluation tools/protocols and agreements as necessary must be submitted to HRSA by the end of the first annual budget period, August 31, 2018. In subsequent years, an evaluation report will be submitted as an attachment to the noncompeting continuation application. The Bureau of Health Workforce will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Annual 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. Further information will be provided in the NoA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis, including planning and no cost extension years. 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.

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 project period, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the project period ends. Further information will be provided in the NoA.

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 Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide BHW with information required to close out an award 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 award activity.
 - Changes to the objectives from the initially approved award.

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.** You are required to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

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

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

6) Prevention and Public Health Fund Reporting Requirements

Division H, Title II, section 221 of the Consolidated Appropriations Act, 2016 (P.L. 114-113) requires that recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis. The reporting cycle is January 1 – June 30 and July 1 – December 31; email such reports (in 508 compliant format) to the HHS grants management official assigned to the grant or cooperative agreement no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

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 part 75 Appendix XII.

VII. Agency Contacts

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

Curtis Colston, Lead Senior Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Room 10SWH03
Rockville, MD 20857
Telephone: (301) 443-3438
E-mail: ccolston@hrsa.gov

David Treer
Senior Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Room 10N29
Rockville, MD 20857
Telephone: (301) 443-3438
E-mail: dtreer@hrsa.gov

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

Health Careers Pipeline Branch
Division of Health Careers and Financial Support
Bureau of Health Workforce
5600 Fishers Lane, Room 15N26B
Rockville, MD 20857
Telephone: 301-443-7121
Fax: (301) 443-0157

Individuals:
LCDR Lorener Brayboy, LICSW
E-mail: LBrayboy@hrsa.gov

Kim Y. Evans, JD, MHS
E-mail: KEvans@hrsa.gov

Aleisha Langhorne, MPH, MHSA
E-mail: ALanghorne@hrsa.gov

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, 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 Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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: Logic Models are required from all applicants for the AHEC Program as part of the statewide evaluation plan (see Section IV).

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

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

Technical Assistance:

Webinar - January 18th 2017 from 2:00-4:00 PM ET

Dial in number: 1-800-369-1747

Passcode: 5696317

Webinar Link: <https://hrsa.connectsolutions.com/fy17-foa-webinar/>

Instant Replay: 1-888-296-6943

Passcode: 2485

Available until January 18th 2018

Technical Assistance Call #1 - February 7th 2017 from 2:00-3:00 PM ET

Dial in number: 1-888-769-8919

Passcode: 2056136

Instant Replay: 1-866-367-6867

Passcode: 2548

Available until February 7th 2018

Technical Assistance Call #2 - February 22nd 2017 from 2:00-3:00 PM ET

Dial in number: 1-800-369-1786

Passcode: 8099577

Instant Replay: 1-800-513-1167

Passcode: 2487

Available until February 22nd 2018

HRSA Grant Dictionary

<http://www.hrsa.gov/grants/apply/grantdictionary.html>

Program Definitions

The following definitions apply to the Area Health Education Centers Program Name Program for Fiscal Year 2017:

“Area Health Education Center Program” – a cooperative agreement program consisting of an entity that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2) for the purpose of planning, developing, operating, and evaluating an area health education center program and one or more area health education centers, which carries out the required activities described in section 751(c), satisfies the program requirements in such section, has as one of its principal functions identifying and implementing strategies and activities that address health care workforce needs in its service area, in coordination with the local workforce investment boards.

“Area Health Education Center” – a public or nonprofit private organization that has a cooperative agreement or contract in effect with an entity that has received an award from HRSA under PHS Act section 751(a)(1) or section 751(a)(2), satisfies the requirements in section 751(d)(1), and has as one of its principal functions the operation of an area health education center. Such organizations may include hospitals, health organizations with accredited primary care training programs, accredited physician assistant educational programs associated with a college or university, and universities or colleges not operating a school of medicine or osteopathic medicine.

“Behavioral Health Integration” – the care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.²¹

“Clinical training” – the patient-care component of health professions education, including but not limited to clinical rotations, preceptorships, and clerkships. For purposes of reporting, this includes hands-on field training with patient encounters (not didactic or observations).

“Clinician” – a person qualified in the clinical practice of medicine, psychiatry, or psychology as distinguished from one specializing in laboratory or research techniques or in theory.

“Continuing Education Program” – a formal, post-licensure education program designed to increase knowledge and/or skills of health professionals. Continuing

²¹ Definition retrieved from <https://integrationacademy.ahrq.gov/resources/new-and-notables/what-behavioral-health-integration>

education programs may include any of the following: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master's certificate or other evidence of completing such a program.

“Curriculum” – in education, a **curriculum** is broadly defined as the totality of student experiences that occur in the educational process. The term often refers specifically to a planned sequence of instruction, or to a view of the student's experiences in terms of the educator's or school's instructional goals. A longitudinal curriculum is one that extends from one phase or year into another.²²

“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.²³

“Enrollee” – an individual who is actively matriculated or registered in a training program or training activity. Enrollees do not include graduates, program completers, fellows, or residents.

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

“Practice Transformation” – a set of discrete changes in the way a health care practice or system operates. The goal of practice transformation aims to fully support quality improvement and patient-centered care. It involves goal-setting, leadership, practice facilitation, workflow changes, measuring outcomes, and adapting organizational tools and processes to support new team-based models of care delivery.²⁴ For more information regarding practice transformation, please see the following websites:

²² Kelly, A.V. (2009). *The Curriculum: theory and practice (6th ed.)*. ISBN 9781847872746. Wiles, Jon (2008). *Leading Curriculum Development*. p. 2. ISBN 9781412961417.

²³ As defined by the U.S. Department of Health and Human Services. Definition used by the Scholarships for Disadvantaged Students Program. <http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html>

²⁴ Natural History of Practice Transformation: Development and Initial Testing of an Outcomes-Based Model.” *Ann Fam Med May/June 2013 vol. 11 no. 3 212-219.*

<https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>

<https://aidsetc.org/topic/practice-transformation>

“Primary Care” – the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. It is a means by which the two main goals of a health services system, optimization and equity of health status are approached.²⁵

“Program Completer” – is an individual who has completed all requirements for a non-degree bearing training program or training activity. This term differs from graduates since an official degree or diploma is not conferred.

“Underserved Area/Population” – includes:

- The Elderly, Individuals with HIV-AIDS, Substance Abuse, Homeless, and Victims of Domestic Violence
- Homeless Populations
- Health Professional Shortage Areas/Populations
- Medically Underserved Areas/Populations
- Migrant and Seasonal Farm workers
- Nurse Shortage Areas
- Residents of Public Housing
- Rural Communities
- Rural Health Clinic

The HRSA website has a page where you can search for eligible counties, or eligible census tracts inside Metro counties, at <http://datawarehouse.hrsa.gov/RuralAdvisor/>. A complete list of eligible areas can be downloaded from that page.²⁶

“Underrepresented Minorities” – 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.²⁷ For purposes of this program the term “racial and ethnic minority group” includes Blacks or African-Americans, Native Americans, Alaska Natives, Eskimos, Aleuts, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai). The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

²⁵ Definition retrieved from The John Hopkins Primary Care Policy Center. <http://www.ihsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/definitions.html>

²⁶ Retrieved from the HRSA, Office of Rural Health Policy: http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html

²⁷ Public Health Service Act, Section 799B(10)

IX. 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, BHW has developed a number of recorded webcasts with information that may assist you in preparing a competitive application. These webcasts can be accessed at: <http://www.hrsa.gov/grants/apply/writestrong/>.