

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

Bureau of Health Workforce  
Division of Nursing and Public Health

***Advanced Nursing Education Workforce (ANEW) Program***

**Announcement Type:** Initial: New  
**Funding Opportunity Number:** HRSA-17-067

**Catalog of Federal Domestic Assistance (CFDA) No. 93.247**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: January 25, 2017**

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

**Issuance Date: October 19, 2016**

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Authority: Section 811 of the Public Health Service Act (42 U.S.C. 296j).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Nursing and Public Health is accepting applications for the fiscal year (FY) 2017 Advanced Nursing Education Workforce (ANEW) Program. The ANEW Program supports innovative academic-practice partnerships to prepare primary care advanced practice registered nursing students to practice in rural and underserved settings through academic and clinical training. The partnerships support traineeships as well as academic-practice program infrastructure funds to schools of nursing and their practice partners who deliver longitudinal primary care clinical training experiences with rural and/or underserved populations for selected students in primary care nurse practitioners (NP), primary care clinical nurse specialists (CNS), and/or nurse-midwives programs and facilitate program graduates' employment in those settings.

This FY 2017 ANEW Program Funding Opportunity Announcement (FOA) seeks to expand upon the efforts that began in FY 2015 under the Advanced Nursing Education (ANE) Program to increase academic-practice partnerships around the country. Current ANE awardees from FY 2015 and FY 2016 are eligible to apply for the ANEW Program funding opportunity but their applications must include a project different from their currently funded ANE project. This difference is to be described in Attachment 10.

Funding Opportunity Title:	Advanced Nursing Education Workforce (ANEW) Program
Funding Opportunity Number:	HRSA-17-067
Due Date for Applications:	January 25, 2017
Anticipated Total Annual Available Funding:	\$31,800,000
Estimated Number and Type of Award(s):	Up to 50 awards (grants)
Estimated Award Amount:	Up to \$700,000 per year (includes up to \$350,000 per year for traineeship funds)
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2019 Two (2) years
Eligible Applicants:	Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments and other private or public nonprofit entities determined appropriate by the Secretary.  For profit entities are not eligible under this funding opportunity announcement (FOA).  [See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]

## **Application Guide**

You/the applicant are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf), 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**

A technical assistance webinar has been scheduled to help you understand, prepare and submit an application.

Date and Time: Wednesday, November 9, 2016 from 2:00 – 3:30

Call-in Number: 888-282-1744

Participant Passcode: 6266489

Adobe Connect Link: [https://hrsa.connectsolutions.com/fy\\_17\\_anew\\_foa/](https://hrsa.connectsolutions.com/fy_17_anew_foa/)

The webinar will be recorded and available until January 26, 2017 at 11:59pm Eastern Time. Replays are generally available one hour after a call ends.

Instant Replay: # 888-293-8912 or 203-369-3023

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Advanced Nursing Education Workforce (ANEW) Program.

### Program Purpose

The ANEW Program supports innovative academic-practice partnerships to prepare primary care advanced practice registered nursing students to practice in rural and underserved settings through academic and clinical training. The partnerships support traineeships as well as infrastructure funds to schools of nursing and their practice partners who deliver longitudinal primary care clinical training experiences with rural and/or underserved populations for selected advanced nursing education students in primary care nurse practitioner (NP), primary care clinical nurse specialist (CNS), and/or nurse-midwife (NMW) programs, and facilitate program graduates' employment in those settings.

### Program Requirements

In order to meet the purpose of the Program, successful applicants will:

- Establish or enhance at least one academic-practice partnership between schools of nursing and primary care practice sites in rural and/or underserved settings, and include an ongoing feedback mechanism;
- Recruit, train, develop, support, and evaluate preceptors as program partners to enhance clinical and didactic nursing education;
- Provide longitudinal immersive clinical training experiences (e.g., 3-6 months) with rural and/or underserved populations for nursing students enrolled in accredited primary care NP, primary care CNS, and/or nurse-midwife programs;
- Provide traineeship funds to nursing students enrolled in accredited primary care NP, primary care CNS, and nurse-midwife programs who are placed in primary care practice sites, with a focus on underserved and/or rural populations, for longitudinal (e.g., 3-6 months), immersive clinical training;
- Implement strategies to connect program graduates to primary care employment with rural and/or underserved populations; and
- Collaborate regularly during the project period with other ANEW Program grant recipients and participate in HRSA-driven program evaluations during and upon completion of the project period.

## 2. Background

### **Background**

The Advanced Nursing Education Workforce (ANEW) Program is authorized by Section 811 of the Public Health Service Act (42 U.S.C. 296j). The Health Resources and Services Administration's (HRSA) Division of Nursing and Public Health (DNPH) is the focal point for nursing education and practice activities within the Department of Health and Human Services.

The demand for primary care services has increased largely due to both a growing population and aging population. BHW's National Center for Health Workforce Analysis projects the demand for primary care physicians will increase by 28,700 to 241,200 full time employees by the year 2020. This projected demand in primary care services would result in a shortage of 20,400 physicians needed to provide primary care.<sup>1</sup> It is anticipated that nurses will take on expanding roles to help meet this need for primary care services.

Access to additional primary care providers, like doctors and nurses, is especially important in rural and underserved areas. These rural areas also have proportionally fewer providers in occupations that require more education and training.<sup>2</sup> Yet, these areas often face significant health challenges and health disparities.<sup>3</sup> Across the nation, there are almost 59 million people living in underserved areas that have been designated as having a shortage of primary care health practitioners, and it would take over 7,900 primary care physicians to designate these shortage areas.

Addressing the gap in primary care providers for rural and underserved populations is of the utmost importance for the health of the Nation. Nurses, specifically primary care NPs, CNSs, and nurse-midwives, can help to address this gap, especially when they are working at the top of the scope of licensure and are prepared to step into these roles upon graduation.<sup>4</sup>

One approach to preparing providers to meet the health care needs of underserved communities is to support innovative academic-practice partnerships that include longitudinal primary care clinical training experiences and facilitate program graduates' employment in rural and/or underserved areas. Research has shown that providing nursing students with longitudinal primary care clinical training experiences in rural and/or underserved areas can align their clinical experiences with their intentions for professional practice.<sup>5</sup>

However, schools report difficulty developing new partnerships with clinical sites, with the greatest challenges in securing primary care preceptors and sites.<sup>6</sup> To be truly

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<sup>1</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

<sup>2</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Distribution of U.S. Health Care Providers Residing in Rural and Urban areas. Rockville, Maryland: U.S. Department of Health and Human Services, 2014.

<sup>3</sup> Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Vuong, A. M., Kash, B. A., Schulze, A. and Helduser, J. W. (2015), Rural Healthy People 2020: New Decade, Same Challenges. *The Journal of Rural Health*, 31: 326–333. doi:10.1111/jrh.12116

<sup>4</sup> Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey (2014). Accessed on August 8, 2016 from <https://members.aamc.org/eweb/upload/13-225%20WC%20Report%20%20update.pdf>

<sup>5</sup> Collins C., Challenges of Recruitment and Retention in Rural Areas. *N C Med J*. 2016 Mar-Apr;77(2):99-101.

<sup>6</sup> Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey, 2014. Accessed on August 8, 2016, from <https://members.aamc.org/eweb/upload/13-225%20WC%20Report%20%20update.pdf>

effective, partnerships must be developed into mutually beneficial alliances so that both the nursing school and the clinical facility are engaged in assuring strong clinical experiences for the students.<sup>7</sup> In addition, while there are Core Competencies for Advanced Practice Registered Nurses (APRNs), there are no Standard Clinical Performance Criteria for APRN students or preceptors. This causes inconsistency in provision of clinical experiences and clinical education for APRN students.

The ANEW program is designed to create a pipeline from APRN student clinical experiences in rural and/or underserved areas to APRN graduate employment in those same settings. Providing nursing students with these longitudinal primary care clinical training experiences positions ANEW APRN graduates to work in the very settings where they trained. Upon graduation, clinical practice facilities desire graduates who are familiar with their practice culture and have experience in their particular processes<sup>8</sup>.

## **II. Award Information**

### **1. Type of Application and Award**

Type of applications sought: New

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

This program expects to provide funding for 2 years during federal fiscal years (FY) 2017-2018. Approximately \$31,800,000 is expected to be available annually to fund approximately fifty (50) recipients. Applicants may apply for a ceiling amount of up to \$700,000 per year, of which up to \$350,000 may be used for student traineeships. In order to be eligible for an award, applicants must request both traineeships and academic-practice program infrastructure funds. Grant recipients may award up to \$22,000 per year per full-time student and \$11,000 per year per part-time student. Further funding details are located in the Budget section. Funding and project period will begin on July 1, 2017 and end on June 30, 2019.

This program announcement is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The actual amount of funds available will not be determined until enactment of the final FY 2017 federal budget. Funding beyond the first year is dependent on the availability

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<sup>7</sup> Dobalian, A., Bowman, C., Wyte-Lake, t., Pearson, M.L., Dougherty, M.B., and Needleman, J. The critical elements of effective academic-practice partnerships: a framework derived from the Department of Veterans Affairs Nursing Academy. *BMC Nursing*, 2014; 13(1): 1-31. Accessed on August 2, 2016 from <http://www.biomedcentral.com/1472-6955/13/36>.

<sup>8</sup> Developing the Advanced Practice Recruitment Strategy at an Academic Medical Center: The APRN Pipeline. Authors: Brilliant, Maria T.; Glassman, Kimberly S.; Press, Robert, Nurse Leader (NURSE LEADER), *Apr*2015; 13(2): 39-49.

of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible applicants include entities that provide registered nurses (RN) with training that leads to master's and/or doctoral degrees that prepare nurses to serve as primary care nurse practitioners, primary care clinical nurse specialists, and nurse-midwives. Applicants may include accredited schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities authorized by the Secretary of HHS that confer degrees to RNs for primary care NP, primary care CNS, or nurse-midwife education. Federally recognized Indian Tribal Government and Native American Organizations as well as faith-based or community-based organizations may apply if they are otherwise eligible.

For profit entities are not eligible under this FOA.

The eligible state government entities include the 50 states, and the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Foreign entities are not eligible for these awards, as the authorizing legislation does not specifically authorize such.

This FY 2017 ANEW Program FOA seeks to expand upon the efforts that began in FY 2015 under the Advanced Nursing Education (ANE) Program to increase academic-practice partnerships around the country. Current ANE awardees from FY 2015 and FY 2016 are eligible to apply for the ANEW Program funding opportunity, but their applications must include a project different from their currently funded ANE project.

#### **Accreditation**

Schools of nursing affiliated with the proposed project that provide formal degree programs must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education for the purposes of nursing education. These agencies include the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN). For nurse-midwife programs, accreditation from the Accreditation

Commission on Midwifery Education of the American College of Nurse-Midwives (ACME) is required. Applicants must submit an official letter of accreditation as proof of accreditation from the accrediting agency specifically stating that accreditation has been granted and the period of time covered by the accreditation. The letter must be submitted with the application as **Attachment 1**.

**Accreditation for Newly Established Programs of Nursing** – A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program. The Letter of Reasonable Assurance from the U.S. Department of Education must be submitted with the application as **Attachment 1**.

Applications that do not include an Official Letter of accreditation or the Letter of Reasonable Assurance in **Attachment 8**, as specified in this FOA, will be considered non-responsive and will not be considered for funding under this announcement.

### **Clinical Facilities Accreditation**

Non-profit health care facilities responding to this FOA must provide documentation of accreditation by a national, regional or state accrediting agency or body, such as the Joint Commission or Accreditation Association for Ambulatory Health Care, Inc. (AAAHC), etc. This information must be clearly documented, to include the period of time covered by the accreditation, in **Attachment 1** submitted with this application. In addition to the required clinical facility's accreditation, clinical facilities applying to this funding announcement that are partnering with Schools of Nursing must also include the academic accreditation for each nursing program to be supported under this announcement, as described above. Applications that fail to include the required accreditation documentation in **Attachment 1** will be considered non-responsive and will not be considered for funding under this announcement.

### **Approval of New PhD Programs and/or New Programs**

In **Attachment 2**, applicants must provide full documentation of all approvals (as defined in the Definitions section of this Funding Opportunity Announcement) needed to enroll students into a new graduate program. This includes approval from the school, the college/university and the State Board of Nursing, as appropriate. The documentation should be, for example, in the form of meeting minutes, a letter from the State Board of Nursing, or a letter from the Faculty Senate or State Finance Board as appropriate for the school.

## **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

### 3. Other

#### **Ceiling Amount**

Applications that exceed the ceiling amount of \$700,000 per year 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 that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Section 803(b) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as **Attachment 6**.

**Multiple Applications** - Multiple applications from an organization are allowable. Eligible applicants can submit only one application per campus or clinical facility; multiple applications from a single campus or clinical facility are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. A clinical facility is defined as a healthcare facility, whether part of a system or not, which has its own grounds containing its own leadership (chief nursing officer, chief medical officer, chief executive officer, etc.). Independent organizations are those entities that have unique DUNS numbers.

If, for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the **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.

**Applications received without the appropriate tables (ANEW Tables 1A, 2A, and 2B) will be deemed non-responsive to the FOA and will not be considered for funding under this announcement.**

#### **Eligible Students**

To be eligible for ANEW traineeship support, the student must meet all of the following:

- Be a licensed RN;
- Be enrolled full- or part-time in an advanced nursing education program to become a primary care NP, a primary care CNS, or a nurse-midwife;
- Be a citizen of the United States, a non-citizen national or a foreign national who possesses a visa permitting permanent residence in the United States (*i.e., individuals on temporary or student visas are not eligible to receive ANEW support*);
- Maintain the predetermined academic standards of the recipient institution; and

- Be prepared to sit for national nursing certification in the nursing specialty or field of study following graduation.

### **Appointment of ANEW Trainees and Length of Support**

- Appointment as an ANEW Trainee should be granted only to those students who agree to a longitudinal clinical training experience(s) in a rural and/or underserved setting.
- A Trainee may be appointed at the beginning of any academic period, including a summer session, which falls within the budget period specified by the current Notice of Award (NoA).
  - Full-time student Trainees may be appointed at any point during their course of study.
  - Part-time student Trainees may only be appointed within their last 12 months of study prior to graduation.
- A Statement of Appointment form that is compliant with the provisions of this FOA (and all applicable programmatic and grant requirements) must be signed by the Project Director and Trainee and must be maintained by the recipient institution for a period of at least three years from the end of the cumulative trainee support for each individual, primarily for auditing and data collection purposes.
- Trainees must agree to provide the recipient institution with the following:
  - The necessary information to complete the required Statement of Appointment form. The Trainee should receive a copy of the completed form. As an example, the Statement of Appointment form may be accessed via the following link: <http://grants.nih.gov/training/phs2271.pdf>. NOTE: The form should not be submitted to HRSA.
  - Data regarding professional activity following graduation.
- An appointment may be provided by more than one recipient institution to a student if the student who has a traineeship at one recipient institution disenrolls from that institution and then receives an appointment in another recipient institution. An institution may not transfer the traineeship to another institution.

### **Termination of Trainees**

The recipient institution is responsible for monitoring the academic success of each trainee and for the termination of a trainee from being a recipient of the ANEW funds, if the trainee

- is unable to complete the program of study for which the traineeship was awarded;
- withdraws from the recipient institution prior to the scheduled completion of the program;
- fails to meet the predetermined academic standards of the recipient institution; or
- requests to terminate ANEW Program support.

## 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 an 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 **60 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](#).

The Abstract must include:

1. A brief overview of the proposed project.
2. Specific, measurable objectives that the proposed project will accomplish.
3. How the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why, and how" of a project).
4. Statement requesting consideration for the statutory funding preference and/or special consideration (as applicable), along with supporting data in the narrative section. Refer to Section V.2 Review and Selection Process for additional information.

#### ***ii. Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed project. The project narrative must address the goals and purpose of this FOA and the strategies to be used in attaining said goals and meeting the funding opportunity's purpose. The narrative shall be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

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

This section must describe the purpose and need for the proposed project.

Applicants must:

- Discuss why, in both qualitative and quantitative terms, the applicant institution or organization needs these funds and how the proposed project activities will strengthen the applicant's ability to increase the distribution of primary care NPs, primary care CNSs, and nurse-midwives in rural and/or underserved settings.
- Describe the community that will benefit from the increased distribution of primary care NPs, primary care CNSs, and nurse-midwives, to include: the demographics of the population, the health status of the community, health literacy, social determinants of health, rural and/or underserved status, and other elements in support of your proposal.

- Describe the need for primary care NPs, primary care CNSs, and nurse-midwives in the benefiting community.
  - Discuss any relevant barriers or gaps in the benefiting community that your proposed project intends to address.
  - Include the number of primary care NPs, primary care CNSs, and nurse-midwives who have graduated from your program over the last five years, the demographics of those graduates, and data describing where those graduates are currently employed.
  - Discuss your organization's willingness to or past performance in collaborating with a group of fellow grant recipients.
- *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 describe your objectives and provide evidence for how they link to the project purpose and stated needs. Describe how your objectives link to each of the previously described program requirements in Section I.1 of this FOA. As appropriate, include a description of how effective tools and strategies will be developed for meeting the stated needs.

Specifically, applicants must describe the following:

- An academic-practice partnership between a school of nursing and one or more primary care practice site(s) in rural and/or underserved settings that will enhance the didactic and clinical training of primary care NP, primary care CNS, and nurse-midwife students.
- A description of the feedback cycle (via flowchart or otherwise) illustrating communication and collaboration plans, checks, and balances between the school of nursing and clinical practice site(s).
- Mechanisms to identify, recruit, train, develop, support, and evaluate preceptors to enhance clinical and didactic nursing education.
- A commitment to the diversity of the health workforce that reflects the population served.
- Mechanisms for recruiting and supporting NP, CNS, and nurse midwife students who are dedicated to serving primary care with rural and/or underserved populations in both their clinical experiences and post-graduation employment.
- Employment assistance/support for graduates to find jobs in rural and/or underserved settings, demonstrated through past performance and/or current plan.

- Disbursement plan for provision of traineeship support to students who are placed into longitudinal primary care clinical experiences in rural and/or underserved settings.

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

You must provide a detailed work plan that describes how you plan to implement a project of the proposed scope (a sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>). You must:

- Provide a detailed description of how the proposed work will be accomplished. The work plan must account for all functions or activities identified in the application.
- Describe the activities, timeframes, deliverables, and key partners required during the grant period of performance to address the needs described in the Purpose and Need section.
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.
- Include formal mechanisms for feedback and evaluation between the clinical practice sites and the academic institution through frequent communication to inform program development and curricular enhancements utilizing Rapid Cycle Quality Improvement (RCQI) methods.
  - Partnerships must have regularly scheduled meetings to communicate project planning, progress, evaluations, and resolutions.
- Submit a logic model for designing and managing your project. A logic model is usually 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.

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

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

In this section information should include, but is not limited to, the following:

- Describe the plan to ensure that clinical placements and experiences support curricular and APRN competencies.
- Include a plan to ensure the quality of clinical placements and experiences.
- Describe a plan for resolving challenges with preceptors and with academic-practice partnership to ensure all students receive quality guidance.
- Identify barriers to obtaining a diverse student/faculty population, and
- Identify barriers in the service area; challenges to implementing the work plan; or obstacles for implementing the program performance evaluation plan and the solutions to resolve these challenges.

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

HRSA provides funding to awardees in expectation that the awardee will both meet the goals of the program and provide written documentation explaining how their strategies succeeded or failed so that the field benefits and advances.

**Performance Evaluation Plan:** You must describe your plan for a program performance evaluation. This plan should monitor ongoing processes and progress toward meeting grant goals and objectives. The evaluation plan should include descriptions of the inputs from your logic model (e.g., evaluation of key staff, organizational support, collaborative partners, budget, and other resources), key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. Key staff should be included in Attachment 3.

The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess:

- The extent to which program objectives have been met;
- That these accomplishments can be attributed to the activities of the proposed project; and
- Dissemination strategies for project outcome and/or outputs.

**Performance Reporting Plan:** You must describe the systems and processes that will support your organization’s annual collection of HRSA’s performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Please include a description of how you will effectively track performance outcomes, including how you will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA.

All grant recipients are required to collect and report the counts of individuals who have been directly and indirectly impacted by the grant including, but not limited to: counts of currently enrolled individuals or participants, graduates/completers, and attrition; the gender, age, race, and ethnicity of all individuals; the disadvantaged background status of all individuals (using the U.S. Federal Register guidelines found at: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-05084.pdf>) and the rural residential background of all individuals.

Grant recipients are required to track the number and profession/discipline of individuals who have participated in HRSA-sponsored curriculum, clinical or

experiential training, faculty development, and/or continuing education as part of the grant.

Grant recipients are also required to provide additional information for individuals who receive direct financial support from this grant, including individual-level funding and training data, and data for graduates on their intentions to practice in rural and/or underserved areas. You will also be required to follow-up with graduates after 1 year and report information about their actual practice setting(s). This information is collected through the HRSA performance measurement system.

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

- The number and types of clinical sites;
- The number and characteristics of preceptors;
- The number and characteristics of students;
- The number of graduates that work in rural/underserved areas;
- Training program characteristics;
- The education level of the training program;
- Characteristics of faculty development programs and activities;
- Characteristics of curriculum development;
- Characteristics of continuing education activities;
- Characteristics of preceptors.

You must describe any potential obstacles for the following and how those obstacles will be overcome:

- Implementing the program performance evaluation
- Meeting HRSA's performance measurement requirements
- Participating in a HRSA-driven program evaluation

**Dissemination Plan:** The evaluation and reporting plan should also indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be generalizable, and the degree to which the project activities are replicable. Dissemination plans should include academic-practice partners when possible, and may also include Area Health Education Centers (AHECs) which enhance access to high quality, culturally competent health care through academic-community partnerships to improve the distribution, diversity, and supply of the primary care health professions workforce who serve in rural and underserved health care delivery sites.

You must outline your Rapid Cycle Quality Improvement (RCQI) plan for the continuous monitoring of ongoing project processes, outcomes of implemented activities, progress toward meeting grant goals and objectives, and the implementation of necessary adjustment to planned activities to affect course corrections. HRSA is particularly interested in RCQI plans focusing on the effectiveness of preceptor systems and academic-practice partnerships.

- *(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, including a description of specific actions you will take to:

- Obtain future sources of potential funding, including ability to disseminate findings to appropriate audiences through use of evaluation and data collection; and
- Expand your relationships between academic institutions, experiential training sites, and other interprofessional partners.

You must discuss challenges that you are likely to encounter in sustaining the program and approaches that will be used to resolve such challenges. Applicants should provide a timetable for becoming self-sufficient.

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

You shall provide information on the applicant and partner(s) organizations’ current mission, structure, and scope of current activities. You must include an organizational chart in **Attachment 3** demonstrating the roles, responsibilities, and functions of each member of the academic-practice partnership. This chart should include partners, providers, preceptors, faculty, and students and describe communication pathways to help inform the development of curriculum, training, and evaluation methodology. Describe how all of these contribute to the ability of the organization to conduct the program and meet program expectations. Describe how the unique needs of target populations in the communities served are routinely assessed and improved. Please provide the following information as indicated below:

- **Project Director Qualification:** The Project Director for the proposed project must be a master’s or doctorally prepared RN with demonstrated competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise, and experience as an educator. NOTE: there may only be one Project Director for the ANEW project.
- **Consultant(s):** In **Attachment 4**, provide the qualifications and nature/scope of the work to be provided by each consultant who has agreed to serve on the project. Include a biographical sketch (no more than 2 pages) for each consultant; upload in the SF-424 R&R Senior/Key Person Profile form. If consultant(s) are required but not yet identified, describe the vacant consultant

position(s) by area of expertise and the scope of work, for at least the first project year, and provide a rationale for this need.

Biographical sketches 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:
    - o Institution and location
    - o Degree (if applicable)
    - o Date of degree (MM/YY)
    - o 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.
- 
- **Capabilities of the Applicant Organization:** Provide a summary of the capacity of your organization to carry out the project. Include descriptions of how care of rural and/or underserved populations is woven throughout curricula.
  - **Institutional Resources:** Describe available institutional resources, including teaching facilities, clinical resources, libraries, computer resources and other resources appropriate to effectively implement the proposed project.
  - **Description of Clinical Training Sites:** Describe the partner clinical training sites, including the type of clinical departments, number of preceptors, and population(s) served.

- **Community Support:** Describe any community support or other resources involved in the proposed project, as applicable. Include significant letters of support via **Attachment 5**. Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter.
  - **Linkages:** Describe established and/or planned linkages with relevant educational and health care entities and interprofessional educational programs.
- **DIVERSITY AND CULTURAL COMPETENCE – Corresponds to Section V’s Review Criterion #6**

All applicants must:

- Document their past performance and success in the recruitment, training, retention, and preparation of a workforce that is reflective of the diversity of the benefiting community. This future workforce includes people from disadvantaged backgrounds include racial and ethnic minorities who are underrepresented among registered nurses, and individuals who are educationally and/or economically disadvantaged. Newly established programs must describe their efforts in these areas;
- Document success in retaining a set of diverse students in their training programs, providing numbers covering the most recent three year period;
- Document methods to help health professionals develop the competencies and skills needed for intercultural understanding, and expansion of cultural fluency especially in the areas of health literacy and linguistic competency;
- Demonstrate recognition that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people;
- Describe how the applicant’s mission and planned activities increase diversity in the program and in the nursing workforce; and
- Document a plan to work with AHECs and/or other entities experienced in increasing the diversity of the health workforce, training for cultural competency in health care delivery, and care of rural and underserved populations.

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose:	(2) Response to Program Purpose
(a) Methodology/Approach	(a) Methodology/Approach
(b) Work Plan	(b) Work Plan
(c) Resolution of Challenges	(c) Resolution of Challenges

Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested
Diversity and Cultural Competence	(6) Diversity and Cultural Competence

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) differ from those offered by Grants.gov. Please follow the instructions included the *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.

ANEW has a maximum annual budget of \$700,000 per awardee. These funds include traineeship funding and academic-practice program infrastructure funding. **Traineeship funding shall not exceed \$350,000 per year.** Applicants shall address all program requirements when allocating funds to program activities. Applicants shall reference Section VI.6. Funding Restrictions to ensure appropriateness of proposed budget.

**iv. Budget Justification Narrative**

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). The budget narrative should match the SF424R&R line item forms and provide details of the allocation of the ANEW grant funds. In addition, the ANEW program requires the following which corresponds to Section V’s Review Criterion #5:

- **Participant/Trainee Support Costs:** Provide a list of tuition/fees/health insurance, stipends, travel, subsistence, and other costs, as well as the number of projected participants/ trainees. Ensure that your budget breakdown separates

these trainee costs, and includes a separate sub-total entitled “Total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

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

Funding should be proposed for one or more of the following activities related to the program’s stated purpose, therefore ensure that justification is provided in this section:

- Develop, coordinate and maintain a formalized partnership(s) between clinical training sites and academic institution(s);
- Develop and implement clinical field placements focused on serving rural and/or underserved populations;
- Recruit faculty to serve as preceptors who provide oversight and guidance to students (funds cannot be used for direct payment to preceptors and clinical sites);
- Support curricular enhancements specific to clinical competencies;
- Implement rapid cycle quality improvement strategies to evaluate the innovated clinical training mode; and/or
- Develop a preceptor management system.

Upload the Budget Justification Narrative for the entire project period. The budget justification **must clearly** describe the traineeship award support for each proposed student trainee. The budget justification narrative must be consistent with the amounts requested for the SF-424 R&R Budget Forms for Line **Item E** Participant/Trainee Support Costs and **Line Item H** Indirect Costs for all budget Periods. (See below).

A **disbursement plan** must be included in the budget justification narrative at the time of application. The disbursement plan refers to awards to be made to students using traineeship funds from the ANEW grant. The plan should include a schedule of disbursement for student awards for the year of the project period. The schedule should document the following:

- The frequency of disbursement (e.g., annually at the start of the academic year or by semester at the start of each semester).

- Identification of a plan to establish a Point of Contact within the applicant organization for student enrollee questions about disbursement; and to provide student trainees with necessary information about trainee support, for example, direct deposit or tax questions.
- For **each student enrollee** for which support is being requested please list the traineeship amount itemized by tuition and fees, reasonable living expenses and textbooks/ebooks. Also list student's nursing specialty.

**Ensure that the total traineeship award amounts per full-time student do not exceed \$22,000 and traineeship total awards per part-time student do not exceed \$11,000.**

For example, Student A (full time in family NP program) is allotted to receive:

Tuition and Fees	\$10,250.00
Reasonable Living Expenses	\$10,250.00
Textbooks/e-books	\$1,500.00
Total	\$22,000.00

**Please Note: The total number of trainees for which support is being requested must be consistently reported in the Budget (SF-424 R&R Budget Forms for Line Item E), Budget Justification and the traineeship data must be reported in Tables 2A and 2B. The total number of trainees must be the same in all 3 sections.**

#### ***v. Program-Specific Forms, ANEW Tables 1a, 2a, and 2b***

As part of the application submitted through Grants.gov, applicants must also complete and electronically submit the ANEW Program-Specific Data Forms (ANEW Tables) by the established and published application due date. The ANEW Tables are essential in determining the funding preference. These ANEW Tables are part of the Grants.gov application package.

Copies of the ANEW Program Specific Data Forms (ANEW Tables) are included in the appendix for reference; however, they must be completed online as part of the Grants.gov application submission.

These tables reflect the applicant's plans for student support and applicant's past performance in producing graduates who go on to work in areas with rural, underserved, and public health needs, fulfilling the purpose of this funding opportunity.

#### ***vi. 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: School of Nursing and Clinical Facility Accreditation Documentation - Required

**All nursing programs that are associated with the project must be accredited for the purpose of nursing education.**

Schools of nursing affiliated with the proposed project that provide formal degree programs must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education for the purposes of nursing education. These agencies include the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN). For nurse-midwife programs, accreditation from the Accreditation Commission on Midwifery Education of the American College of Nurse-Midwives (ACME) is required. Applicants must submit an official letter of accreditation as proof of accreditation from the accrediting agency specifically stating that accreditation has been granted and the period of time covered by the accreditation.

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

The applicant will submit the request for a letter of assurance, along with attached copies of the letter from the recognized body and any supporting documentation regarding the accreditation or approval of the nursing program, to:

United States Department of Education  
Office of Postsecondary Education  
[Department of Education Organizational Structure and Offices](#)  
[Accreditation and State Liaison \(ASL\)](#)  
1990 K Street NW, Room 7008  
Washington, District of Columbia 20006-8509  
Telephone: (202) 219-7011 or 202-219-7018  
Fax: (202) 219-7005  
Attn: Cathy Sheffield, Email to: [Cathy.Sheffield@ed.gov](mailto:Cathy.Sheffield@ed.gov)

To allow for processing time, at least 45 days prior to the HRSA application due date, applicants should submit to the Department of Education the above information, with their request for a letter documenting the Secretary's determination that there is "reasonable assurance" the new graduate program will meet the appropriate accreditation standards and achieve accreditation prior to the beginning of the academic year following the graduation date of students of the first entering class in the program.

The program will need to include a contact name(s), address(es), phone number(s), and email addresses with all correspondence sent to the Department of Education.

The Department of Education staff will review the documents submitted by the applicant, make a “reasonable assurance” determination, and send the applicant a letter documenting the Secretary’s determination.

The applicant **must** include this letter from the Department of Education with the HRSA program application.

### **Substantive Change Notification**

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

### **Clinical Facilities Accreditation**

To ensure that health care facilities are organizations dedicated to ongoing and continuous compliance with the highest standard of quality requires accreditation. Non-profit health care facilities responding to this funding opportunity announcement must provide documentation of accreditation by either a national or state accrediting agency, such as from Joint Commission or the Accreditation Association of Ambulatory Health Centers.

*Attachment 2: Approval of New PhD programs and/or New Programs – As applicable.*

Applicants must provide documentation of all approvals (as defined in the Definitions section of this funding opportunity announcement) needed to enroll students into a new master’s or doctoral program. This includes approval from the State Board of Nursing, as appropriate. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process.

*Attachment 3: Organizational Chart, Memoranda of Understanding, Letters of Agreement, and/or Description(s) of New/Expanded Academic-Practice Partnerships (project specific)*

Provide evidence of your formal academic-practice partnership. Include an organizational chart demonstrating the roles, responsibilities, and functions of each member of the partnership. This chart should include community stakeholders, providers, preceptors, faculty, and students and describe communication pathways to help inform the development of curriculum, training, and evaluation methodology. Applicants will provide this information as a flowchart detailing partnerships/feedback loop and how it informs curricula, training, and methodology. Agreed upon timeframes for regularly scheduled planning and evaluation meetings must be included. The memoranda of understanding and the letters of agreement must be dated and signed by

all parties involved and must not be dated earlier than three (3) months prior to the close of this FOA.

Attachment 4: Consultant Information - Required

Provide the qualifications and nature/scope of the work to be provided by each consultant slated to serve on the project.

Attachment 5: Community and Administrative Support – as applicable

Include here any other documents that are relevant to the application, including letters of support. Letters of support **must** be signed and dated. All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section (see Section IV.2). Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

A meaningful letter of support states what will be provided to the applicant if the application is funded (such as dollars, space, staff, equipment, personnel, placement of students for clinical learning experiences, preceptors, and employment for future graduates). Include relevant letters of agreement/support from the Dean of the School of Nursing, University Officials, Chief Nursing Officers, and Chief Executive Officers and relevant letters from key collaborating organizations, clinical sites, and consultants.

**Note:** Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

Attachment 6: Maintenance of Effort (MOE) Documentation

Applicant 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	
FY 2016 (Actual) Actual 2016 FY non-federal funds, including in-kind, expended for activities proposed in this application.  Amount: \$ _____	FY 2017 (Estimated) Estimated 2017 FY non-federal funds, including in-kind, designated for activities proposed in this application.  Amount: \$ _____

*Attachment 7: Documentation of Private or Public Non-profit Status – If applicable (Not included in the page limit)*

Applicants applying as a public and private non-profit education institution must submit verification from the Internal Revenue Service (IRS) of non-profit 501(c)(3) status signed by an authorized representative of the IRS, or an authorizing tribal resolution.

Applicants applying as a tax-exempt public education institution under IRS Section 511 must submit verification from the IRS in the form of a Government Information Letter. Please visit the IRS website for more information: <https://www.irs.gov/government-entities/federal-state-local-governments/governmental-information-letter>.

*Attachment 8: Other relevant documentation*

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

*Attachment 9: Funding Preference and Special Consideration*

If requesting Funding Preference and/or Special Consideration, include information and data supporting your request for the Funding Preference and/or Special Consideration as requested in Section V.2.

*Attachment 10: Difference between current and proposed projects*

For programs currently funded by HRSA's Advanced Nursing Education (ANE) program (D09), please describe the difference between your currently funded project and the project being proposed in this application. Currently funded programs may apply, but the project must be different.

**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 *January 25, 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 Advanced Nursing Education Workforce Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

#### **6. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to two (2) years, at no more than \$700,000 per year in total costs (direct and indirect). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

Funds under this announcement may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#) or other certain purposes, including but not limited to:

- Subsidies or paid release time for project faculty;
- Payment of temporary personnel replacement costs for the time faculty/preceptors/participants are away from usual worksite during involvement in project activities;

- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, promotional items and memorabilia; and animal laboratories;
- Construction or renovations;
- Incentive payments, including but not limited to purchasing gift cards or gas cards;
- Direct payment to preceptors and clinical site(s) for precepting individual students; and
- Foreign travel.

No more than \$50,000 annually can be used for the purpose of purchasing equipment to augment the training and education of students, for a total of \$100,000 over the 2-year project period.

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 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 each 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 *ANEW program* has 6 (*six*) review criteria:

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

Reviewers will consider whether you have presented a clear purpose and evidence of a significant and compelling need for advanced practice primary care NPs, primary care CNSs, and nurse midwives in your benefiting community. Reviewers will consider the quality, relevance and extent to which you:

- Provide relevant demographic data, health care data, health status indicators, health literacy data, and other information that illustrate that their target population has limited access to and interaction with primary care services.
- Identify measurable gaps and/or barriers this population faces in accessing and interacting with primary care services.
- Provide a clear and compelling justification for how the partnership(s) will use the requested funds to meet the needs and address the gaps and barriers of this population to include the number of students who will be supported by the traineeship.
- Describe the education needs of primary care NP, primary care CNS and nurse-midwife students in preparing them to provide primary care services to the population described.
- Describe how your graduates who are currently primary care NPs, primary care CNSs, and certified nurse-midwives are serving the needs of the target population, the percent of graduates in rural and/or underserved communities, and how their demographics reflect the diversity of the population served.
- Describe experience in collaborating with other schools of nursing or clinical institutions to advance the field of nursing and/or availability and willingness to regularly work with other ANEW grant recipients toward common goals of determining best practices related to FOA purpose.

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

*Criterion 2 (a): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (b) Methodology/Approach*

You must describe a methodology that will be used to address the stated purpose, needs, goals, and objectives of the proposed project. The methodology should include approaches, tools, strategies, and rationales for the following program fundamentals. Reviewers will consider the quality, relevance, and extent to which you:

- Demonstrate how the academic-practice partnership(s) will effectively support the goal/purpose of the program.
- Discuss the strength of an academic-practice partnership between a school of nursing and one or more clinical sites (i.e., evidence of a shared mission/vision, shared and leveraged resources) to include staff, budget, space, evidence of a memorandum of agreement beyond a standard clinical affiliation agreement, dedicated program coordinator, sufficient opportunities for longitudinal clinical experience at partner sites, evidence of a how a feedback loop informs didactic and clinical training (frequency and quality of information sharing, shared

decision making, mechanisms to track outputs from the logic model) detailing ongoing mechanisms that serve to improve the quality of both the partnership and the clinical experiences.

- Detail the quantity, quality, frequency, duration, variety, depth, levels of immersion, and exposure to the care environment and target population; and plans/evidence of how training experiences may be tailored based on the feedback loop established through the partnership.
- Identify the core knowledge, skills, and abilities (KSAs) as well as level of interest and availability that will be used to identify and screen APRNs who will serve as preceptors.
- Provide professional development opportunities and educational support to identified preceptors.
- Develop a plan to ensure faculty support preceptors in understanding the types of experiences that supplement the curriculum
- Exhibit past performance in, and future plans for, recruiting and retaining students who are underrepresented in the nursing profession, including people from diverse backgrounds or from economically or educationally disadvantaged backgrounds. Newly established program may describe their relevant experience and future plans.
- Detail your successful, evidence-based strategies to provide career development and job placement services to assist students in obtaining employment in rural and/or underserved settings following graduation, including specific development activities designed to help participants gain employability skills and work experience prior to graduation. Newly established program may describe their relevant experience and future plans.

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

Reviewers will consider the extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the key activities that will effectively achieve those goals and objectives. The description should include a timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served. Reviewers will consider the quality and effectiveness of your plans to address the following:

- Enhancement of academic-practice partnership, including formal mechanisms for feedback and evaluation between the clinical practice sites and academic institution, with description of regularly scheduled meetings and deliverables projected for both partners
- Use of existing evidence-based tools and methods to monitor and measure student clinical competencies
- Use of a database and other tools to manage preceptorships to ensure quality clinical experiences for students
- Collaborations supporting cultural competence related to rural and/or underserved populations
- Inclusion of a logic model. 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 (e.g., 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(s) (e.g., the individuals to be served);
- Activities (e.g., approach(es), listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of project activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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

Describe how the planned strategies address potential obstacles and challenges during the design and implementation of the proposed project, as well as the effectiveness of your plans for dealing with identified contingencies that may arise. Reviewers will consider how well the planned strategies:

- Identify and address challenges within the preceptor system and/or the academic-practice partnership, especially through use of Rapid Cycle Quality Improvement (RCQI)
- Address barriers to diversity of students, preceptors and faculty
- Overcome obstacles in evaluation

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

*Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity*

Reviewers will assess your ability to effectively report on the measurable outcomes being requested. This includes both your internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a), and the strength and effectiveness of the method proposed to monitor and evaluate the project results, which include

- The extent to which the program objectives have been met,
- The extent to which these can be attributed to the project, and
- The ability to disseminate findings.

Performance Evaluation Plan

- The extent to which you are able to incorporate data collected into program operations to ensure continuous quality improvement.

- The extent to which the evaluation plan is capable of providing information to stakeholders to support the data collection, reporting, replication, extension, and sustainability of the program.
- The extent to which you anticipate obstacles to the evaluation and propose how to address those obstacles.

#### Performance Reporting Plan

- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes to HRSA.

#### Performance Dissemination Plan

- The extent to which your plans for disseminating project results are feasible and effective.

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

Reviewers will consider the extent to which:

- Your proposed plan is likely to be sustainable after the period of federal funding ends;
- You clearly articulate likely challenges to be encountered in sustaining the proposed project and describe logical approaches to resolving such challenges; and
- You address strategies for maintenance and enhancement of academic-practice partnerships as well as continued development of the preceptor management system after funding ends.

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

Reviewers will consider the extent to which:

- Project personnel are qualified by training and/or experience to implement and carry out the proposed project: this will be evaluated both through your project narrative as well as your attachments;
- You and your partner(s) are qualified and capable to meet the needs and requirements of the proposed project, including the organization’s facilities, and personnel; and
- Your organization’s mission and activities (as well as partner organizations’ missions and activities) align with the purpose of this funding opportunity. Partner organizations should be fully engaged.

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

You must describe 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. Reviewers will consider the extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Key personnel have adequate time devoted to the project to achieve project objectives.
- Trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives and include a disbursement plan.
- The use of the traineeship and infrastructure budgets is clearly distinguished, within parameters of the grant.
- Funding is used toward funding opportunity-specific activities, such as to:
  - Develop, coordinate and maintain a formalized partnership(s) between clinical training sites and academic institution(s);
  - Develop and implement clinical field placements focused on serving rural and/or underserved populations;
  - Recruit faculty to serve as preceptors to provide oversight and guidance to students, (funds cannot be used for direct payment to preceptors and clinical sites);
  - Support curricular enhancements specific to clinical competencies;
  - Implement rapid cycle quality improvement strategies to evaluate the innovated clinical training mode; and
  - Development of preceptor management system.

*Criterion 6: DIVERSITY AND CULTURAL COMPETENCE (10 points) – Corresponds to Section IV’s #6*

Applicants will need to demonstrate and clearly document the organization and project’s commitment and success to increase diversity in the health profession workforce and prepare nurses who are culturally competent. Reviewers will look for the quality and effectiveness of plans and previous efforts, such as:

- Assuring diversity in recruitment, with a focus on students underrepresented in the profession and from linguistic and geographically diverse populations (e.g., conduct student surveys for interest, needs, and effective recruitment mechanisms);
- Retaining diverse student body, faculty, and clinical practice health professions staff;
- Developing a comprehensive and clear plan for increasing diversity in the program and in the workforce; and
- Developing relationships with experts in diversity, culture, and care of rural and underserved populations to support program activities.

## 2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive highest consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA will use factors other than merit criteria in selecting applications for federal award. For this program, HRSA will use Statutory Funding Preference and Special Consideration, as described 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](#).

### Funding Preference

Section 805 of the Public Health Service Act requires a funding preference be applied for applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. HRSA will review all applications for this funding announcement and calculate the median rate of graduates from the previous academic year who are currently employed in rural or underserved settings or in State or local health departments. HRSA will award the funding preference to those applicants that have a rate higher than the median rate. This funding factor will be determined by HRSA Staff. Applicants must request the funding preference in the abstract. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

In order to determine their eligibility for the rural preference, applicants must input the address of the clinical partner site in the HRSA's Rural Health Grants Eligibility Analyzer (<http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>) and include a copy of the output with the application.

In order to determine their eligibility for the underserved preference, applicants must input the address of the clinical partner site in the HRSA's HPSA (Health Professional Shortage Area) Finder (<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>) and include a copy of the output with the application.

In order to determine their eligibility for helping to meet the public health nursing needs in State or local Health Department preference, applicants must complete Table 1A, referring to program's past performance in this area.

### Special Consideration

Section 811(g)(2) requires that HRSA give a special consideration for eligible applicants that agree to expend the award to train advanced education nurses who will practice in Health Professional Shortage Areas (HPSA) designated under Section 332. Special consideration will be based on the high median rate of each program's clinical training sites that are HPSAs.

Please include supporting information and data proving the number and percentage of clinical sites that are HPSAs for funding preference and /or special consideration in Attachment 9, if applicable.

### **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 [§ 200.205 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 July 1, 2017.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 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](#).

### 3. Reporting

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

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

The BHW Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

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

Further information will be provided in the NoA.

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

The first annual performance report will include all activities from July 1, 2017 to June 30, 2018 and will be due to HRSA on July 31, 2018.

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 a grant after completion of project activities. Every recipient is required to submit a final report at the end of their project. The Final Report includes the following sections:

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

Further information will be provided in the NoA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425 is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the NoA.

5) **Attribution.** 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) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in 45 CFR 75 Appendix XII.

## VII. Agency Contacts

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

Latisha Niblett  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane, 10N72  
Rockville, MD 20857  
Telephone: (301) 442-1582  
Fax: (301) 443-6343  
Email: [LNibblett@hrsa.gov](mailto:LNibblett@hrsa.gov)

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

Daniel Vieira, Nurse Consultant  
Michael McCalla, Public Health Analyst  
Advanced Nursing Education Branch  
Division of Nursing and Public Health  
HRSA Bureau of Health Workforce  
Attn: ANEW Program  
5600 Fishers Lane, 11N100D  
Rockville, MD 20857  
Email: [ane@hrsa.gov](mailto:ane@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto: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:

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

## VIII. Other Information

### Program Definitions

The following definitions apply to the Advanced Nursing Education Workforce Program for Fiscal Year 2017.

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

**Academic-Practice Partnerships** – formal and strategic relationships between educational and clinical practice settings established to advance their mutual interests related to practice, education and research.

**Access** – assurance of health care services to all by improved health professions distribution, among other factors.

**Accreditation of health care facilities** – a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency. Accreditation represents agencies as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standard of quality (<http://www.achc.org/getting-started/what-is-accreditation>).

**Accredited** – a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education. There are two forms of accreditation: (1) professional or specialized accreditation, and (2) institutional accreditation. Professional or specialized accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program's mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation. A collegiate school of nursing must be accredited by a recognized body or bodies (i.e. Commission on Collegiate Nursing Education and/or National League for Nursing Accrediting Commission), approved by the Secretary of Education for the purpose of conducting nursing education.

**Advanced Education Nurses** – Individuals trained in advanced degree programs including individuals trained in combined RN/Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to

serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

**Advanced Education Nursing Program** – a program of study in a collegiate school of nursing or other eligible entity which leads to a master's and/or doctoral degree and which prepares nurses to serve as nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

**Advanced Practice Registered Nurse (APRN)** – defined as nurse practitioner, clinical nurse specialist and nurse anesthetist, and certified nurse midwifery disciplines that provide direct patient care as a family nurse practitioner, adult-gerontology primary care nurse practitioner, pediatric primary care nurse practitioner, psychiatric mental health nurse practitioner, neonatal nurse practitioner, women's health care nurse practitioner, nurse midwife, or nurse anesthetist, and advanced public/community health nursing programs  
([https://www.ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf)).

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

**Certification** – a process by which an agency or organization validates, based upon predetermined standards, an individual nurse's qualifications and knowledge for practice in a defined clinical area of nursing.

**Clinical Nurse Specialist** – a specific area of advanced clinical nursing theory and practice addressed through formal instruction to prepare advanced education nurses. Clinical nursing specialties prepare the nurse to provide direct patient/client nursing care to individuals or to population groups. A nurse completing a course of study in a clinical nursing specialty is expected to be eligible for a national certification(s) or state certification(s), when available, following graduation or required experience.

**Collegiate School of Nursing** – a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to

such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

**Combined RN/Master’s Degree Program** – a program of instruction that when completed results in a master’s degree in nursing and licensure as an RN at or prior to the time of graduation.

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

**Cultural competence** refers to the knowledge, interpersonal skills, behaviors, attitudes, and policies that allow health professions educators and practitioners to understand, appreciate, and respect cultural differences and similarities in cross-cultural situations. Cultural competency acknowledges these variances in customs, values, beliefs, and communication patterns by incorporating these variables in the assessment and treatment of individuals and in the training of all health professionals. Information and services are to be provided in the language, educational, and cultural context most appropriate for the individuals being served.

**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, (*Federal Register*, Vol. 81, No. 45, March 8, 2016, pp. 12108 – 12109).

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

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).

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

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

**Doctoral Program in Nursing** – a program of instruction beyond the baccalaureate and master’s degrees in nursing (e.g., PhD, DNS, DSN, DNSc, DNP). Doctoral programs in nursing fall into two principal types: research-focused and practice-focused.

**Enhancement** – the strengthening and improving of the quality of advanced education nursing programs.

**Faculty Paid Release Time** – Release time is administratively authorized time spent away from the employee’s normal job responsibilities to participate in University sponsored or sanctioned programs without loss of pay and without charge to paid time off (PTO) leave. Release time is considered work time; therefore, such time is counted when computing overtime.

**Full-time Educational Program** – an educational program that provides for a full-time program of study as defined by the institution. Students progressing through the program are able to enroll on a full-time basis to complete the program in a timely manner. Students in such a program may be part-time or full-time.

**Graduate** – an individual who has successfully completed all institutional requirements necessary to be granted a degree/certificate.

**Health Professional Shortage Areas (HPSAs)** – a federal designation used to identify areas, populations, and facilities which have a shortage of either primary care, dental, and/or mental health providers as measured by the ratio of available discipline-specific providers to: the population of the area; a specific population group; or the number of those served by the facility. All federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)) and that

meet the requirements of section 334 in PHSA, (related to charging for services,) shall be automatically designated as having such a shortage. More information on the HPSA criteria can be found at:

<http://bhw.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>.

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

**Medically Underserved Populations (MUPs)** – federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services. MUPs are designated based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> for additional information.

**Nurse-Midwife** – an RN educated in the two disciplines of nursing and midwifery that has successfully completed a nurse-midwifery education program accredited by Accreditation Commission on Midwifery Education (ACME) of the American College of Nurse- Midwives. Following ACME certification, the nurse-midwife has ability to provide independent management of primary health care for women in the context of family-centered care focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women within a health care system that provides for consultation, collaborative management or referral as indicated by the health status of the client. This ability includes the: assessment of the health status of women and infants, through health and medical history taking, physical examination, ordering, performing, supervising and interpreting diagnostic tests and making diagnoses; institution and provision of continuity of primary health care to women and referral to other health care providers as appropriate; prescription of pharmacological and non-pharmacological therapeutics, consistent with current standards of care; provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention by actively involving these individuals in the decision making and planning for their own health care; and collaboration with other health care providers and agencies to provide and coordinate services to individual women, children, and families.

**Nurse Practitioner** – an RN who has successfully completed a nurse practitioner program, as defined below, who can deliver primary and acute care services but may have a primary focus on either primary or acute care in a variety of settings, such as homes, ambulatory care facilities, long-term care facilities, and acute care facilities, using independent and interdependent decision making with direct accountability for clinical judgment. The health care services to be provided include: assessment of the health status of individuals and families through health and medical history taking, physical examination, ordering, performing, supervising, and interpreting diagnostic tests and making diagnoses; management of acute episodic and chronic illnesses; institution and provision of continuity of primary health care to individuals and families and referral to other health care providers when appropriate; prescription of treatments including pharmacological and non-pharmacological therapeutics, consistent with

current standards of care; provision of instruction and counseling to individuals, families, and groups in the areas of promotion and maintenance of health and disease prevention, by actively involving these individuals in the decision making and planning for their own health care; and collaboration with other health care providers and agencies to provide, and where appropriate, coordinate services to individuals and families.

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

**Preceptor** – a nurse practitioner or nurse-midwife or other health professional responsible for specific aspects of the clinical learning experience. The preceptor is responsible for the daily teaching and assignment of individuals to be cared for, supervision, and participation in the evaluation of the nurse practitioner or nurse-midwifery student. The preceptor provides the student with an environment that permits observation, active participation, and management of primary health care.

**Preceptorship** – a clinical learning experience in which the student is assigned to a faculty member or with oversight by program faculty to a designated preceptor. The preceptorship provides the student with practice experiences conducive to meeting the defined goals and objectives of the particular clinical course. Before and during this preceptorship, the program faculty visit and assess the clinical learning sites and prepare the clinical faculty/preceptors for teaching their students.

**Primary Care** – the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services.

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

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

In providing such services:

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

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

**Project** – all proposed activities, including educational programs, specified or described in an application as approved for funding.

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

**Rapid Cycle Quality Improvement (RCQI)** – a simple yet powerful tool used to achieve improved outcomes by health care professionals and educators, asking three simple questions: (1) What are we trying to accomplish? (2) How will we know if a change is an improvement? and (3) What changes can we make that will result in improvement. By allowing the application of several tests over time, the RCQI model can identify the most successful ideas: those that have the largest impact on the overall program outcomes. Additional information on RCQI is available at the following website: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>

**Registered Nurse (RN)** – a person who has graduated from a school of nursing and is licensed to practice as a registered or professional nurse in a State.

**Rural Area** – Rural means an area defined as rural by the Federal Office of Rural Health Policy (FORHP). The FORHP accepts all non-metro counties, as designated by the White House Office of Management and Budget (OMB), as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes. These are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 70,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, FORHP has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people. More information can be found at: [http://www.hrsa.gov/ruralhealth/policy/definition\\_of\\_rural.html](http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html).

**School of Nursing** – a collegiate, associate degree, or diploma school of nursing, as further defined in Section 801(2) of the PHS Act.

**Social Determinants of Health** – the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

**State** – for the purposes of Title VIII, any of the United States, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the U.S. Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

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

#### **Logic Models:**

Additional information on developing logic models can be found at the following website:  
Logic model link <http://www.cdc.gov/eval/resources/index.htm>  
<https://www.cdc.gov/ncbddd/birthdefects/models/resource1-evaluationguide2009.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/healthyyouth/evaluation/pdf/brief5.pdf>.

## Technical Assistance Webinar

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application.

Date and Time: Wednesday, November 9, 2016 from 2:00 – 3:30

Call-in Number: 888-282-1744

Participant Passcode: 6266489

Adobe Connect Link: [https://hrsa.connectsolutions.com/fy\\_17\\_anew\\_foa/](https://hrsa.connectsolutions.com/fy_17_anew_foa/)

The webinar will be recorded and available until January 26, 2017 at 11:59pm Eastern Time. Replays are generally available one hour after a call ends.

Instant Replay: # 888-293-8912 or 203-369-3023

## 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/>.

## Appendix A

### LIST OF ANEW ATTACHMENTS AND ANEW PROGRAM SPECIFIC DATA FORMS

Reference HRSA's [SF-424 R&R Application Guide](#) for instructions on the document submission process for Grants.gov.

#### **ANEW Application Attachments**

- Attachment 1: School of Nursing and Clinical Facility Accreditation Documentation
- Attachment 2: Approval of New PhD programs and/or New Programs – as applicable.
- Attachment 3: Memoranda of Understanding, Letters of Agreement, and/or Description(s) of New/Expanded Academic-Practice Partnerships (project specific), Organizational Chart
- Attachment 4: Consultant Information
- Attachment 5: Community and Administrative Support – as applicable
- Attachment 6: Maintenance of Effort Documentation - required
- Attachment 7: Documentation of Private or Public Non-profit Status – as applicable
- Attachment 8: Other Relevant Documents
- Attachment 9: Funding Preference and/or Special Consideration
- Attachment 10: Description of difference between currently funded and proposed project

#### **ANEW Program Specific OMB Approved Data Collection Forms and Instructions**

- Table 1A - Graduate Data – Rural, Underserved, or Public Health Practice Settings
- Table 2A - Projected Master's Degree and Post Nursing Master's Certificate Data
- Table 2B – Projected Doctoral Data

Copies of the ANEW Program Specific Data Forms (ANEW Tables) are included in the appendix for reference; however, they must be completed online as part of the Grants.gov application submission.

Applicants must adhere to the table instructions to ensure that the data provided are accurate and complete. Schools are encouraged to consult with Program Staff for technical assistance prior to submitting the grant application.

**Table 1A - ANEW: Rural, Underserved, or Public Health Practice Settings Data**

**Graduate Data from 7/01/2015 to 6/30/2016**

Practice Settings	PC-NP	PNMC	NMW Certificate	NMW Master's	NMW Post-BSN to Doctoral	Grand Total
Community Health Centers						
Migrant Health Centers						
Health Care for the Homeless Grantees						
Rural Health Clinics						
National Health Service Corps Sites						
Indian Health Service / Tribal Health Sites						
Federally Qualified Health Centers						
State or Local Health Departments						
Ambulatory Practice Sites Designated by State Governors						
Health Professional Shortage Areas (HPSAs)						
Rural Populations / Settings						
Underserved Populations / Settings						
1. Total Number of Graduates Employed in these Settings (from 07/01/2015 – 06/30/2016)						
2. Total Number of Graduates (from 07/01/2015 – 06/30/2016)						
3. Percentage of Graduates Employed in these Settings (SFP) (Number 1 divided by Number 2)						
4. Percentage of Graduates Employed in HPSAs (SPC) Total Number of Graduates Employed in HPSAs divided by Total Number of Graduates (from 07/01/2015-06/30/2016)						

Post Nursing Master's Certificate students who complete all program requirements are recognized as graduates.

## **Instructions for Completing Table 1A - ANEW: Rural, Underserved, or Public Health Practice Settings Data - Graduate Data from 7/01/2015 to 6/30/2016**

In order to be eligible for the Funding Preference, applicants must complete Table 1A (please see the Funding Preference information in Section V.2 of this application).

Data on Table 1A should reflect graduate totals for the Master's and Post Nursing Master's Certificate Primary Care Nurse Practitioner, Master's and Post Nursing Master's Certificate Clinical Nurse Specialist, Nurse-Midwifery Certificate, Nurse-Midwifery Master's, and Nurse-Midwifery Post-BSN to Doctoral students who completed program/degree requirements between 07/01/2015 and 6/30/2016. Please note that you may include CNS graduate student data in the "PNMC" column.

Complete Table 1A, as appropriate, providing data on the number of graduates in academic year 7/1/2015-6/30/2016 who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or underserved populations, or in State or local health departments. Each graduate is to be counted only once. Table 1A is used to determine if the institution meets the Statutory Funding Preference.

In the "Total Number of Graduates Employed in These Settings" row, the system will automatically calculate the total number of graduates per specialty employed in these settings. The grand total will be system generated. This is a subset of "Total Number of Graduates".

In the "Total Number of Graduates" row, enter the total number of graduates who completed degree requirements between 7/01/2015 and 6/30/2016 in the appropriate column. Enter the grand total: The Grand Total will be system generated. Numbers omitted in this row of Table 1A will not be counted.

In the "Percentage of Graduates Employed in these Settings" row, the system will automatically calculate this figure.  $\text{Percentage of Graduates Employed in these Settings} = \frac{\text{Total Number of Graduates Employed in these Settings (from 07/01/2015 - 06/30/2016)}}{\text{Total Number of Graduates (from 07/01/2015 - 06/30/2016)}}$ .

In the "Percentage of Graduates Employed in HPSAs" row, the system will automatically calculate this figure.  $\text{Percentage of Graduates Employed in HPSA's} = \frac{\text{Total Number of HPSAs}}{\text{Total Number of Graduates (from 07/01/2015-06/30/2016)}}$ .

**Table 2A: Projected Master’s Degree and Post Nursing Master’s Certificate Data**

TRAINEESHIP DATA	PRIMARY CARE NURSE PRACTITIONER		NURSE-MIDWIFERY	
	FT	PT	FT	PT
Total # of Master Degree Students Projected to Receive Traineeship  Support in Budget Year 1				
Total # of Master Degree Students Projected to Receive Traineeship  Support in Budget Year 2				
Total # of Post Nursing Master’s Certificate Students Projected to Receive Traineeship  Support in Budget Year 1				
Total # of Post Nursing Master’s Certificate Students Projected to Receive Traineeship  Support in Budget Year 2				

**Instructions for Completing ANEW Table 2A: Projected Master’s Degree and Post Nursing Master’s Certificate Data**

- Enter the total number of Master Degree students projected to receive traineeship support in Budget Year 1 (July 1, 2017 to June 30, 2018) and Budget Year by their enrollment (July 1, 2018 to June 30, 2019) status (FT or PT) and their specialty role (Nurse Practitioner, Clinical Nurse Specialist or Nurse-Midwife).
- Enter the total number of Post Nursing Master’s Certificate students projected to receive traineeship support in Budget Year 1 (July 1, 2017 to June 30, 2018) and Budget Year 2 (July 1, 2018 to June 30, 2019) by their enrollment status (FT or PT) and their specialty role (Nurse Practitioner, Clinical Nurse Specialist or Nurse-Midwife).
- **Please include the Clinical Nurse Specialist data with the Nurse Practitioner data.**

**Table 2B: Projected Doctoral Data**

TRAINEESHIP DATA	PRIMARY CARE NURSE PRACTITIONER		NURSE-MIDWIFERY	
	FT	PT	FT	PT
Total # of DNP Students Projected to Receive Traineeship Support in Budget Year 1				
Total # of DNP Students Projected to Receive Traineeship Support in Budget Year 2				
Total # of PhD Students Projected to Receive Traineeship Support in Budget Year 1				
Total # of PhD Students Projected to Receive Traineeship Support in Budget Year 2				

**Instructions for Completing ANEW Table 2B: Projected Doctoral Data**

- Enter the total number of DNP students projected to receive traineeship support in Budget Year 1 (July 1, 2017 to June 30, 2018) and Budget Year 2 (July 1, 2018 to June 30, 2019) by their enrollment status (FT or PT) and their specialty role (Nurse Practitioner, Clinical Nurse Specialist or Nurse-Midwife).
- Enter the total number of PhD students projected to receive traineeship support in Budget Year 1 (July 1, 2017 to June 30, 2018) and Budget Year 2 (July 1, 2018 to June 30, 2019) by their enrollment status (FT or PT) and their specialty role (Nurse Practitioner, Clinical Nurse Specialist or Nurse-Midwife).
- **Please include the Clinical Nurse Specialist data with the Nurse Practitioner data.**