

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

Bureau of Health Professions
Division of Public Health and Interdisciplinary Education

Regional Public Health Training Center Program

Announcement Type: New
Announcement Number: HRSA-14-076

Catalog of Federal Domestic Assistance (CFDA) No. 93.516

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: June 9, 2014

*Ensure your SAM.gov and Grants.gov registration 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.*

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Authority: Title VII, § 765 and 766 of the Public Health Service Act (42 U.S.C. § 295 and 295a),
as amended by the Patient Protection and Affordable Care Act, Public Law 111-148.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP), Division of Public Health and Interdisciplinary Education (DPHIE) is accepting applications for the fiscal year (FY) 2014 Regional Public Health Training Center Program (PHTC). The purpose of the Regional PHTC Program is to improve the nation's public health system by strengthening the technical, scientific, managerial, and leadership competencies of the current and future public health workforce through the provision of education, training and consultation services. Trainings should focus on skill-based instruction and education in the areas identified by the statutorily required needs assessment. State, local, and Tribal health department staff are the primary audience, particularly frontline public health workers and middle managers. The secondary audience includes staff from other parts of the public health system such as non-profit organizations, federally qualified health centers, accountable care organizations, and hospitals, among others. This program will provide funding for a four-year project period with the first year being dedicated to capacity building and planning.

Funding Opportunity Title:	Regional Public Health Training Center Program
Funding Opportunity Number:	HRSA-14-076
Due Date for Applications:	Monday, June 9, 2014
Anticipated Total Annual Available Funding:	\$8,250,000
Estimated Number and Type of Awards:	10 cooperative agreements
Estimated Award Amount:	Between a maximum of \$705,000 to \$1,005,000 per year of the four-year project period, depending on the region served
Cost Sharing/Match Required:	Not Applicable
Length of Project Period:	4 years
Project Start Date:	September 1, 2014
Eligible Applicants:	<p>Council on Education for Public Health (CEPH) accredited schools of public health or other public or nonprofit private institutions accredited for the provision of graduate or specialized training in public health.</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

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

Technical Assistance Calls:

Two technical assistance calls, covering the same information, will be provided for potential applicants:

Friday, April 25, 2014

2:00 PM – 4:00 PM ET

Toll Free Number: 888-942-9651

Participant Code: 7795258

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/regionalphtc>

Instant replay – available until 6/30/14 at 11:59 p.m ET at:

Toll Free Number: 800-518-0083

Participant Code: 2514

Monday, April 28, 2014

2:00 PM – 4:00 PM ET

Toll Free Number: 888-942-9651

Participant Code: 7795258

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/regionalphtc>

Instant replay – available until 6/30/14 at 11:59 p.m ET at:

Toll Free Number: 866-489-8051

Participant Code: 6314

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Regional Public Health Training Center Program (PHTC). The purpose of the Regional PHTC Program is to improve the nation's public health system by strengthening the technical, scientific, managerial and leadership competencies of the current and future public health workforce.

Regional PHTCs are **required** to fulfill the following statutory requirements:

1. Establish or strengthen field placements for students in public or nonprofit private health agencies or organizations;
2. Involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities;
3. Specifically designate a geographic area or medically underserved population to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center; and,
4. Assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

The work of the Regional PHTCs will be accomplished through the provision of education, training and consultation to State, local, and Tribal health department staff as a primary audience. The primary targets for education and training through the Regional PHTC Program are frontline public health workers and middle managers. Trainings should focus on skill-based instruction and education in the areas identified by the required needs assessment. The secondary audience includes staff from other parts of the public health system such as non-profit organizations, federally qualified health centers, accountable care organizations, and hospitals, among others.

In collaboration with HRSA, the Regional PHTC Programs together will comprise a national program that serves all 50 states, the District of Columbia, the Virgin Islands, Puerto Rico and the six U.S. Pacific Jurisdictions. Each regional PHTC will encompass a defined service area to include one of the regions identified in [Other Information, Section VIII](#) of this FOA. HRSA will fund ten (10) regions to ensure that the U.S. and its jurisdictions all have access to public health workforce education and training. Each applicant must select no more than one region to support in its application and each applicant must agree to support the public health workforce education and training needs across the entire region.

Program Requirements

Each Regional PHTC should adopt a multi-state service area model with the grantee serving as the "central office" or administrator/coordinator and then, the grantee will create formal relationships with education and training sites, called Local Performance Sites. Although each regional applicant must cover an entire HHS/HRSA region, a Local Performance Site is not required in each state; however, the needs of each state/territory must be met within each region. Each Local Performance Site in collaboration with its "central office" should provide at a

minimum, a local needs assessment, marketing, outreach, education, training and program evaluation.

Local Performance Sites are to be funded at a range of \$50,000 to \$100,000 dependent on the work performed. A Local Performance Site may be a Council on Education for Public Health (CEPH) accredited school or program of public health, a non-profit organization with a public health mission including public health institutes. Regional applicants are expected to prioritize resources to provide training and education to frontline public health workers and middle managers particularly in communities serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities), and individuals living in underserved communities.

The role of the Regional PHTC in relationship to the local performance sites will be to: coordinate the training activities of the Local Performance Sites to ensure that efforts are not duplicated; serve as a convener in leveraging resources across the region to achieve economies of scale; and provide ongoing support and technical assistance for Local Performance Sites.

During the first year, the Regional PHTCs will engage in capacity building and infrastructure development. Given that there will still be a need for public health trainings and workforce development, it is expected that applicants will describe the extent to which continuing education, faculty-staff collaborative activities and field placements will be carried out during the first year. For those centers that were previously funded as part of the former PHTC program, the expectation will be that they engage in more training activities as the infrastructure development needs will not be as great.

Regional PHTCs must fulfill all of the statutory requirements of the program, and follow the program requirements listed below for the first year of the four-year project period:

1. Designate a regional service area in collaboration with HRSA;
2. Identify and formally establish agreements Local Performance Sites within the service region;
3. Establish a public health content focus area of expertise;
4. Establish a governance structure for the work of the Regional PHTC and the Local Performance Sites;
5. Develop and implement distance-based programming to train and educate public health professionals using a variety of modalities;
6. Develop and implement plans to establish or strengthen faculty-student collaborative projects and field placements;
7. Establish and implement strategies to promote and market the work of the Regional PHTC as well as recruit participants for all activities;
8. Assess the health personnel needs of the area to be served by the Regional PHTC and the Local Performance Sites and develop training programs to meet such needs;
9. Enhance collaboration and linkages with other Federal agency programs, local, state, Tribal, and national partners as well as the Local Performance Sites;
10. Work with other Regional PHTCs and the National Coordinating Center to formalize a nationwide PHTC network, and develop and implement cross-cutting public health trainings to increase the knowledge and skills of governmental public health workers;
11. Develop policies and implement systems changes to motivate public health workers to participate in trainings and to create a culture of learning within the agencies;

12. Devise and implement an evaluation plan that fully describes strategies for assessing the progress and outcomes associated with the Regional PHTC Program; and,
13. Assist and support the implementation in the Affordable Care Act.

Further details regarding first-year activities of the project are requested in the Program Narrative section of this FOA.

During project period years two (2) through four (4), although many of the first-year activities will continue to be updated and/or maintained, the focus for all awardees will be to: 1) train and educate public health professionals using a variety of modalities; 2) establish and strengthen faculty-student collaborative projects and field placements; 3) promote and market the work of the Regional PHTCs; 4) recruit participants for all activities; and, 5) evaluate strategies and assess outcomes associated with these activities.

The authorizing statute requires that trainings address needs identified in a geographical service area. In addition, HRSA has established the following public health content areas for training:

- Health Disparities, Health Equity, Social Determinants of Health
- Health Informatics and Health Information Technology
- Environmental Public Health
- Public Health Preparedness
- Nutrition, Physical Activity and Obesity
- Behavioral Health
- Violence and Injury Prevention
- Chronic Conditions; Cancer, Diabetes, Heart Disease, Alzheimer's Disease and Other Related Dementias (choose one only)
- Infectious Diseases

As part of its application, regional applicants should identify three public health content areas from the above mentioned list and briefly describe expertise or capacity to develop expertise in the identified public health content areas. As part of the review process, HRSA will identify which public health content area each regional applicant should make its focus, and this will be based on demonstrated expertise and capacity. Please note that some assessed training needs may include topics that are outside of the content areas listed above.

To support the establishment of the ten (10) Regional PHTCs, a National Coordinating Center for PHTCs (NCCPHTC) will be created to ensure a shared vision and mission across all Regional PHTCs. The NCCPHTC will conduct the following major activities:

1. Develop a formal PHTC Network to ensure a shared vision and mission across all Regional PHTCs and find creative ways to convene the PHTC Network on a regular basis;
2. Develop a technical assistance plan and provide technical assistance to all Regional PHTCs on their HRSA funded project plans;
3. Spearhead and coordinate the development and standardization of Regional PHTC evaluation plans and needs assessments nationally, including the customization of data collection tools to meet local needs;
4. Conduct an evaluation of the PHTC Program as a national effort to demonstrate its value and impact in training and developing the public health workforce;

5. Develop and implement a marketing, branding and communications strategy to expand the reach of the PHTCs nationally;
6. Lead the standardization and vetting of public health core competency continuing education (CE) and/or continuing education unit (CEU) courses across all PHTCs;
7. Coordinate the development, implementation and standardization of PHTC student field placements and faculty student collaborative projects nationally;
8. Work with Regional PHTCs to achieve economies of scale and reduce duplication of all training, including the development of cross-cutting course content; and,
9. Work with Regional PHTCs to enhance collaboration with other Federal agency programs, and local, State, Tribal and national partners.

Regional PHTCs should also be committed to increasing diversity in health professions programs and the health workforce. This commitment extends to ensuring that the workforce reflects the diversity of the nation; training programs address all levels of the health workforce from pre-professional to professional; training programs develop the competencies and skills needed for intercultural understanding and to expand cultural fluency; and, recognizing that bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people.

2. Background

This program is authorized under Title VII, § 765 and 766 of the Public Health Service (PHS) Act (42 U.S.C. § 295 and 295a), as amended by the Patient Protection and Affordable Care Act. The Regional PHTC Program activities are consistent with the objectives of the Healthy People 2020 Public Health Infrastructure Objective: to ensure that governmental Federal, State, Tribal, and local public health agencies and other public health entities have the necessary infrastructure to effectively provide essential public health services. A strong infrastructure provides the capacity to prepare for and respond to both acute (emergency) and chronic (ongoing) threats to the nation's health. The strength of the public health system rests on its ability to deliver the [Ten Essential Public Health Services](#) within the context of the Public Health Core Functions (Assessment, Policy Development, and Assurance.)

The public health and health care environment continue to change and evolve. The Affordable Care Act (ACA) has identified health workforce priority areas for the training, recruitment and retention of workers and worker supply needs facing the public health workforce, particularly in governmental health agencies. It has also placed emphasis on clinical care provider training to support collaboration between existing primary care and public health providers, working in interdisciplinary teams to address population health. In addition, the Public Health Accreditation Board established standards and measures for State, Local and Tribal health departments that focus on the need for health departments to maintain a trained and competent workforce to perform public health duties.

Public health professionals are working in a rapidly changing health care environment where public health roles and activities are being revised and refined. These forces and events are challenging the skills and abilities of the public health professionals currently employed in Tribal, State and local public health agencies. To deliver essential services of high quality, while continuing to meet community expectations, professionals need to master new information and approaches. With the loss of resources to support public health at the state and local levels, there

are fewer staff to carry out many of the core functions. New and innovative ways to provide training and education are needed. Although much of this is incumbent upon health department leadership to establish a culture of learning where continuing education and training opportunities are encouraged, PHTCs have a pivotal role in training the current and future workforce through pioneering new training content and delivery and through the development and coordination of student placements and collaborative projects.

II. Award Information

1. Type of Award

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

In addition to the usual monitoring and technical assistance provided under the cooperative agreement.

HRSA Program responsibilities shall include:

1. Make available the services of experienced HRSA/BHPr personnel as participants in the planning and development of all phases of the project;
2. Provide ongoing input and review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
3. Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
4. Review project information prior to dissemination;
5. Assist the Regional PHTCs while working with the NCCPHTC to develop a network to share resources, best practices, and lessons learned;
6. Provide assistance and referral in the establishment and facilitation of effective collaborative relationships with Federal and State agencies, BHPr grant projects and other resource centers, and other entities that may be relevant to the project's mission;
7. Provide programmatic input and consultation for development and delivery of training and technical assistance;
8. Collaborate with awardees while working with the NCCPHTC to develop and implement assessment and evaluation strategies;
9. Provide information resources; and,
10. Participate in the dissemination of project activities and products.

The cooperative agreement recipient's responsibilities shall include:

1. Collaborate and communicate in a timely manner with the HRSA project officer;
2. Participate in ongoing conference calls and webinars with other Regional PHTC awardees, the NCCPHTC, and HRSA staff;
3. Provide the HRSA project officer with an opportunity to review project information prior to dissemination;
4. Establish contacts that may be relevant to the project's mission such as Federal and non-federal partners, and other HRSA grant projects;

5. Coordinate activities with other awardees under this FOA and the NCCPHTC;
6. Collaborate with HRSA, the NCCPHTC, and other awardees under this FOA to develop and implement assessment and evaluation strategies; and,
7. Partner with HRSA to evaluate priorities and respond to constituent/field requirements.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 to 2017. Approximately \$8,250,000 is expected to be available in FY 2014 to fund ten (10) awardees. The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years for the Regional PHTC Program, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Applicants may apply for up to the award ceiling allocated for the specific HHS region they are applying to serve, as follows:

Region (# of states/territories)	Award Ceiling Amount Per Year
Region 1: Boston (six states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)	\$855,000
Region 2: New York (four states/territories: New Jersey, New York, Puerto Rico, Virgin Island)	\$705,000
Region 3: Philadelphia (six states/territories: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)	\$855,000
Region 4: Atlanta (eight states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)	\$1,005,000
Region 5: Chicago (six states: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)	\$855,000
Region 6: Dallas (five states: Arkansas, Louisiana, New Mexico, Oklahoma, Texas)	\$780,000
Region 7: Kansas City (four states: Iowa, Kansas, Missouri, Nebraska)	\$705,000
Region 8: Denver (six states: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)	\$855,000
Region 9: San Francisco (seven states/territories: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam)	\$930,000
Region 10: Seattle (four states: Alaska, Idaho, Oregon, Washington)	\$705,000

See [Section VIII](#) of this announcement for more information about the ten (10) HHS regions, <http://www.hhs.gov/about/regions/>.

III. Eligibility Information

1. Eligible Applicants

An eligible applicant for this program shall be a CEPH accredited school of public health or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health. This program also includes a statutory funding preference for accredited schools of public health (See [Section V, Application Review Information](#)).

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount of \$705,000 to \$1,005,000 per year, depending on the region served, will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

Each applicant must select no more than one region to support in its application, and each applicant must agree to support the public health workforce education and training needs across the entire region.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at [Grants.gov](#).

2. Content and Form of Application Submission

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

Program-specific Instructions

In addition to application requirements and instructions in Section 4 of [*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*](#).

Include the following additional information at the top of the abstract:

Name of Applicant:

HRSA Region to be Served:

Local Performance Sites Identified and States Covered:

Top Three Content Areas of Expertise:

In addition to the instructions provided in the guide, please include the following:

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

ii. Project Narrative

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

Use the following section headers for the Narrative:

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

Purpose.

This section should briefly describe the purpose of the proposed project. The regional applicant is expected to articulate the key issues and challenges to be addressed through the use of Regional PHTC program funds.

Need/Demand Being Addressed.

The problems described by the applicant should be supported by, at a minimum, a preliminary needs assessment described below, and they should be reflected in the applicants' program plan, associated work plans and budgets. Applicants should also describe how they will:

- Critically evaluate the regional need/demand for workforce development for public health workers in the identified region;
- Specifically identify problems to be addressed and gaps which the proposed project is intended to fill. These gaps may include those related to public health content specific areas and general public health workforce skills;
- Address critical unmet workforce training needs; and,
- Identify barriers to training public health workers and any particular challenges in reaching the target population in underserved areas.

Designate a regional service area in collaboration with HRSA.

Each applicant must select no more than one region to support in its application and each applicant must agree to support the public health workforce education and training needs across the entire region. Each applicant should describe:

- The designated geographic area or medically underserved population to be served by its Center.
- A plan to cover the entire region to ensure that the needs of each state/territory are met. The applicant should demonstrate an understanding of the public health workforce training needs in the proposed region.
- The process used to select Local Performance Sites and provide letters of intent to partner from potential Local Performance Sites in **Attachment 8**.
- How resources in the region will be prioritized to provide training and education to frontline public health workers and middle managers in underserved, Tribal, rural and/or minority communities.

Each regional PHTC will encompass a defined service area to include one of the regions identified.

Region (# of states/territories)
Region 1: Boston (six states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)
Region 2: New York (four states/territories: New Jersey, New York, Puerto Rico, Virgin Island)
Region 3: Philadelphia (six states/territories: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)
Region 4: Atlanta (eight states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
Region 5: Chicago (six states: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
Region 6: Dallas (five states: Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
Region 7: Kansas City (four states: Iowa, Kansas, Missouri, Nebraska)
Region 8: Denver (six states: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
Region 9: San Francisco (seven states/territories: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam)
Region 10: Seattle (four states: Alaska, Idaho, Oregon, Washington)

Identify and formally establish agreements with Local Performance Sites within the service area.

In this section, describe how:

- A multi-state service area project model will be adopted with a “central office” or administrator/coordinator and formal relationships with education and training sites, called Local Performance Sites will be created.
- The needs of each state/territory will be met within the region. Although each applicant must cover an entire region, a Local Performance Site is not required in each state.
- Each Local Performance Site in collaboration with its “central office” will provide at minimum a local needs assessment, marketing, outreach, education, training and program evaluation.
- Identify the Local Performance Sites, how they were chosen, and what they will bring to the Regional applicant. Keep in mind Local Performance Sites are expected to be funded at a range of \$50,000 to \$100,000 dependent on the work performed. A Local Performance Site may be a CEPH accredited school or program of public health, a non-profit organization with a public health mission and/or a public health institute.

Establish a Public Health Content Focus Area of Expertise.

Section 766(c)(4) requires that the training to be provided addresses the needs identified in the geographical service area served by the center and assist in the planning and development of training programs to meet such needs. In addition, HRSA has established the following public health content areas:

- Health Disparities, Health Equity, Social Determinants of Health
- Health Informatics and Health Information Technology
- Environmental Public Health
- Public Health Preparedness
- Nutrition, Physical Activity and Obesity
- Behavioral Health
- Violence and Injury Prevention
- Chronic Conditions; Cancer, Diabetes, Heart Disease, Alzheimer’s Disease and other Related Dementias (choose one only)
- Infectious Diseases

As part of its application, applicants should identify **three (3)** public health content areas from the above list and briefly describe their expertise or capacity to develop expertise in the identified public health content areas. As part of the review process, HRSA will identify which public health content area each regional applicant should make its focus, and this will be based on demonstrated expertise and capacity. Please note that some of the training needs identified may include topics that are outside of the content areas listed above.

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

Assess the health personnel needs of the area to be served by the Regional PHTC and the Local Performance Sites and plan and develop training programs to meet such needs.

Applicants should describe how they will:

- Involve public and nonprofit private stakeholders in the planning, development and implementation of training programs to meet the identified need of the current and future public health workforce.
- Standardize needs assessments of the public health workforce, coordinate these assessments across the region and routinely review and update to determine whether and how the trainings offered will meet the needs in the public health workforce within the region. When possible regional applicants should coordinate this effort with ongoing statewide workforce development initiatives.
- Conduct a health personnel needs assessment in its region. Newly conducted needs assessments should not only focus on the public health core competencies, but also on community assets and technological capabilities of workers to determine their capacity to participate in distance-based education.
- Align training needs assessments with state health improvement plans as education and training plans are developed. Applicants need not conduct additional needs assessments in regions where the needs assessments were conducted within a two-year period, the results of those needs assessments should be described as a basis for the development of public health workforce trainings.

▪ *METHODOLOGY/RESPONSE – Corresponds to Section V's Review Criterion #2 and #4*

Applicants should propose the methods that will be used to address the stated needs and meet program requirements. Describe by year, the activities, methods, and techniques to be used to accomplish the objectives of the project. Projects must address how the applicant will accomplish all six major activities as outlined below.

- 1) Increased quality, availability and accessibility of public health workforce trainings that have been designed and identified through the needs assessment with a focus on building on the Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals and new skills sets¹, divided into the following eight (8) domains:
 - a. Analytic/Assessment Skills;
 - b. Policy Development/Program Planning Skills;
 - c. Communication Skills;
 - d. Cultural Competency Skills;
 - e. Community Dimensions of Practice Skills;
 - f. Public Health Sciences Skills;
 - g. Financial Planning and Management Skills; and,
 - h. Leadership and Systems Thinking Skills;
- 2) Standardization of training materials, tools and resources, for replication across the region and nationally;

¹ Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals, Retrieved from http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

- 3) Enhanced practice-based public health experience for students involved in field placements and collaborative projects;
- 4) Improved capacity to meet and maintain nationally established standards, such as those for health department accreditation;
- 5) Coordination and collaboration among and across Regional PHTCs and the Local Performance Sites, to achieve economies of scale and reduce duplication of effort; and,
- 6) Implementation of policy and systems changes to motivate public health professionals to participate in trainings and develop a culture of learning within the agencies.

Applicants should:

- Describe any major barriers anticipated and outline how the project will be able to overcome those barriers.
- Include a plan to disseminate reports, products, and/or grant project outputs so project information is provided to key target audiences.
- Propose a plan for project sustainability after the period of Federal funding ends. Awardees are expected to sustain key elements of their grant projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.

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

Describe the actions or steps that will be used to achieve each of the activities proposed in the methodology section. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including during the development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.

The work plan should include goals for the program and must identify objectives and action steps that are SMART (specific, measurable, achievable, realistic, and time measurable). The work plan should consist of goals and objectives that support the need for the service, key action steps, a timeline with targeted completion dates and responsible person(s), evaluation tools/measurable outcomes, and status (this column would be completed in the future). Applicants are asked to include appropriate milestones and any products to be developed. Indicate the expected outcome measures/tools to show that the goals and objectives will be achieved. The work plan should relate to the needs previously identified in the needs assessment and closely correspond to the activities described in the methodology. Note that activities of each Local Performance Site are to be bundled and reflected in this Regional PHTC Work Plan. The action steps are those activities that will be undertaken to implement the proposed project and provide a basis for evaluating the program. A table outlining the work plan should be included in **Attachment 1**.

At this time the Work Plan only needs to cover Year One which encompasses capacity building and planning.

The following are key components to address in the Work Plan.

Establish a governance structure for the work of the Regional PHTC and Local Performance Sites.

- Applicant should include in the Work Plan potential Steering or Executive Committee members and the role and responsibilities of the governing body.
 - The applicant is strongly encouraged to utilize a Steering or Executive Committee to provide oversight of and leadership on all Regional PHTC activities. This diverse body should be composed of the awardee, representatives of the Local Performance Sites, the evaluation staff, consumers, education/training advisors, or others who would contribute to the oversight and management of the Regional PHTC. This body should have clearly defined roles, responsibilities, and authority, including significant input into program direction and budgetary decisions, and meet regularly as defined in the program plan.
- The applicant should describe how they will assure adequate funding to support the infrastructure for training and quality assurance within each Local Performance Site.
 - The applicant, in consultation with the Steering or Executive Committee, is expected to have a clearly developed plan to allocate funds to the “central office” and Local Performance Sites throughout the region, based on performance, need, or other defined indicators.

Develop and implement distance-based programming to train and educate public health professionals using a variety of modalities.

Applicants should describe how:

- The Regional PHTC will work with Local Performance Sites to meet the training needs in designated states within the region; what core public health workforce skills it will make its focus; how it will target its primary and secondary audiences and what strategies it will use to educate those audiences.
- The first year of this project will be dedicated to identifying the training needs within the region, developing and implementing training courses/curricula. Applicants should explain how they plan to utilize the eight (8) domains of the Council on Linkages (COL) Core Competencies for Public Health Professionals within the context of the ten (10) essential public health services, as a basis for the identification, development of trainings within the region.
- In addition to the COL Core Competencies for Public Health Professionals, applicants may identify other complementary public health competencies models that will be utilized.
- The training will be culturally appropriate and supportive of the cultural and ethnic diversity existing among both trainees and patients in the training service area.
- Hands-on skills-based and interactive training activity (as prioritized over didactic session) will be implemented by the “central office” and Local Performance Sites in years two through four.
- A variety of distance learning modalities will be employed to strengthen the technical, scientific, managerial and leadership competencies of public health professionals in specific public health content areas. The descriptions should include distance learning capabilities, an IT platform and expertise in instructional design and curriculum development. Discuss how the effort will increase access to real-time on demand public health information using a wide array of training formats to include Asynchronous and Synchronous online courses, Webcast, Podcast etc.

- Distance-based activities will occur on a consistent and frequent level (i.e., weekly, bi-weekly, or monthly) and will promote interprofessional education and interdisciplinary teams where applicable.
- Distance-based training modalities and skills-based education and training will be utilized. Examples may include: Didactic presentations, Interactive Skills Building Training; Consultation activities; Blended learning; Online certificate training Programs; Continuing Education (CE) and Continuing Education Unit (CEU) offerings; and On demand and real time trainings to address emerging public health issues.
- Training will comply with Section 508 of the Rehabilitation Act, which requires Federal agencies and their awardees to make electronic and information technology accessible to people with disabilities (<http://www.section508.gov>). Section 508 was enacted to eliminate barriers in information technology, to make available new opportunities for people with disabilities, and to encourage development of technologies that will help achieve these goals. Under Section 508 (29 U.S.C. 794d), agencies must give disabled employees and members of the public access to information that is comparable to the access available to others. It is recommended that applicants review the laws and regulations to further understand about Section 508 and how to support implementation.

All content created through this program must also be posted, free of charge to the HRSA Learning Management System (LMS), currently under development through the Public Health Foundation's TRAIN (<https://hrsa.train.org>).

Work with other Regional PHTCs to formalize a nationwide PHTC network, and develop and implement cross-cutting public health trainings to increase the knowledge and skills of public health workers.

The Regional PHTCs together with support from HRSA and the NCCPHTC are to develop and implement a nationwide PHTC network to share lessons learned, best practices, and reduce duplication of effort. Regional applicants and the NCCPHTC will work together to develop a formal PHTC Network with a shared vision and mission.

Applicants should describe how they will:

- Work with other regional centers and the NCCPHTC to provide technical assistance to the Local Performance Sites; coordinate the standardization and vetting of course offerings, evaluations and needs assessments nationally.
- Spearhead work with the NCCPHTC to replicate evidence-based products and share and leverage resources; find creative ways to convene Regional PHTC grantees on a regular basis and improve the collection of data to demonstrate program impact. The NCCPHTC and all regional centers will work together to ensure that all trainings are cross-cutting, eliminating duplication of courses nationally and serve as a clearing house for public health education and training.
- Share their identified area of expertise with others in the network.
- Identify and implement a core set of cross-cutting public health workforce trainings/courses, which might be standardized for replication across the region, in the first year of the project. These courses should highlight common themes while allowing each region to customize to suit its target audience. The HRSA TRAIN Learning Management System will be critical to the dissemination and sharing of course content amongst the PHTC network.

Develop and implement plans to establish or strengthen faculty-student collaborative projects and field placements.

Applicants must describe how they will establish or strengthen field placements for students in public or nonprofit health agencies or organizations, particularly those serving underserved areas and populations.

- For the first year of the project period, applicants should describe its plans for student recruitment, placement, training and follow-up.
 - For the purposes of this FOA, HRSA has limited the number of students involved in field placements and collaborative projects to 20 students per region with stipends not to exceed \$1,500 per student. Student stipends can be awarded during the first year. Each trainee receiving stipend support must be a citizen of the United States, a non-citizen U.S. national, or a foreign national having in his or her possession a visa permitting permanent residence in the United States.
 - These placements should provide structured opportunities and/or experiences for students as they apply their acquired knowledge and skills in a public health practice setting.
 - Field experiences are expected to contribute to the mastery of public health competencies, with a focus on balancing the educational and practice needs of the students with the needs of the community.²
- Applicants should include in the Work Plan, how they will coordinate student field placements across the region to include the mentorship of students.
- Applicants should describe how the field placements will take an interdisciplinary approach to public health education.

Applicants must describe how they will involve faculty and students in collaborative projects to enhance public health services to medically underserved communities. Faculty and student collaborative projects could include research projects or community interventions identified by a governmental public health agency or other public health service entity. The students and faculty advisors collaborate with the agency to address specific public health issues among a specified target population, and work together to develop the methodology and plan of approach. Faculty student collaborative projects can range from three to six months, depending on the project and it must have a deliverable associated the project.

- For the first year of the project period, applicants should describe the types of collaborative projects student might undertake.
 - For the purposes of this FOA, students involved in collaborative project should be graduate and doctoral students pursuing a degree in public health.
- Applicants should describe the type of collaborative projects that may be considered, the entities that may be included in the collaboration, the length of collaborative projects. Applicants should describe how the goals of a collaborative project will contribute to the achievement of public health competencies in specific areas of public health expertise and the development of leadership skills for the students.
- Applicants should describe how collaborative projects will have an interdisciplinary component.

² S. C. Gamble, D., & Denham, A. (2001). Ethics and community-based education: Balancing respect for the community with professional preparation. *Family & Community Health*, 23(4), 9-23

Enhance collaborations and linkages with other Federal agency programs, local, State, Tribal and national partners.

- Applicants should describe a process for communicating, meeting, and conducting site visits at Local Performance Site offices/training venues. It is expected that the process for planning and carrying out all training activities, and payment for work performed will be in writing and updated as necessary, but at a minimum, biennially, with copies provided to HRSA/BHPr.
- Applicants should describe their knowledge of and experience in collaboration with local community based organizations (CBOs), local planning councils and consortia, State Primary Health Care Associations and State Primary Care Offices, Community Health Centers, Rural Health Centers, and local academic institutions including Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), National Health Services Corp, Ryan White Clinics and Tribal Colleges and Universities (TCUs). Applicants must document the existence of these resources and demonstrate how they plan to collaborate to ensure maximum effective use of resources.
- Applicants must document active, functioning, collaborative academic-practice partnerships between the applicant organization and other relevant State and local public and nonprofit private sector organizations. Applicants must also describe the coordination of proposed training efforts as appropriate with existing public health workforce investments such as Public Health Training Centers, Association of State and Territorial Health Officials, National Association of County and City Health Officials (NACCHO), Association of Schools and Programs of Public Health (ASTHO), etc.
- Applicants and the NCCPHTC are also encouraged to work collaboratively with other national Federal training centers, the [Federal Training Centers Collaborative](#), that target focused training toward the public health workforce, particularly in public health content areas of expertise.

Establish and implement strategies to promote and market the work of the Regional PHTC as well as recruit participants for all activities.

- Applicants should provide a detailed description of how they will coordinate the outreach to primary and secondary audiences and develop and implement a marketing plan to promote the work of the Regional PHTC Program. Describe strategies for how the applicant will communicate with Local Performance Sites across the region.
- Applicants should provide a detailed description of how appropriate learners will be recruited and selected, and estimate the numbers and types of learners who will benefit from the regional PHTC program.
- The applicant should include in its strategy, how it will prioritize the delivery of training and workforce development activities in the event the demand for activities under this cooperative agreement exceeds the capacity of the awardee.
- The applicant must also describe the process for selecting governmental public health agencies to be served, in its proposed activities.

Work with governmental public health agencies to develop policies and implement systems changes to motivate public health workers to participate in trainings and to create a culture of learning within the agencies.

Applicants should describe how they will work with governmental public health agencies to address training challenges.

Applicants should describe specific strategies, which might include, but will not be limited to the following: 1) Working with health officials to include trainings as a requirement for specialized public health fields; 2) Including specific public health course content training in new employee orientations; 3) Providing webcasts and other means to access trainings for that segment of the workforce who might not have access to technology at work; 4) Institutionalize trainings as part of the National Accreditation process; 5) Target a subset of the public health workforce for specialized trainings with the support of health officials; 6) offer CE and CEU for public health professionals; 7) Working with governmental public health to foster a culture of learning within its institutions; 8) Identifying a core set of competencies for specialized areas of public health training and working with governmental health officials to revise job descriptions with core competencies; and, 9) Incorporate required training as part of the employee evaluations and requirement for promotion.

Assist and support the implementation of the Affordable Care Act.

- Applicants should describe how they will work with the Local Performance Site to identify roles in the implementation of ACA within their respective regions.
- Applicants should describe specific strategies, which might include, but will not be limited to the following: training for governmental public health to serve as the conveners of ACA stakeholder groups in re-shaping the evolving health care system; identifying new public health workforce skills required as a result of the ACA implementation; the education and promotion of competencies required to facilitate the integration of public health and primary care; webinars on what prevention and health promotion looks like post ACA; best practices around patient centered models and public health; interprofessional education within the context of public health and interdisciplinary team, patient centered approaches to addressing population health.

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

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.

▪ *EVALUATION MEASURES AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V's Review Criterion #3*

Devise and implement an evaluation plan that fully describes strategies for assessing the progress and outcomes associated with the Regional PHTC Program.

Regional PHTCs are responsible for evaluating their individual programs, and contributing to the national level evaluation through the NCCPHTC.

Applicants must describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions

of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

- The evaluation plan should include strategies that are evidence-based and are able to demonstrate project progress, outcomes, as well as determine how identified needs are being met. The evaluation plan should link each objective with appropriate input, throughput, output, and outcome measures and explain how data will be used to strengthen project performance.
- Applicants should provide a plan for evaluating identified public health core competency continuation education (CE) and continuation education units (CEU) course and curriculum offerings.
- Applicants should provide plans to assess perceived changes/gains in knowledge, competencies, and attitudes and how they plan to integrate any of this content into practice.
- Applicants must describe the systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.
- Regional applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
- Applicants must describe the systems and processes that will enable the organization to collect, track and report performance measures on a semi-annual basis.

Applicants should describe their capacity to collect required outcome measures such as, but not limited to the:

- Number and type of continuing education courses offered to the current public health workforce;
- Number and demographic characteristics of students participating in field placements coordinated through the grant;
- Number and type of settings used for field placements coordinated through the grant;
- Scope, methods and results from annual needs assessments of training needs among the current workforce; and,
- Scope, methods and results from faculty-student collaboration projects supported through the grant.

The applicant is expected to describe a standardized method to monitor program staff and activities and to deliver technical assistance to Local Performance Site as needed to ensure programmatic goals and objectives are accomplished. As part of an internal quality management program, applicants should describe how a Continuous Quality Improvement (CQI) Program will be established that incorporates continuous review of internally selected performance indicators. Applicants are strongly encouraged to use a logic model to describe the relationships between identified needs, project goals and objectives, proposed evaluation measures, and expected performance targets.

- *IMPACT – Corresponds to Section V’s Review Criteria #4*

The overall impact of the project on the field, the feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

- *ORGANIZATIONAL RESOURCE/CAPABILITIES INFORMATION – Corresponds to Section V’s Review Criterion #5*

Provide information on the regional applicant organization’s current mission and structure, scope of current activities, an organizational chart (**Attachment 4**), and description of how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Describe how the applicant has the organizational capacity to direct, lead, and monitor their program and to provide adequate administrative oversight of federal resources.

Applicant organizations should describe expertise and experience in the design, development, implementation and evaluation of training activities. Applicants should also describe their experience managing training resources, and working with training entities, consultants, service providers, and federal officials. Applicants should demonstrate their capacity to fiscally manage a large federally funded training program including the capacity to develop a standardized method to manage and monitor contracts and subcontracts.

Regional PHTC applicants should describe their experience in adult education and training of the public health workforce. Applicants should describe their capacity and demonstrated expertise in developing, utilizing and maintaining various distance learning modalities as well as instructional design and curriculum development. Applicants should identify established partnerships with governmental public health and other key public health stakeholders on a local, State, national, Tribal, and Federal level. Describe similar expertise at the Local Performance Sites identified in the project.

- *SUPPORT REQUESTED – Corresponds to Section V’s Review Criterion #6*

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.

iii. Budget and Budget Justification Narrative

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 grant-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.

See Section 4.1.iv and v. of HRSA’s [*SF-424 R&R Application Guide*](#). In addition, the Regional PHTC program requires the following:

- (1) Detailed budget and justification format

Include the following in the Budget Justification narrative:

Regional applicants should document what percent of its budget will be used for administrative purposes versus education and training, as well as cost borne by the “central office” vs. the Local Performance Sites. Local Performance Sites are to be funded at a range of \$50,000 to \$100,000 dependent on the work performed. The intent of this budgeting requirement is for applicants to separate costs associated with the “central office,” or awardee, functions associated with the administration of the grant and their role in the coordination of the regional PHTC program from the costs associated with direct training provided by the “central office” and Local Performance Sites. This will allow assessment of distribution of resources between administrative and training activities across the regional PHTCs. Please note that all program income generated must be used for approved project activities.

The Administration/Coordination budget should reflect all costs borne by the awardee and its Local Performance Site.

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) 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.

Indirect Costs: Indirect costs under training grants to organizations other than State, local or Indian Tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment.

iv. Attachments

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

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV.i. Project Narrative.

Attachment 2: Staffing Plan and Position Descriptions for Key Personnel

(see Section 4.1.vi of HRSA’s [SF-424 R&R Application Guide](#).) Keep each position description to one page in length as much as is possible.

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Copies of biographical sketches or resumes for any key employed personnel that will be assigned to work on the proposed project must be uploaded in the SF-424 R&R Senior/Key Person profile form. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch

- Key personnel should have adequate time devoted to the project to achieve the project objectives. Project staff should also have expertise in successful academic-practice partnerships, workforce development issues, adult learning and evidence-based education models, particularly distance learning and those which utilize available and emerging technologies.
- The principal investigator (PI) should be a senior level health or public health professional with strong expertise in adult education and training; experience and demonstrated leadership skills to direct and guide the conceptual framework and direction of the PHTC program, and provide visibility for the program among health and public health colleagues and organizations. The PI should have no less than 5% level of effort dedicated to the regional PHTC program.
- The regional applicant should have a Project Coordinator, chosen from a health or public health discipline, which is a senior level professional with strong expertise in adult education and training, management and leadership skills to direct the planning and the day to day operations of the regional PHTC program. His/her level of effort should be no less than 100%.
- It is expected that the applicant at a minimum would have a Principal Investigator (no less than 5% effort), Project Coordinator (100% effort), Instructional Designer (no less than 50%), Evaluator (no less than 50%) and Administrative Staff (optional) for the first year of this project.
- For years two through four, the regional applicant must demonstrate, both at the awardee and Local Performance Site level, significant expertise within their program and partnership in the region.
- The staff should include members with significant experience in adult education and training, instructional design and curriculum development.
- The application should include the percent effort on the regional PHTC grant and all other sources of salary support for key staff - Principal Investigator, Project Coordinator, Evaluator (i.e. Jane Doe, Project Coordinator: 50% regional PHTC grant, 20% Title 2 grant, 15% University of X, 15% NIH grant support).

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

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: Tables, Charts, etc.

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

Attachment 6: Maintenance of Effort Documentation.

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

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

Attachment 7: Documentation of Accreditation

In order to demonstrate eligibility for this FOA, applicants must attach formal documentation that they are accredited for the provision of graduate or specialized training in public health. There is a statutory funding preference for accredited schools of public health. A letter documenting CEPH accreditation as a School of Public Health will be used to document eligibility for this preference. As applicable, remember to include a statement of funding preference in the project abstract.

Attachment 8: Local Performance Site Letters of Intent to Partner

Attachments 9 – 14: Other Relevant Documents

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

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **Monday, June 9, 2014 at 11:59 P.M. Eastern Time.**

4. Intergovernmental Review

The Regional PHTC Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$705,000 to \$1,005,000 per year, depending on the region served. 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.

Grant funds may not be used to supplant training and education activities which should be provided as part of the mission of the awardee or sub-awardee institution. Also, grant funds are not to be used for international activities. In addition, grant funds are not intended to supplant funds for educational efforts which should be supported by nonprofit private industry or other public agencies. Applicants are expected to leverage their resources to create enhanced training opportunities through partnerships and collaboration.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

V. Application Review Information

1. Review Criteria

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

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

Review Criteria are used to review and rank applications. The Regional PHTC Program has six (6) review criteria:

Criterion 1: INTRODUCTION & NEEDS ASSESSMENT (15 points) – Corresponds to Section IV's Introduction and Needs Assessment

The extent to which the application demonstrates the problem and associated contributing factors to the problem. The quality of and extent to which the applicant describes:

Need/Demand Being Addressed.

- The purpose of the proposed project. The key issues and challenges to be addressed through the use of Regional PHTC program funds;
- The problems to be addressed by a preliminary needs assessment;
- The regional need/demand for workforce development for public health workers in the identified region;
- Problems to be addressed and gaps which the proposed project is intended to fill;
- Critical unmet workforce training needs; and,
- Barriers to training public health workers and any particular challenges in reaching the target population in underserved areas.

A designated regional service area in collaboration with HRSA.

The quality of and extent to which the applicant describes:

- The designated geographic area or medically underserved population to be served by its Center;
- A plan to cover the entire region to ensure that the needs of each state/territory are met including an understanding of the public health workforce training needs in the proposed region;
- The process used to select Local Performance Sites and the letters of intent to partner from potential Local Performance Sites in **Attachment 8**.
- How resources in the region will be prioritized to provide training and education to frontline public health workers and middle managers in underserved, Tribal, rural and/or minority communities.

Identify and formally establish agreements with Local Performance Sites within the service area.

The quality of and extent to which the applicant describes:

- The development of a multi-state service area project model with a “central office” or administrator/coordinator and formal relationships with education and training sites, called Local Performance Sites;
- How the needs of each state/territory will be met within the region.
- How each Local Performance Site, in collaboration with its “central office,” will provide at minimum a local needs assessment, marketing, outreach, education, training and program evaluation;
- The process to identify the Local Performance Sites, how they were chosen, and what they will bring to the Regional applicant.

Establish a Public Health Content Focus Area of Expertise.

Applicants should identify **three (3)** public health content areas. The quality of and extent to which the applicant describes their expertise or capacity to develop expertise in the identified public health content areas.

Assess the health personnel needs of the area to be served by the Regional PHTC and the Local Performance Sites and plan and develop training programs to meet such needs.

The quality of and extent to which the applicant describes how they will:

- Involve public and nonprofit private stakeholders in the planning, development and implementation of training programs to meet the identified need of the current and future public health workforce;
- Standardize needs assessments of the public health workforce, coordinate these assessments across the region and routinely review and update to determine whether and how the trainings offered will meet the needs in the public health workforce within the region;
- Conduct a health personnel needs assessment in its region;
- Align training needs assessments with state health improvement plans as education and training plans are developed.

Criterion 2: METHODOLOGY/RESPONSE (25 points) – Corresponds to Section IV's Methodology/Response, Work Plan, and Resolution of Challenges sections

The extent to which the proposed methods and Work Plan responds to the stated needs and program requirements, to include the quality of the proposed activities, methods and techniques to accomplish the project.

The quality of and extent to which the applicant presents a comprehensive plan in addressing the following program requirements by describing:

1. Increased quality, availability and accessibility of public health workforce trainings that have been designed and identified through the needs assessment with a focus on building on the Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals and new skills sets, divided into the following eight (8) domains:
 - a. Analytic/Assessment Skills;
 - b. Policy Development/Program Planning Skills;
 - c. Communication Skills;
 - d. Cultural Competency Skills;
 - e. Community Dimensions of Practice Skills;
 - f. Public Health Sciences Skills;
 - g. Financial Planning and Management Skills; and,
 - h. Leadership and Systems Thinking Skills;
2. Standardization of training materials, tools and resources, for replication across the region and nationally;
3. Enhanced practice-based public health experience for students involved in field placements and collaborative projects;
4. Improved capacity to meet and maintain nationally established standards, such as those for health department accreditation;
5. Coordination and collaboration among and across Regional PHTCs and the Local Performance Sites, to achieve economies of scale and reduce duplication of effort; and,
6. Implementation of policy and systems changes to motivate public health professionals to participate in trainings and develop a culture of learning within the agencies.

The quality of and extent to which the applicant presents a comprehensive plan by describing:

- Any major barriers anticipated and how the project will overcome those barriers;
- A plan to disseminate project outputs to key target audiences;
- How they will identify meaningful support and collaborate with key stakeholders in planning, designing and implementing all activities, including during the development of the application. The extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.
- Objectives and action steps that are SMART (specific, measurable, achievable, realistic, and time measurable) and that support the need for the service, key action steps, a timeline with targeted completion dates and responsible person(s), evaluation tools/measurable outcomes, status updates, appropriate milestones and any products to be developed;
- How the work plan relates to the needs identified in the needs assessment and corresponds to the activities described in the methodology.

Establish a governance structure for the work of the Regional PHTC and Local Performance Sites.

The quality of and extent to which the applicant presents a comprehensive plan by describing:

- The role, responsibilities and authorities of the Steering or Executive Committee to provide oversight of and leadership on all Regional PHTC activities;
- How they will assure adequate funding to support the infrastructure for training and quality assurance within each Local Performance Site. The clarity of the plan to allocate funds to the “central office” and Local Performance Sites throughout the region, based on performance, need, or other defined indicators.

Develop and implement distance-based programming to train and educate public health professionals using a variety of modalities.

The quality of and extent to which the applicant presents a comprehensive plan by describing how:

- The Regional PHTC will work with Local Performance Sites to meet the training needs in designated states within the region; what core public health workforce skills it will make its focus; how it will target its primary and secondary audiences and what strategies it will use to educate those audiences;
- They plan to utilize the 8 domains of the Council on Linkages (COL) Core Competencies for Public Health Professionals within the context of the ten (10) essential public health services, as a basis for the identification, development of trainings within the region;
- Other complementary public health competencies models will be utilized;
- The training will be culturally appropriate and supportive of the cultural and ethnic diversity existing among both trainees and patients in the training service area;
- Hands-on skills-based and interactive training activity (as prioritized over didactic session) will be implemented by the “central office” and Local Performance Sites in years two through four;
- A variety of distance learning modalities will be employed to strengthen the technical, scientific, managerial and leadership competencies of public health professionals in specific public health content areas;
- They will increase access to real-time on demand public health information using a wide array of training formats;
- Distance-based activities and training will be utilized on a consistent level;
- How activities will comply with Section 508 of the Rehabilitation Act, which requires Federal agencies and their awardees to make electronic and information technology accessible to people with disabilities (<http://www.section508.gov>).

Work with other Regional PHTCs to formalize a nationwide PHTC network, and develop and implement cross-cutting public health trainings to increase the knowledge and skills of public health workers.

The quality of and extent to which the applicant presents a comprehensive plan by describing how they will:

- Work with other regional centers and the NCCPHTC to provide technical assistance to the Local Performance Sites; coordinate the standardization and vetting of course offerings, evaluations and needs assessments nationally;
- Spearhead work with the NCCPHTC to replicate evidence-based products and share and leverage resources; find creative ways to convene Regional PHTC grantees on a regular

basis and improve the collection of data to demonstrate program impact; work together to ensure that all trainings are cross-cutting, eliminating duplication of courses nationally and serve as a clearing house for public health education and training.

- Share their identified area of expertise with others in the network;
- Identify and implement a core set of cross-cutting public health workforce trainings/courses, which might be standardized for replication across the region, in the first year of the project.

Develop and implement plans to establish or strengthen faculty-student collaborative projects and field placements.

The quality of and extent to which the applicant presents a comprehensive plan in addressing field placements for students by describing how they will:

- Establish or strengthen field placements for students in public or nonprofit health agencies or organizations, particularly those serving underserved areas and populations.
- Plans for student recruitment, placement, training and follow-up;
- Offer placements that provide structured opportunities and/or experiences for students as they apply their acquired knowledge and skills in a public health practice setting. Field experiences are expected to contribute to the mastery of public health competencies, with a focus on balancing the educational and practice needs of the students with the needs of the community;
- Coordinate student field placements across the region to include the mentorship of students;
- Structure field placements to take an interdisciplinary approach to public health education.

The quality of and extent to which the applicant presents a comprehensive plan in addressing the faculty-staff collaborative projects by describing:

- How they will involve faculty and students in collaborative projects to enhance public health services to medically underserved communities;
- The type of collaborative projects that may be considered, the entities that may be included in the collaboration, the length of collaborative projects. How the goals of a collaborative project will contribute to the achievement of public health competencies in specific areas of public health expertise and the development of leadership skills for the students;
- How collaborative projects will have an interdisciplinary component.

Enhance collaborations and linkages with other Federal agency programs, local, State, Tribal and national partners.

The quality of and extent to which the applicant presents a comprehensive plan by describing:

- A process for communicating, meeting, and conducting site visits at Local Performance Site offices/training venues;
- Their knowledge of and experience in collaboration with local community based organizations (CBOs), local planning councils and consortia, State Primary Health Care Associations and State Primary Care Offices, Community Health Centers, Rural Health Centers, and local academic institutions including Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), National Health Services Corp, Ryan White Clinics and Tribal Colleges and Universities (TCUs);

- The existence of these resources and how they plan to collaborate to ensure maximum effective use of resources;
- Active, functioning, collaborative academic-practice partnerships between the applicant organization and other relevant state and local public and nonprofit private sector organizations. For regional applicants, the quality of the coordination of proposed training efforts (as appropriate) with existing public health workforce investments such as Public Health Training Centers, Association of State and Territorial Health Officials, National Association of County and City Health Officials (NACCHO), Association of Schools and Programs of Public Health (ASTHO), etc.

Establish and implement strategies to promote and market the work of the Regional PHTC as well as recruit participants for all activities.

The quality of and extent to which the applicant presents a comprehensive plan by describing:

- How they will coordinate the outreach to primary and secondary audiences and develop and implement a marketing plan to promote the work of the Regional PHTC Program;
- How the applicant will communicate with Local Performance Sites across the region;
- How appropriate learners will be recruited and selected, and the estimated numbers and types of learners who will benefit from the regional PHTC program;
- How the applicant will prioritize the delivery of training and workforce development activities in the event the demand for activities under this cooperative agreement exceeds the capacity of the awardee;
- The process for selecting governmental public health agencies to be served, in its proposed activities.

Work with governmental public health agencies to develop policies and implement systems changes to motivate public health workers to participate in trainings and to create a culture of learning within the agencies.

The quality of and extent to which the applicant presents a comprehensive plan by describing:

- How they will work with governmental public health agencies to address training challenges including approaches that will be used to resolve challenges.
- Specific strategies, which might include, but will not be limited to the following:
 1. Working with health officials to include trainings as a requirement for specialized public health fields;
 2. Including specific public health course content training in new employee orientations;
 3. Providing webcasts and other means to access trainings for that segment of the workforce who might not have access to technology at work;
 4. Institutionalize trainings as part of the National Accreditation process;
 5. Target a subset of the public health workforce for specialized trainings with the support of health officials;
 6. Offer CE and CEU for public health professionals;
 7. Working with governmental public health to foster a culture of learning within its institutions;
 8. Identifying a core set of competencies for specialized areas of public health training and working with governmental health officials to revise job descriptions with core competencies; and,
 9. Incorporate required training as part of the employee evaluations and requirement for promotion.

Assist and support the implementation of the Affordable Care Act.

The quality of and extent to which the applicant presents a comprehensive plan by describing:

- How they will work with the Local Performance Site to identify roles in the implementation of ACA within their respective regions.
- Specific strategies, which might include, but will not be limited to the following: training for governmental public health to serve as the conveners of ACA stakeholder groups in re-shaping the evolving health care system; identifying new public health workforce skills required as a result of the ACA implementation; the education and promotion of competencies required to facilitate the integration of public health and primary care; webinars on what prevention and health promotion looks like post ACA; best practices around patient centered models and public health; interprofessional education within the context of public health and interdisciplinary team, patient centered approaches to addressing population health.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation Measures and Technical Support Capacity section

Devise and implement an evaluation plan that fully describes strategies for assessing the progress and outcomes associated with the Regional PHTC Program.

The strength and effectiveness of the method proposed to monitor and evaluate the project results, including the quality of and extent to which the applicant describes:

- Strategies that are evidence-based and are able to demonstrate project progress, outcomes, as well as determine how identified needs are being met.
- The linkage of each objective with appropriate input, throughput, output, and outcome measures and explain how data will be used to strengthen project performance.
- The evaluation of identified public health core competency continuation education (CE) and continuation education units (CEU) course and curriculum offerings.
- Perceived changes/gains in knowledge, competencies, and attitudes and how they plan to integrate any of this content into practice.
- Systems and processes that will support the organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- The data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery.
- Any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
- Systems and processes that will enable the organization to collect, track and report performance measures on a semi-annual basis.
- The organization's capacity to collect required outcome measures
- A standardized method to monitor program staff and activities and to deliver technical assistance to Local Performance Site as needed to ensure programmatic goals and objectives are accomplished.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology/Response and Impact sections

The overall impact of the project on the field; the feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope. The extent to which the applicant documents:

- A plan to disseminate the projects methodologies and outcomes, including the extent to which the project results and products are regional and national in scope;
- Degree to which the project activities and products are replicable;
- A plan for project sustainability after the period of Federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Organizational Information section

The capabilities of the applicant organization and personnel to fulfill the needs and requirements of the proposed project.

The quality and extent to which the applicant documents:

- The organization's current mission and structure, scope of current activities, an organizational chart (Attachment 4), and description of how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.
- The program's resources and capabilities to support provision of culturally and linguistically competent and health literate services.
- How the unique needs of target populations of the communities served are routinely assessed and improved.
- The organizational capacity to direct, lead, and monitor their program and to provide adequate administrative oversight of federal resources.
- Expertise and experience in the design, development, implementation and evaluation of training activities.
- Experience managing training resources, and working with training entities, consultants, service providers, and federal officials.
- Capacity to fiscally manage a large federally funded training program including the capacity to develop a standardized method to manage and monitor contracts and subcontracts.
- Experience in adult education and training of the public health workforce.
- Capacity and demonstrated expertise in developing, utilizing and maintaining various distance learning modalities as well as instructional design and curriculum development.
- Established partnerships with governmental public health and other key public health stakeholders on a local, State, national, Tribal, and Federal level.
- Similar expertise at the Local Performance Sites identified in the project.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Support Requested section

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results. The quality and degree to which the applicants:

- Proposed budget and budget justification is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and expected outcomes; and,
- The extent to which the applicants proposed budget justification provides explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.
- The extent to which key personnel has adequate time devoted to the project to achieve project objectives.

7. Review and Selection Process

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

Please note that only one grant will be awarded for each one of the ten (10) HHS regions. Further information about the HHS regions is located in Section VIII of this announcement.

Funding Preferences

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

Qualification 1: Accredited Schools of Public Health

An applicant can request funding preference if it can document accreditation. This request and the required documentation must be submitted as **Attachment 7**.

8. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

3. Reporting

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

- 1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. The BHP progress report has two parts. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project.
- 2) **Performance Reports.** Performance data for the recently completed academic year must be reported for each budget period semi-annually before January 30 and before July 30. An email notification will be sent as a reminder that a report is due, including instructions on how to provide the report through the EHB system. The BHP requirements and performance measures will be available at <http://bhpr.hrsa.gov/grants>. Contact your BHP project officer for additional information; further information will be provided in the award notice.
- 3) **Final Report.** All BHP awardees are required to submit a final report **within 90 days after the project period ends**. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. The final report is designed to provide the Bureau of Health Professions (BHP) with information required to close out a grant after completion of project activities. As such, every awardee is required to submit a final report at the end of their project. The final report includes the following sections:
 - a. Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
 - b. Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
 - c. Summary Information:
 - i. Project overview.
 - ii. Project impact.
 - iii. Prospects for continuing the project and/or replicating this project elsewhere.
 - iv. Publications produced through this award activity.
 - v. Changes to the objectives from the initially approved award.

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

VII. Agency Contacts

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

David K. Treer
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0563
Fax: (301) 443-6343
Email: dtreer@hrsa.gov

Bruce A. Holmes
Senior Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-55
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0752
Fax: (301) 443-6343
Email: bholmes@hrsa.gov

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

Angela Landeen, MS, CHES, CPH
Public Health Analyst
Division of Public Health and Interdisciplinary Education
Email: RegionalPHTCFOA@hrsa.gov
Telephone: (301) 443-1550
Fax: (301) 443-0157

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Technical Assistance Calls:

Two technical assistance calls, providing the same information, will be provided for potential applicants:

Friday, April 25, 2014

2:00 PM – 4:00 PM ET

Toll Free Number: 888-942-9651

Participant Code: 7795258

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/regionalphtc>

Instant replay – available until 6/30/14 at 11:59 p.m ET at:

Toll Free Number: 800-518-0083

Participant Code: 2514

Monday, April 28, 2014

2:00 PM – 4:00 PM ET

Toll Free Number: 888-942-9651

Participant Code: 7795258

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/regionalphtc>

Instant replay – available until 6/30/14 at 11:59 p.m ET at:

Toll Free Number: 866-489-8051

Participant Code: 6314

Logic Models.

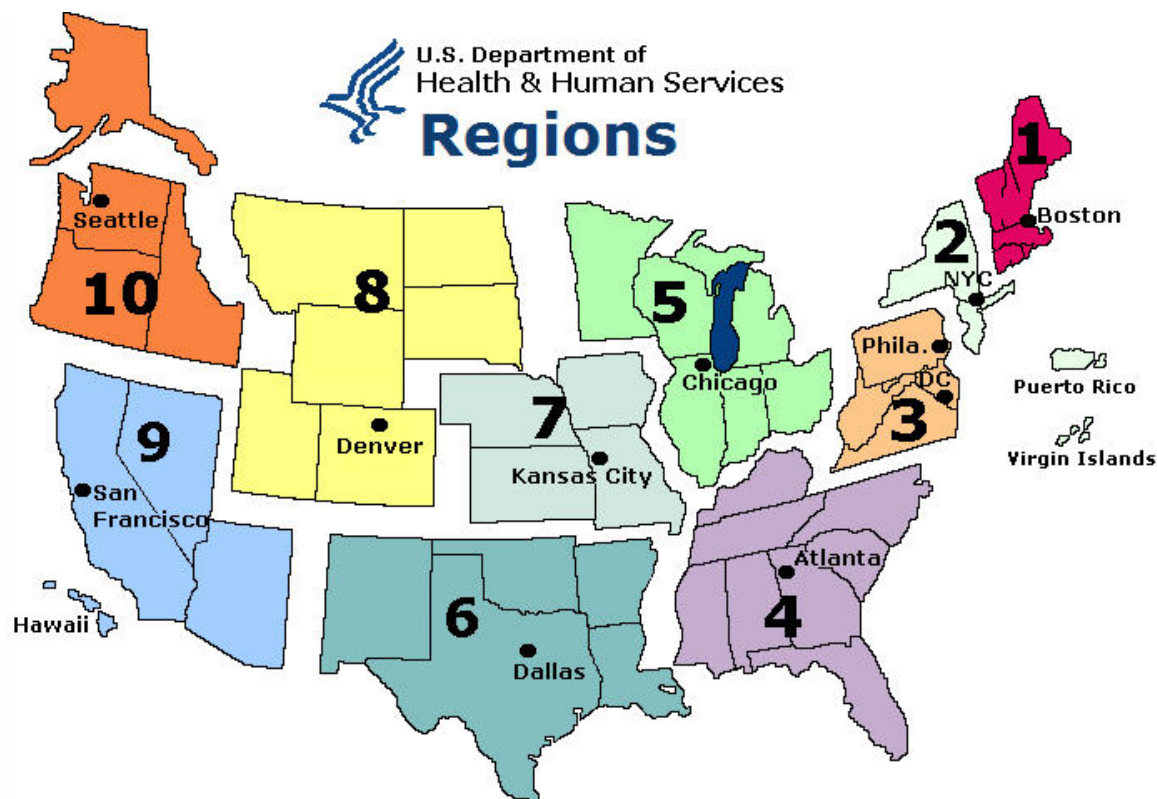
Additional information on developing logic models can be found at the following website:

http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. 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>

Regional Information

HRSA will fund ten (10) HHS regional centers to ensure that the U.S. and its jurisdictions all have access to public health workforce education and training. The geographic breakout of the states, Territories, and jurisdictions to be included in the ten (10) HHS regions can be below:



Region 1: Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region 2: New York

New Jersey, New York, Puerto Rico, Virgin Island

Region 3: Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Region 4: Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region 5: Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 6: Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region 7: Kansas City

Iowa, Kansas, Missouri, Nebraska

Region 8: Denver

Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region 9: San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam

Region 10: Seattle

Alaska, Idaho, Oregon, Washington

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 R&R Application Guide](#). In addition, BHPr has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at: <http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.