

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

Bureau of Health Workforce  
Division of Medicine and Dentistry

***Primary Care Medicine and Dentistry  
Clinician Educator Career Development Award***

**Announcement Type:** Initial: New  
**Funding Opportunity Number:** HRSA-17-072

**Catalog of Federal Domestic Assistance (CFDA) No. 93.976**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: February 13, 2017**

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

**Issuance Date: December 6, 2016**

Anthony Anyanwu Medicine Project Officer Division of Medicine and Dentistry Email: <a href="mailto:aanyanwu@hrsa.gov">aanyanwu@hrsa.gov</a> Telephone: 301-443-8437 Fax: 301-443-0162	Dr. Jennifer Holtzman Dental Officer Division of Medicine and Dentistry Email: <a href="mailto:jholtzman@hrsa.gov">jholtzman@hrsa.gov</a> Telephone: 301-945-3368 Fax: 301-443-0162
--	--

Authority: Title VII, Sections 747(a) and 748 of the Public Health Service Act

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Medicine and Dentistry is accepting applications for the fiscal year (FY) 2017 Primary Care Medicine and Dentistry Clinician Educator Career Development Award.

The purpose of this program is to strengthen the primary care workforce by training and supporting physicians, physician assistants, dentists, and dental hygienists who plan to teach in the primary care fields. The goal of this Funding Opportunity Announcement (FOA) is to provide career development awards to junior faculty to support the development of future clinician educator faculty and leaders in primary care medicine and dentistry while also supporting innovative projects that involve the transformation of health care delivery systems. Awards are made to successful applicants to support one identified individual junior faculty candidate for the five-year award.

Funding Opportunity Title:	Primary Care Medicine and Dentistry Clinician Educator Career Development Award
Funding Opportunity Number:	HRSA-17-072
Due Date for Applications:	February 13, 2017
Anticipated Total Annual Available Funding:	\$4,000,000
Estimated Number and Type of Award(s):	Up to 20 awards
Estimated Award Amount:	Up to \$200,000 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2017 through July 31, 2022 (5 years)
Eligible Applicants:	<p>Eligible applicant must be schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, dental and dental hygiene schools, accredited public or nonprofit private hospitals, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants.</p> <p>See <a href="#">Section III-1</a> of this FOA for a more complete listing of eligibility information.</p>

## **Application Guide**

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

## **Technical Assistance**

The following technical assistance webinar and conference call has been scheduled for applicants:

Date: Friday, December 16, 2016

Time: 2:30 – 4:00 p.m. (ET)

Call-In Number: 1-888-989-4500

Participant Code: 6776124

Web link: [https://hrsa.connectsolutions.com/DMDCDA\\_2016FOA\\_Webinar](https://hrsa.connectsolutions.com/DMDCDA_2016FOA_Webinar)

Playback number: 866-353-3018

Passcode: 1130

Date: Tuesday, January 31, 2017

Time: 2:30 p.m. (ET)

Conference Number: 888-989-4500

Participant passcode: 6776124

Playback Number: 866-507-6408

Passcode: 1131

# Table of Contents

<b>I.</b>	<b>PROGRAM FUNDING OPPORTUNITY DESCRIPTION .....</b>	<b>1</b>
1.	PURPOSE .....	1
2.	BACKGROUND .....	2
<b>II.</b>	<b>AWARD INFORMATION .....</b>	<b>5</b>
1.	TYPE OF APPLICATION AND AWARD.....	5
2.	SUMMARY OF FUNDING .....	6
<b>III.</b>	<b>ELIGIBILITY INFORMATION .....</b>	<b>7</b>
1.	ELIGIBLE APPLICANTS.....	7
2.	COST SHARING/MATCHING .....	8
3.	OTHER .....	8
<b>IV.</b>	<b>APPLICATION AND SUBMISSION INFORMATION .....</b>	<b>9</b>
1.	ADDRESS TO REQUEST APPLICATION PACKAGE .....	9
2.	CONTENT AND FORM OF APPLICATION SUBMISSION .....	9
i.	<i>Project Abstract</i> .....	10
ii.	<i>Project Narrative</i> .....	11
iii.	<i>Budget</i> .....	17
iv.	<i>Budget Justification Narrative</i> .....	17
v.	<i>Attachments</i> .....	18
3.	<i>Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management</i> .....	20
4.	SUBMISSION DATES AND TIMES.....	21
5.	INTERGOVERNMENTAL REVIEW .....	21
6.	FUNDING RESTRICTIONS .....	21
<b>V.</b>	<b>APPLICATION REVIEW INFORMATION.....</b>	<b>22</b>
1.	REVIEW CRITERIA .....	22
2.	REVIEW AND SELECTION PROCESS.....	25
3.	ASSESSMENT OF RISK.....	31
4.	ANTICIPATED ANNOUNCEMENT AND AWARD DATES .....	32
<b>VI.</b>	<b>AWARD ADMINISTRATION INFORMATION.....</b>	<b>32</b>
1.	AWARD NOTICES.....	32
2.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	32
3.	REPORTING.....	32
<b>VII.</b>	<b>AGENCY CONTACTS .....</b>	<b>34</b>
<b>VIII.</b>	<b>OTHER INFORMATION.....</b>	<b>35</b>
<b>IX.</b>	<b>TIPS FOR WRITING A STRONG APPLICATION.....</b>	<b>36</b>

# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Primary Care Medicine and Dentistry Clinician Educator Career Development Award.

The purpose of this program is to strengthen the primary care workforce by training and supporting physicians, physician assistants, dentists, and dental hygienists who plan to teach in the primary care fields. The goal of this FOA is to provide career development awards to junior faculty to support the development of future clinician educator faculty and leaders in primary care medicine and dentistry while also supporting innovative projects that involve the transformation of health care delivery systems. Awards are made to successful applicants to support one identified individual junior faculty candidate for the five-year award.

## Program Requirements

Applications to this funding opportunity will focus on the training and support of primary care medicine and dentistry junior faculty who plan to teach in family medicine, general internal medicine, general pediatrics, physician assistant education programs, general dentistry, pediatric dentistry, or dental public health.

### **Applicant Organizations** must:

- Identify one junior faculty candidate per application to receive the Primary Care Medicine and Dentistry Clinician Educator Career Development Award. Failure to identify an eligible junior faculty candidate in the application will deem the application ineligible.
- Provide protected time (at least 60 percent FTE) to the candidate for their proposed project and for career development activities.
- Make an organizational commitment to the candidate and their proposed project.
- Provide and support an appropriate mentor for the candidate.

### **Candidates** who are Junior Faculty must:

- Propose a clinician educator project aimed at enhancing primary care medicine or dentistry training. Projects **MUST** focus on enhancing training or educational programs in one of the following six focus areas: 1) integrating behavioral health and primary care; 2) integrating oral health and primary care; 3) health workforce diversity; 4) training for rural practice; 5) addressing social determinants of health; or 6) training for vulnerable populations. Applications that do not address one of these six focus areas will be deemed ineligible.
- Propose a career development plan that will position him/her for an academic career teaching in primary care medicine and/or dentistry.
- Act as the Project Director for the grant award.

## Funding Factors

### **Funding Preference**

This announcement includes a funding preference (section 791(a)(1) of the PHS Act). The funding preference applies only to organizations applying on behalf of a physician or physician assistant junior faculty candidate. Organizations applying on behalf of a dentist or dental hygienist junior faculty candidate are not eligible for the funding preference. The funding preference is for organizations that:

- a) demonstrate a high rate for placing graduates in Medically Underserved Communities;
- b) demonstrate a significant increase in the rate of placing graduates in Medically Underserved Communities settings over the preceding 2 years; or
- c) are new programs as defined in this FOA.

In order to receive the funding preference, applicants must clearly indicate the funding preference for which they are applying in the Abstract as well as the school or discipline they are applying for (i.e., medical or physician assistant students), provide all required information, and meet the designated targets. Applicants may apply for this announcement without requesting a funding preference; applicants receiving a funding preference will be placed in a more competitive position among applications that can be funded. Refer to [Section V.2](#) of this FOA for detailed information on qualifying for a funding preference. Requested information to apply for the funding preference must be submitted in **Attachment 5**.

### **Funding Priorities**

This announcement includes seven (7) funding priorities (Section 748 of the PHS Act) for which applicants may apply. The funding priorities apply only to organizations applying on behalf of a dentist or dental hygienist junior faculty candidate. Organizations applying on behalf of physician or physician assistant junior faculty candidate are not eligible for the funding priorities.

In order to receive the funding priorities, applicants must clearly indicate the funding priorities for which they are applying in the Abstract as well as the school or discipline they are applying for (i.e., dental or dental hygiene students) and provide all required information. Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an application's overall score. Up to seven (7) priority points are available across the seven (7) funding priorities. Applicants are permitted to apply for more than one priority, but no applicant can receive more than seven (7) priority points. The instructions and criteria for each funding priority are provided in [Section V.2](#). Requested information to apply for any priority must be submitted in **Attachment 6**.

## **2. Background**

This program will combine Section 747(a)(1)(C) and (E) and 748(a)(C) and (D) authorities of the Public Health Service Act. The focus of these authorities is on improving the Nation's access to well-trained primary care physicians, physician assistants, dentists, and dental hygienists by supporting training, traineeships, and

fellowships for individuals who plan to teach in primary care medicine and dentistry programs.

Primary care medicine and dentistry workforce shortages limit access to high quality health care for the nation. The demand for primary care services is projected to increase largely due to population aging and growth. However, increases in supply are not expected to meet the increases in demands for primary care physicians or dentists.<sup>1,2</sup> Primary care medicine and dentistry shortages are further magnified for underserved communities.<sup>1</sup> Substantial disparities exist in the distribution of primary care providers (PCP) and dental providers and shortages of health care providers impact rural areas disproportionately.<sup>3</sup>

Evidence suggests that a number of strategies are effective in promoting primary care and rural and underserved career choices. Role models and health professional school culture can drive primary care career choices, as well as practice location.<sup>4,5</sup> Medical schools where students report positive experiences in primary care increased likelihood of practicing primary care. In contrast, students who attended schools with high levels of negative reinforcement for primary care were less likely to practice in primary care.<sup>6</sup>

In order to have role models and cultural changes, it is necessary to support and develop future primary care medicine and dentistry faculty. The goal of these career development awards is to develop role models and raise the visibility of primary care medicine and dentistry faculty in the organization and for trainees. In addition, career development awards support the training of junior faculty so that they can be effective faculty members and have successful academic careers. They also support primary care training and enhancement projects that are often innovative.

## Program Definitions

The following definitions apply to the Primary Care Medicine and Dentistry Clinician Educator Career Development Award program for Fiscal Year 2017.

**Accredited:** The term “accredited” for the purpose of this FOA means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education. In general, the relevant accrediting bodies are the Liaison Committee on Medical Education (LCME) for allopathic medical schools, American Osteopathic Association (AOA) for osteopathic medical schools, the

---

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

<sup>2</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. National and State-Level Projections of Dentists and Dental Hygienists in the U.S., 2012-2025. Rockville, Maryland, 2015.

<sup>3</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas. Available at: <http://bhwh.hrsa.gov/healthworkforce/supplydemand/nchwafactsheet.pdf>.

<sup>4</sup> Connelly MT, et al. Variation in Predictors of Primary Care Career Choice by Year and Stage of Training. JGIM. 2003; 18(3):159-69.

<sup>5</sup> Goodfellow A, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Acad Med. 2016 Apr 26. [Epub ahead of print]

<sup>6</sup> Erikson CE, et al. The Role of Medical School Culture in Primary Care Career Choice. Acad Med. 2013;88(12):1919-26.

Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for physician assistant programs, and the Commission on Dental Accreditation (CODA) for dental and dental hygiene schools.

**Disadvantaged Background:** As defined by HRSA's Bureau of Health Workforce, this term refers to an individual who comes from an environmentally or economically disadvantaged background:

- 1) **Environmentally disadvantaged** means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.
- 2) **Economically disadvantaged** means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

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

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

**Diversity:** As defined by HRSA's Bureau of Health Workforce, this term refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing an individual's, group's, or organization's cultural competence; in other words, the ability to recognize, understand, and respect the



differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions including, but not limited to, sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disability, and language.

**Integration (in primary care):** Integration of services or programs in primary care means, at a minimum, basic collaboration in which primary care providers, and providers of other services, view each other as resources, and have direct communication with each other.<sup>7</sup> For further information on integrated delivery systems, please see the Center for Integrated Health Solutions guide to levels of integration at: [http://www.integration.samhsa.gov/integrated-care-models/A\\_Standard\\_Framework\\_for\\_Levels\\_of\\_Integrated\\_Healthcare.pdf](http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf).

**Interprofessional Education:** Occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.<sup>8</sup> The goals of interprofessional collaboration and education are to encourage increased knowledge of the roles and responsibilities of other disciplines, and to improve communication and collaboration among disciplines in future work settings.

**Primary Care Medicine and Dentistry Disciplines:** For the purposes of this FOA, the disciplines associated with primary care medicine and dentistry include: family medicine, general pediatrics, general internal medicine, physician assistants, general dentistry, pediatric dentistry, dental public health, and dental hygiene.

**Primary Care Setting:** For the purpose of this FOA, a CMS primary care setting definition has been adopted. A primary care setting is “one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities and hospices are not considered primary care settings under this definition.”<sup>9</sup>

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a grant. The application must be prepared in collaboration between the applying organization and the selected candidate.

---

<sup>7</sup> Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013. [www.integration.samhsa.gov/integrated-care-models/A\\_Standard\\_Framework\\_for\\_Levels\\_of\\_Integrated\\_Healthcare.pdf](http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf)

<sup>8</sup> World Health Organization. Framework for Action on Interprofessional education & Collaborative Practice. 2010. [http://apps.who.int/iris/bitstream/10665/70185/1/WHO\\_HRH\\_HPN\\_10.3\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf)

<sup>9</sup> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R139NCD.pdf>

## 2. Summary of Funding

This program expects to provide funding during federal fiscal years 2017 – 2021. Approximately \$4,000,000 is expected to be available annually to fund up to 20 awards, with \$2,000,000 (including approximately \$800,000 for physician assistants) to be allocated to medicine awards and \$2,000,000 for dental and dental hygiene awards.

Applicants may apply for a ceiling amount of up to \$200,000 per year to support salary, fringe benefits, and primary care training and career development activities. At least 30 percent of the total award amount must go to the primary care training and career development activity(ies). **This ceiling includes both direct and indirect costs.**

The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

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

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

### III. Eligibility Information

#### 1. Eligible Applicants

**Eligible applicant organizations** include schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, dental and dental hygiene schools, accredited public or nonprofit private hospitals, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants. If the applicant organization is not a medical school, physician assistant training program, dental or dental hygiene school, they must be affiliated with one of the listed schools or training programs and provide a letter of agreement from the relevant organization in **Attachment 9**. Faith-based and community-based organizations, tribes and tribal organizations may apply for these funds, if otherwise eligible.

The applicant must submit accreditation documentation for the relevant training program (medical school, physician assistant training program, dental or dental hygiene school) in **Attachment 8**, as specified in [Section IV.2.vi](#) of this FOA. Provisional accreditation is acceptable for new programs.

Applicant organizations must identify one junior faculty candidate in the application. The selected junior faculty candidate will apply through the organization and must work with their mentor and organization in generating the proposal for this FOA.

Applications that do not address one of these six focus areas mentioned above will be deemed ineligible.

Note: Awards for the Primary Care Medicine and Dentistry Clinician Educator Career Development Awards Program are made to applicant training institutions and are NOT transferrable between organizations. Eligible junior faculty candidates should be aware that, should they choose to leave their current institution, these awards will stay at the applicant institution and do NOT transfer with the individual. Applicant training institutions should be aware that, should the selected junior faculty candidate leave, the training institution must select another qualified candidate, and receive HRSA approval of the selected candidate, within four months or risk cancelation of the award.

#### **Beneficiary Eligibility: Eligible candidates (Program Director/Principal Investigator)**

**Eligible junior faculty candidates** (Project Directors/Principal Investigators) are identified individuals who are applying to HRSA for a clinician educator faculty award through the applicant organization. Candidates must hold a non-tenured faculty appointment (i.e., be a junior faculty such as instructor or assistant professor) before the award is made. The faculty appointment must not be contingent on receipt of the award.

To be eligible to receive a clinician educator career development award, a candidate must:

- A. Have a health professional degree (DDS, DMD, Dental Hygiene, PA, or MD/DO).

- B. Be board certified or board eligible in internal medicine, family practice, pediatrics, physician assistant, or be a licensed dentist or dental hygienist.
- C. Have a non-tenured faculty appointment at an accredited school of allopathic or osteopathic medicine, physician assistant training program, dental school, or dental hygiene school.
- D. Be within 10 years of having graduated from a physician assistant or dental hygiene training program, a dental school, or from having completed a medical/dental residency, or from having completed a post-professional degree.
  - For medicine applicants, candidates must have completed a primary care residency program. Physician assistant junior faculty must have a strong record of working in primary care settings.
- E. Are U.S. citizens, non-citizen nationals or are lawfully admitted for permanent residence (i.e., hold a “green card.”)

At the time of award, the candidate must have a full-time appointment at the organization. All required qualifications must be reflected in the candidate’s submitted biographical sketch. Candidates are required to commit a minimum of 60 percent of full-time professional effort to their primary care training and career development activities.

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

Cost sharing/matching is not required for this program.

## **3. Other**

### **Programmatic Responsiveness:**

Projects **MUST** focus on enhancing training or educational programs in one of the following six focus areas: 1) integrating behavioral health and primary care; 2) integrating oral health and primary care; 3) health workforce diversity; 4) training for rural practice; 5) addressing social determinants of health; or 6) training for vulnerable populations. Applications that do not address one of these six focus areas will be deemed ineligible.

Failure to include required accreditation documentation will result in the application being deemed non-responsive and it will not be considered for funding.

### **Ceiling Amount**

Applications that exceed the ceiling amount of \$200,000 will be considered non-responsive and will not be considered for funding under this announcement. This amount includes direct and indirect costs.

### **Deadline**

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

### **Maintenance of Effort (MoE)**

The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award as required by Section 797(b) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as **Attachment 4**. An applicant that receives a clinician educator faculty award shall provide assurances to HRSA that funds provided to the applicant will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the applicant.

### **Multiple Applications**

Multiple applications from an organization are allowable provided they are not from the same health professional training program. For example, an organization may be eligible to submit one application from their medical school, one from their dental school, one from their PA training program, and one from their school of dental hygiene.

An “organization” for this FOA is defined as an organization with a single Employer Identification Number (EIN).

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

You are reminded that failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

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

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

### **2. Content and Form of Application Submission**

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances,

certifications, and abstract. You must submit the information outlined in the [SF-424 R&R Application Guide](#) in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the FOA to do otherwise.

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

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: Biographical Sketches **do** count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

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

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

### **Program-Specific Instructions**

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

#### ***i. Project Abstract***

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

The Project Abstract must include a brief overview of the project as a whole as well as:

1. Identify the junior faculty candidate and their relevant health professional degree.

2. Clearly indicate which Focus Area the primary care training proposal is centered around: 1) integrating behavioral health and primary care; 2) integrating oral health and primary care; 3) health workforce diversity; 4) training for rural practice; 5) addressing social determinants of health; or 6) training for vulnerable populations.
3. List the specific, measurable objectives that the project will accomplish.
4. Briefly describe how the proposed project will be accomplished (i.e., the "who, what, when, where, why and how").
5. Clearly name which Funding Preference and Priorities are being requested, if applicable. Justification is to be provided in **Attachments 5 and/or 6**.

## **ii. Project Narrative**

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

Use the following section headers for the Narrative:

- **PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1**  
Provide a brief statement of the purpose of the proposed project. Specifically provide the following:

### *For the Applicant Organization:*

- Describe the current need for primary care medicine or dentistry clinician educator faculty and any challenges currently faced in the recruitment and retention of these individuals.
- Describe any identified gaps in the current career development training or activities offered at the organization, noting any significant deficiencies in the currently offered training when compared to the proposed career development plan.

### *For the Junior Faculty Candidate:*

- Describe prior training and how it relates to the objectives and long-term career plans of the candidate.
- Describe the candidate's background to this point in his/her teaching career, including any publications related to the proposed project and experience related interests.
- Provide evidence of the candidate's potential to develop into a clinician educator/faculty leader.
- Describe the candidate's commitment to a career in primary care medicine or dentistry clinical education. Include a description of primary duties of the candidate's current professional responsibilities at the training organization, including community-based organizations which are encouraged.

### *For the Candidate's Primary Care Medicine or Dentistry Training Plan:*

- Describe the specific community/communities which will benefit from the proposed training, including any communities that are served by clinical

training sites included in the training proposal. Describe the communities' diversity, social determinants of health, health disparities, and any unmet needs, and identify those that will be addressed through the proposed training program.

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

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

For this section you must describe how your application addresses: 1) the primary care medicine or dentistry training plan and 2) the career development plan (to include the mentorship plan). Specifically:

*Primary Care Medicine or Dentistry Training Plan:*

- Clearly indicate which of the six focus areas the training plan addresses.
- Describe, in detail, your proposed project goals, objectives, and intended outcomes. Objectives must be specific, measurable, realistic, and achievable within the project period. Clearly relate the project goals and objectives to the overall purpose of your proposed project. Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed changes to the clinical learning environment and any proposed didactic or clinical curricula to be developed or enhanced. Provide evidence for the activities when available.
- Describe how your proposed project will enhance training to produce primary care medicine and dentistry providers who will be well prepared to practice in, and lead, transforming health care delivery systems.
- Describe the trainees that will benefit from the project, how their experiences will be enhanced, and how the proposed activities are expected to improve access, quality, and cost of care for patients.

*Career Development Plan:*

- Describe the career development activities and how the activities are designed to develop the necessary knowledge and skills in areas relevant to the candidate's career goals.

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

For each of the required plans: 1) the primary care medicine or dentistry training plan and 2) the career development plan, provide a detailed work plan that includes key milestones for each task or activity, timeframe for completion, and a description of the staff responsible. Describe key deliverables and/or products.

For the primary care medicine or dentistry training plan, provide a logic model as **Attachment 7**, and an annual training chart that indicates the number and type of students the candidate plans to train through the proposed activities. The logic model must provide a framework for the project and connect the program activities



with the short and long term outcomes and goals of the project. More information on logic models is provided in *Section VIII*.

Provide a work plan chart that includes the goals, key objectives, activities/tasks, staff, and timeline for both the primary care medicine and dentistry training plan and the career development plan as **Attachment 1**. The work plan must include evaluation and dissemination activities for the training proposal. A sample work plan can be found at <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

*(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*

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

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

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

Applicants must include an evaluation plan for both the primary care medicine or dentistry training plan and the career development plan. The evaluation plan:

- Must demonstrate that the evaluative measures selected will be able to assess: 1) the extent to which the project objectives have been met, and 2) the extent to which these can be attributed to the project.
- Must include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. Evaluation methods, including instruments and tools to be used and primary and secondary data sources must be described.
- Must describe plans for dissemination of training project results and the extent to which the project results may be generalizable.
- Must describe the extent to which the training project activities are replicable in other settings.

The evaluation plan must also contain the following components:

### **Program Impact**

For the primary care medicine or dentistry training proposal, applicants must include measures related to trainee and graduate outcomes and/or patient access, quality of care, and cost effectiveness in the clinical training environment.

Examples of relevant outcomes are changes in:

- Rate of graduates practicing in primary care or in underserved areas, at least 1 year after program completion.
- Patient services provided by graduates.
- Quality of care provided by graduates.
- Patient services provided by trainees and faculty at participating clinical training sites.
- Quality of care provided by trainees and faculty at participating clinical training sites.
- Cost of care provided by trainees and faculty at participating clinical training sites.

### **Program Assessment and Improvement:**

You must describe a continuous quality improvement plan to measure and assess your program's performance. Your plan must provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting program goals and objectives. Your plan must also discuss how the results of these activities will inform improvements in the project over the 5-year project period. This must include rapid-cycle improvement strategies that will provide feedback to the applicant and HRSA about early results of the implementation and potential modifications to better meet the goals of the program.

### **HRSA Required Performance and Progress Reporting**

Programs must report on their findings in their annual Performance and Progress Reports. Applicants must describe the systems and processes that will support the organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. This includes a description of how the applicant will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, and how those obstacles will be addressed. The evaluation and reporting plan also must indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

### **Technical Capacity**

The applicant must demonstrate that it has the capacity to achieve the proposed evaluation plan. Describe any evaluation experience of the junior faculty candidate and any resources within the applicant organization, or elsewhere, that will be

utilized to support the success of the evaluation plan, such as an identified mentor with evaluation expertise.

Identify any potential obstacles for the evaluation plan and potential ways to address those obstacles.

▪ *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)*

Propose a plan for sustainability of career development for the individual and the training project activities after the period of federal funding ends. Discuss challenges that are likely to be encountered in sustaining program activities and approaches you plan to use to address them. Documentation must specify strategies to obtain future sources of potential income, as well as specific strategies and a timetable for becoming self-sufficient. Address any need for ongoing financial or other resources to sustain activities and your approaches to meet that need.

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

The applicant organization must document a strong, well-established career development program related to the candidate's area of interest, including:

- Information on the applicant organization's current mission, structure, and scope of current activities. Describe how these contribute to the ability of the organization to support the career development and training plan of the junior faculty candidate.
- Resources and facilities that will be available to the candidate, to include appropriate office and/or laboratory space, equipment, and other resources and facilities (including access to clinical and/or other research populations) necessary to carry-out the proposed career development plan.
- Identification and description of the mentor(s) who will manage the proposed career development plan with the candidate and support the career development and training proposal activities. The mentor(s) must have expertise in the area of the proposed project, be committed both to the career development of the candidate and to the direct supervision of the candidate's project, and at least one identified mentor must have a successful track record of mentoring individuals.
- Describe the selection criteria and rationale used in determining the candidate for the career development award. Individuals that work and teach in community-based settings and who are from disadvantaged backgrounds are encouraged to be considered for selection.
- Applicants are encouraged to identify more than one mentor (i.e., a mentoring team) if this is deemed advantageous for providing expert advice in all aspects of the career development program. In such cases, one individual must be identified as the principal mentor who will coordinate the candidate's project. The respective areas of expertise of the mentors must be described.
- Although not required, the application may include the creation of an advisory committee to be formed to assist with the development of the program of study and to monitor and provide guidance to the candidate's progress during the career development program.

Biographical sketches **not exceeding two pages per person** must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, that can be accessed in the Application Package under “Mandatory.” They must include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education including postdoctoral training and residency training, if applicable:
  - Institution and location
  - Degree(s) (if applicable)
  - Date of degree(s) (MM/YY)
  - Field(s) of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual’s experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project.
- *Section B (required)* **Positions and Honors.** List in chronological order previous positions, concluding with the present position. Include present membership on any Federal Government public advisory committee.
- *Section C (optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** The applicant is encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 10. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed project. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- *Section D (optional)* **Other Support.** List both selected ongoing and completed (during the last three years) projects (Federal or non-Federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

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

### **iii. Budget**

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

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

**Salary for mentors, secretarial and administrative assistants, etc. is not allowed.**

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

### **iv. Budget Justification Narrative**

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the Primary Care Medicine and Dentistry Clinician Educator Career Development Awards program requires the following:

*Participant/Trainee Support Costs:* for applicants with participant/trainee support costs, list tuition/fees, travel, and other costs. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

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

## **v. Attachments**

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

### *Attachment 1: Work Plan Chart – required.*

Attach the Work Plan for the training project proposal and the career development plan using a table or chart that accounts for all of the information you provided in *Section IV, ii. Project Narrative*.

### *Attachment 2: Staffing Plan, Job Descriptions for Key Personnel – required.*

See Section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#) for required information. Keep each job description to one page in length as much as possible. Include the role, responsibilities, and qualifications of proposed project staff.

### *Attachment 3: Letters of Support – required.*

You must submit two types of letters of support—from the Chair of the Department as well as the identified mentor(s). Failure to include all required letters of support will result in the application being deemed non-responsive and it will not be considered for funding.

1. Chair of the Department—The letter of support from the Chair of the Department must provide a statement of commitment to the candidate's development into a productive, independent faculty member and to meeting the requirements of this award; provide assurances that the candidate will be able to devote a minimum of 60 percent full-time professional effort to the award activities; provide the candidate with appropriate office and clinical space, equipment, and other resources; and provide assurance that appropriate time and support will be available for any proposed mentor(s) and/or other staff consistent with the career development plan. Describe the selection criteria and rationale used in determining the candidate for the career development award. Individuals that work and teach in community-based settings and who are from diverse backgrounds within the health profession are encouraged to be considered for selection.
2. Mentor(s)—Letters of support from identified mentor(s) must confirm their participation, describe their specific roles, and document the expertise they will contribute. Additional letters of support that support either the training

project proposal or the candidate's career development proposal can also be included in this section.

*Attachment 4: Maintenance of Effort Documentation – required.*

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

NON-FEDERAL EXPENDITURES	
<p>FY 2016 (Actual) Actual FY 2016 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$_____</p>	<p>FY 2017 (Estimated) Estimated FY 2017 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$_____</p>

*Attachment 5: Request for Funding Preference*

To receive a funding preference, the junior faculty candidate must be a physician or physician assistant and you must clearly identify that you are applying for the preference, include the appropriate documentation including the methods used, and identify the requested funding preference in the Abstract. Dentistry applicants are not eligible to apply for the funding preference.

See the **Funding Preference and Priority** section under **Review** and **Selection Process**, [Section V.2](#).

*Attachment 6: Request for Funding Priority*

To receive a funding priority, the junior faculty candidate must be a dentist or dental hygienist applicant and you must include a statement that: 1) clearly states which priority or priorities are being requested, 2) how each priority is met, 3) if applicable, includes any required data and calculations, and 4) if applicable, provides references to relevant objectives, work plan, and activities. Identify the requested funding priorities in the Abstract as well. Physician and physician assistant applicants are not eligible to apply for any of the funding priorities.

See the **Funding Preference and Priority** section under **Review** and **Selection Process**, [Section V.2](#).

*Attachment 7: Logic Model – required.*

Attach a logic model for the primary care medicine or dentistry training project. More information on logic models is provided in *Section VIII*.



*Attachment 8: Accreditation Documents – required.*

The applicant organization must provide: 1) a statement that they hold continuing accreditation from the relevant accrediting body and are not on probation, 2) the dates of the initial accreditation, and 3) the date of the next accrediting body review. The full letter of accreditation is not required. Applicants on provisional accreditation status must provide proof of this status. Failure to include required accreditation documentation will result in the application being deemed non-responsive and it will not be considered for funding.

*Attachment 9: Letters of Agreement*

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

*Attachment 10: Other Relevant Documents*

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

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

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

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

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

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

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

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



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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this FOA is February 13, 2017 *at 11:59 P.M. Eastern Time.*

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

#### **5. Intergovernmental Review**

The Primary Care Medicine and Dentistry Clinician Educator Career Development Awards is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

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

You must request funding for a project period of up to five (5) years, at no more than \$200,000 per year, in total costs (direct and indirect). At least 30 percent of the total award amount must go to the primary care training and career development activity(ies). 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. Applications that request over the budget ceiling of \$200,000 will be considered ineligible.

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

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

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

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

**Salary for mentors, secretarial and administrative assistants, etc. is not allowed.**

## V. Application Review Information

### 1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The Primary Care Medicine and Dentistry Clinician Educator Career Development Award program has five (5) review criteria:

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

The application will be evaluated on the extent to which:

- The organization has demonstrated a compelling need for primary care medicine or dentistry clinician educator faculty and the proposal addresses gaps in current career development training or activities.
- The junior faculty candidate demonstrates prior training, background, or provides other evidence that is supportive of their potential to develop into a clinician educator and faculty leader.
- The junior faculty candidate has demonstrated commitment to a career in community-based primary care medicine or dentistry education.
- The specific community/communities the candidate's proposed training project will benefit are underserved.

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

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

The application will be evaluated on the extent to which:

- The candidate's primary care medicine or dentistry training plan is likely to enhance training and produce primary care medicine or dentistry providers who are well prepared to practice in or lead transforming health care delivery systems.
- The candidate's training plan will enhance training to produce primary care medicine or dentistry providers who will improve access, quality, and cost of care

for patients by addressing workforce diversity, population health, and social determinants of health.

- The candidate's training plan is innovative and supported by evidence, where appropriate.
- The candidate's career development plan is matched to the needs of the individual and likely to provide the necessary knowledge, skills, and experience needed for the candidate to advance in an academic career.

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

The application will be evaluated on the extent to which it provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives for both the primary care medicine or dentistry training plan and the career development plan. This includes:

- The degree to which the objectives are specific, measureable, reasonable, and attainable within the five-year project period.
- The feasibility of the proposed activities and timelines, including the evaluation plan.
- The staffing plan is sufficient for the proposed activities.
- The extent to which the work plan chart is clear, complete, and allows tracking of project progress.
- The extent to which the junior faculty candidate's training plan and their annual training chart indicates the number and type of students the candidate plans to train through the proposed activities during the five-year project period.
- The extent the logic model clearly connects the activities, short and long term outcomes, and goals of the training project.

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

The application will be evaluated on the extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design, implementation and evaluation of the project, and includes a plan for resolving the identified challenges within their focus area and training environment.

*Criterion 3: IMPACT (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity and Sub-section (b) Project Sustainability*

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

The application will be evaluated on the extent to which the evaluation plan will adequately evaluate the stated goals and objectives, and expectations of the FOA including:

- The extent to which evaluative measures assess whether project objectives have been met for both the primary care medicine or dentistry training plan and the career development plans and are likely to be attributed to the project.

- The extent to which the evaluation plan for the training project assesses trainee/graduate outcomes and patient access, quality of care, and cost effectiveness outcomes.
- The extent to which the evaluation plan, including inputs, key processes and methods, variables to be measured, and expected outcomes, is reasonable, evidence-based where appropriate, and feasible within the project timeframe.
- The strength of the applicant's plan to report on HRSA's required performance and progress reporting, including systems, processes, and adequate staff to collect, manage, analyze, and report data.
- The strength of the dissemination plan of the training project activities and the likelihood that the training activities are replicable and generalizable.
- The extent to which the junior faculty candidate demonstrates the technical capacity to conduct the evaluation and the organization provides appropriate evaluation support as needed.

*Criterion 3 (b): PROJECT SUSTAINIBILITY (10 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability*

The application will be evaluated on the extent to which:

- The candidate has a reasonable plan for continued career development and training project activities after the period of federal funding ends.
- The organization demonstrates support for the individual's career development and training project activities beyond the funding period.

*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities*

The application will be evaluated on the extent to which:

- The applicant organization, through a letter of support (**Attachment 3**), demonstrates a commitment to the career development of the identified junior faculty candidate. This includes assurance that the candidate will be able to devote a minimum of 60 percent full-time effort to their career development award activities and that an appropriate mentor and necessary resources and facilities will be provided to the candidate.
- The organization demonstrates commitment to meeting the needs of the populations they serve, particularly those served through community-based settings and located in rural and underserved areas.
- The mentor(s) and, if applicable the mentorship advisory committee members, is/are qualified through past education and experience to fully support the candidate's career development plan and proposed training project.
- The mentor(s) demonstrate(s) commitment to the candidate's career development plan and proposed training project.

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

Applications will be reviewed for the adequacy and reasonableness of the proposed budget for each year of the five-year project period in relation to the objectives, the complexity of the project activities, and the anticipated results, including:

- The extent to which the budget narrative provides sufficient detail to determine what the funds requested will be used for and the reasonableness of the request; including indirect costs fixed at eight percent, and describes the entire project costs including any trainee expenses.
- The extent to which the budget is accurate and has broken down all costs for each year of the five-year project.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives. Please note that salary for mentors, secretarial and administrative assistants, etc. is not allowed for this FOA.

## **2. Review and Selection Process**

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, for this program, HRSA approving officials will use Funding Preferences, Funding Priorities and Special Considerations. HRSA may also consider assessment of risk and the other pre-award activities described in Section V.3 below.

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

### **Funding Preferences**

This program provides a funding preference for some applicants as authorized by Section 791(a)(1) of the PHS Act. **The funding preference applies only to applicant organizations applying on behalf of a physician or physician assistant junior faculty candidate.** Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. An applicant can only meet or achieve a maximum of one funding preference. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding preference factor will be determined by HRSA staff. For purposes of paragraph (1), the Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of the total proposals that have been recommended for approval by peer review groups.

In order to qualify for a funding preference, the required data must be provided for the identified training program (i.e., the medical school or academically affiliated physician assistant training program).

"Tracks," such as primary care or rural tracks, or regional campuses within existing organizations DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification. A total of one funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference via one of the options noted below:

## Qualification 1: Medically Underserved Community (MUC) Funding Preference

This preference focuses on the number of completers from the medical school or academically affiliated physician assistant training program that were placed in Medically Underserved Communities (MUC). To apply you must provide and clearly label in **Attachment 5** as well as in the abstract that you are requesting consideration for the **MUC Funding Preference**.

In order to qualify for this preference, you must provide all of the requested data shown below and you must include a description of how you determined graduate practice in a MUC. For this FOA, a MUC is defined as a geographic location, population of individuals, or facility that is designated by the federal government as a Health Professional Shortage Area (HPSA) or Medically Underserved Area and Population (MUA/P). More information on HRSA shortage designations, including a link to find HPSAs and MUAs/Ps by address, is available at: <http://www.hrsa.gov/shortage/>. Please note: the MUC definition has been limited to geographic locations, populations, or facilities that have been designated as a HPSA or MUA/P. Failure to provide all required information will result in not meeting the funding preference. There are two ways to qualify, as outlined below.

### A) High Rate

To qualify under **High Rate**, you must demonstrate that the percentage of graduates placed in practice settings serving a MUC for the two academic years (AY) indicated below is greater than or equal to **30 percent** for medical students or physician assistant students, as appropriate for your application.

To calculate the MUC Preference by demonstrating High Rate for **physician assistant graduates** use the following formula:

$N_{2014-2015}$  = the number of AY 2014-2015 graduates currently in practice in a MUC

$N_{2015-2016}$  = the number of AY 2015-2016 graduates currently in practice in a MUC

$D_{2014-2015}$  = the TOTAL number of graduates in AY 2014-2015

$D_{2015-2016}$  = the TOTAL number of graduates in AY 2015-2016

$$\text{High Rate} = \frac{N_{2014-2015} + N_{2015-2016}}{D_{2014-2015} + D_{2015-2016}} \times 100$$

To calculate the MUC Preference by demonstrating **High Rate** with **medical school graduates**, apply the above formula for AY 2011-2012 and AY 2012-2013.

The applicant must report all graduates of the medical school or physician assistant program regardless of their training program's source of funding. Any graduates that are

currently in further training programs, such as residency programs or fellowships are not considered in practice and must not be included in the numerators.

## **B) Significant Increase**

To qualify under **Significant Increase**, you must demonstrate a **Percentage Point Increase** of 25 percent in the rate of placing graduates in practice in a MUC for the academic years indicated below.

To calculate this MUC Preference by demonstrating **significant increase** for physician assistant graduates calculate the difference between the percent of graduates from AY 2015-2016 and AY 2013-2014 who are currently practicing in a MUC respectively using the following formula:

$N_{2015-2016}$  = the number of AY 2015-2016 graduates who are currently in practice in a MUC

$D_{2015-2016}$  = the TOTAL number of graduates in AY 2015-2016.

$N_{2013-2014}$  = the number of AY 2013-2014 graduates who are currently in practice in a MUC

$D_{2013-2014}$  = the TOTAL number of graduates in AY 2013-2014.

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

$$\text{Percentage Point Increase} = ((N_{2015-2016} / D_{2015-2016}) - (N_{2013-2014} / D_{2013-2014})) \times 100$$

To calculate the MUC Preference by demonstrating a **Significant Increase** with medical school graduates, use the above formula for graduates between **AY 2012-2013** and **AY 2010-2011** who are currently practicing in a MUC.

The applicant must report all graduates of the medical school or physician assistant program regardless of their training program's source of funding. Any graduates that are currently in further training programs, such as residency programs or fellowships are not considered in practice and must not be included in the numerators.

## **Qualification 2: New Program Funding Preference**

New programs for the purpose of this FOA are those that have completed training of less than three consecutive classes in the medical school or physician assistant program. As a result, they lack the required data to apply for the MUC preference through the above qualification.

New programs can qualify for the New Program funding preference if they meet **at least four** of the following criteria **and** have completed training for less than three consecutive classes as mentioned above:

1. The training organization's mission statement includes preparing health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

To apply for the MUC Preference as a new program, an applicant must submit the Request and Documentation for Preferences (**Attachment 5**) and provide a brief narrative entitled "New Program MUC Preference Request" that will:

- Describe how their program meets at least four of the seven criteria mentioned above.
- State the year the program was established.
- Provide the total number of graduates for each year, including the current year, since the training program began.

As mentioned above, new "tracks," such as primary care or rural tracks and regional campuses within existing organizations **DO NOT** qualify under either the Medically Underserved Community or the New Program funding preference qualification. Revisioned programs with a new focus also **DO NOT** qualify for the New Program qualification.

### **Funding Priorities**

This program includes funding priorities as required by Section 748 of the Public Health Service Act. **The funding priorities apply only to applicant organizations applying on behalf of a dentist or dental hygienist junior faculty candidate.** Applicants applying on behalf of a physician or physician assistant junior faculty candidate are not eligible to apply for any of the funding priorities.

A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The funding priorities will be determined by HRSA staff. The Primary Care Medicine and Dentistry Clinician Educator Career Development Awards program has seven (7) funding priorities.

Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an applicant's score. Up to seven (7) priority points are available across the seven (7) priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than seven (7) priority points.



The instructions/criteria for each funding priority are provided below, and funding priority requests and justification narratives/data must be uploaded as **Attachment 6**. **Failure to *clearly request* or provide the requested information, documentation, or sufficient detail may result in denial of the applicant's priority request.**

**For each priority requested, the applicant must provide:**

- A concise narrative justification of why the applicant qualifies;
- A reference to relevant Objectives, Work plan, and Activities, if applicable;
- The method(s) being used to collect the data to request the priority, if applicable; and
- Any additional required documents indicated below.

**Priority 1: Collaborative Project (1 Point)**

An application will be granted a funding priority if the applicant proposes a collaborative training project between: 1) a department of general, pediatric, or dental public health dentistry and 2) a department of primary care medicine. The proposed collaboration must be significant and be included as part of one of the grant objectives in the work plan. The applicant must include a letter of agreement from the collaborating department of primary care medicine in **Attachment 9**.

**Priority 2: Formal Relationships (1 Points)**

To qualify for this priority, the application must propose a primary care medicine or dentistry training project in collaboration with a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or accredited teaching facility that conducts training of students, residents, fellows, or faculty at the center. To receive this priority, there must be an established formal relationship with an FQHC or a RHC and a letter of agreement from the FQHC or RHC must be provided in **Attachment 9**.

**Priority 3: Cultural Competency and Health Literacy (1 Point)**

To qualify the application must include educational activities in cultural competency and health literacy. The proposed activities must be substantive, be the primary focus of one of the application's training project objectives and be included in the work plan.

**Priority 4: Special/Vulnerable Populations (1 Point)**

To qualify the applicant must conduct teaching programs targeting special or vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, developmental or cognitive disabilities, significant physical limitations, HIV/AIDS, and complex medical programs, and in the risk-based clinical disease management of all populations. The proposed activities must be substantive, be the primary focus of one of the application's training project objectives and be included in the work plan.

**Priority 5: Discipline Retention (1 Point)**

This priority focuses on the number of graduates from the applicable training program (i.e., the dental school or dental hygiene school) who enter into and remain in the practice of primary care dentistry. For the purposes of this FOA, primary care dentistry

is defined as general dentistry, pediatric dentistry, or dental public health. There are two ways to qualify:

**1) Record of Training**

To qualify under **Record of Training** you must confirm that the percentage of graduates from your institution who enter into, and remain in the practice of primary care dentistry for the last two academic years (AY 2014-2015 and AY 2015-2016) is greater than 90 percent. To qualify under this method, provide a letter from the dean or director of the predoctoral program at your institution that affirms the percentage of dental graduates (you must include the actual percentage in the letter) from the last two academic years (AY 2014-2015 and AY 2015-2016) who entered into, and remained in the practice of primary care dentistry is greater than 90 percent.

OR

**2) Significant Improvement**

To qualify under **Significant Improvement** your institution must confirm that your organization has achieved a percentage point increase of 20 percent or more in the number of graduates who enter into, and remain in the practice of primary care dentistry over from AY 2013-2014 to AY 2015-2016. To qualify under this method, provide a letter from the dean or director of the predoctoral dental program at your institution that affirms that the percentage of dental graduates (you must include the actual percentage in the letter) who entered into, and remained in the practice of primary care dentistry from AY 2013-2014 to AY 2015-2016 increased by 20 percent percentage points or more (percentage point increase).

Note: Programs that had no graduates in relevant academic years are not eligible for this priority due to the absence of baseline data.

**Priority 6: Placement in Practice Settings (1 Point)**

This priority focuses on the number of graduates from the applicable training program (i.e., the dental school or dental hygiene school) that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify:

**1) High Rate**

To qualify under this method, you must provide a letter from the dean or director of the predoctoral dental program at your institution that affirms that the percentage of graduates (you must include the actual percentage in the letter) placed in practice settings serving underserved areas or health disparity populations over the past two academic years (AY2014-15 & AY2015-16) is greater than 40 percent.

OR

**2) Significant Increase**

To qualify under this method, provide a letter from the dean or director of the predoctoral dental program at your institution that affirms that the percentage of graduates (you must include the actual percentages in the letter) placed in practice settings serving underserved populations or health disparity

populations from AY 2013-2014 to AY 2015-2016 has increased by 20 percentage points or more (percentage point increase).

### **Priority 7: Diversity (1 Points)**

This priority focuses on the applicable training program's (i.e., the dental school or dental hygiene school) record of training individuals who are from a rural or disadvantaged background or from minorities underrepresented in the dental professions.

To request this priority, the application must demonstrate that at least **25** percent of its current student population are from rural or disadvantaged backgrounds or are underrepresented minorities and affirm that no student was counted more than once when making the calculations. To receive this priority, provide the following calculation affirming this percent:

$$\text{Diversity} = \frac{\begin{array}{l} \# \text{ predoctoral students who are minorities underrepresented in the} \\ \text{dental professions or from rural or disadvantaged backgrounds} \\ \text{(do not count students more than once in the numerator)} \end{array}}{\text{Total number of students enrolled}} \times 100$$

Note: all priority points requested are subject to HRSA verification. Successful applicants must maintain substantiating documentation on file throughout the project period and make data available to HRSA upon request. Priority points that cannot be verified upon audit may lead to administrative action against the applicant organization, up to and, including cancellation of the award.

### **Funding Special Considerations and Other Factors**

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

## **3. Assessment of Risk**

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

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA approving and business management officials will

determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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

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

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

#### **4. Anticipated Announcement and Award Dates**

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

### **2. Administrative and National Policy Requirements**

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

### **3. Reporting**

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

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

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

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

Further information will be provided in the NoA.

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

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

**3) Final Report.** A final report is due within 90 days after the project period ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide BHW with information required to close out an award after completion of project activities. Every recipient is required to submit a final report at the end of their project. The Final Report includes the following sections:

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

Further information will be provided in the NoA.

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

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

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

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

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

## VII. Agency Contacts

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

Denis Nikiema  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane, Mailstop 10N168B  
Rockville, MD 20857  
Telephone: 301-443-8007  
Fax: 301-443-6452  
Email: [dnikiema@hrsa.gov](mailto:dnikiema@hrsa.gov)

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

Anthony Anyanwu  
Project Officer  
Attn: Primary Care Training and Enhancement Program

Division of Medicine and Dentistry  
Bureau of Health Workforce, HRSA  
5600 Fishers Lane, Room 15N190B  
Rockville, MD 20857  
Telephone: 301-443-8437  
Fax: 301-443-0162  
Email: [aanyanwu@hrsa.gov](mailto:aanyanwu@hrsa.gov)

Dr. Jennifer Holtzman  
Dental Officer  
Division of Medicine and Dentistry  
Bureau of Health Workforce, HRSA  
5600 Fishers Lane, Room 15N186A  
Rockville, MD 20857  
Telephone: 301-945-3368  
Fax: 301-443-0162  
Email: [jholtzman@hrsa.gov](mailto:jholtzman@hrsa.gov)

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

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

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

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

## **VIII. Other Information**

### **Logic Models**

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

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the

relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

### **Technical Assistance:**

The following technical assistance webinar and conference call has been scheduled for applicants:

Date: Friday, December 16, 2016

Time: 2:30 – 4:00 p.m. (ET)

Call-In Number: 1-888-989-4500

Participant Code: 6776124

Web link: [https://hrsa.connectsolutions.com/DMDCDA\\_2016FOA\\_Webinar](https://hrsa.connectsolutions.com/DMDCDA_2016FOA_Webinar)

Playback number: 866-353-3018

Passcode: 1130

Date: Tuesday, January 31, 2017

Time: 2:30 p.m. (ET)

Conference Number: 888-989-4500

Participant passcode: 6776124

Playback Number: 866-507-6408

Passcode: 1131

## **IX. Tips for Writing a Strong Application**

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

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

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