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

Bureau of Health Workforce
Division of Nursing and Public Health

Nurse Education, Practice, Quality and Retention –
Bachelor of Science in Nursing Practicums in Community Settings Program

Announcement Type: Initial - New

Funding Opportunity Number: HRSA-16-066

Catalog of Federal Domestic Assistance (CFDA) No. 93.359

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: January 20, 2016

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

Release Date: October 29, 2015

Issuance Date: October 29, 2015

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Authority: Public Health Service Act, Section 831 (42 U.S.C. 296p), as amended by the Patient Protection and Affordable Care Act (P.L. 111-148).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, is accepting applications for fiscal year (FY) 2016 Nursing Education, Practice, Quality and Retention – Bachelor of Science in Nursing (BSN) Practicums in Community Settings (BPCS) program. The purpose of the program is to increase the number of BSN students with meaningful clinical experience and training in medically underserved and rural communities, who will then be more likely to choose to work in these settings upon graduation.

Funding Opportunity Title:	Bachelor of Science in Nursing Practicums in Community Settings (BPCS) Program
Funding Opportunity Number:	HRSA-16-066
Due Date for Applications:	January 20, 2016
Anticipated Total Annual Available Funding:	$6,000,000
Estimated Number and Type of Award(s):	Up to 12 awards
Estimated Award Amount:	Up to $500,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2018 (2 years)
Eligible Applicants:	Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and facility. See Section III-1 of this Funding Opportunity Announcement (FOA) for complete eligibility information.

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

Technical Assistance
A technical assistance webinar has been scheduled to help applicants understand, prepare, and submit a grant application. The webinar is scheduled:

Date and Time: **Thursday, November 12, 2015** from **12:00 p.m. to 2:00 p.m. EST.**
Adobe Connect Link: https://hrsa.connectsolutions.com/fy16_bsn_pcs_foa/
Conference call dial-in Information: (888) 989-4394
Participant Passcode: 6762664

The webinar will be recorded and should be available one hour after the call ends.
The webinar recording will be available until January 21, 2016 at 11:59 p.m. EST.
Recording telephone number: (800) 839-4232
Passcode: 1112

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Nurse Education Practice, Quality, and Retention (NEPQR) – Bachelor of Science in Nursing Practicums in Community Settings (BPCS) Program.

Program Purpose

Safe and effective primary care services delivered in community-based settings require Bachelor of Science in Nursing (BSN) prepared nurses with skills in care coordination, chronic disease prevention, population health, and team-based, interprofessional care.   Despite the increased need for BSN prepared nurses with these skillsets, recent workforce data indicate that the majority of recent BSN graduates go on to practice in acute care settings (e.g., hospitals), as opposed to other types of care facilities.[1] New BSN graduates may choose acute care settings over community-based settings for various reasons, including lack of familiarity in working with rural and underserved populations in community-based settings.

This two-year funding opportunity's purpose is to increase experiential training opportunities for senior-level BSN students in primary care community-based settings by (1) establishing and expanding upon academic-practice partnerships between schools of nursing and community-based clinical sites; and (2) providing senior-level BSN students with meaningful clinical experiences and training in medically underserved and rural communities. Through this program, BHW hopes that new BSN graduates may receive experiential training that increases BSN student's exposure to some of the nation's most vulnerable and underserved populations that reside in rural community-based settings.

Program Requirements
NEPQR-BPCS applicants are required to apply as part of an academic-practice partnership between one or more schools of nursing and one or more primary care practice sites located in underserved and/or rural settings. Applicants are required to provide robust clinical immersion experiences in community-based, primary care sites in rural and underserved areas.

All applicants must outline a plan to increase the number of senior-level BSN students who receive extended community-based clinical training experiences by:

- Building on an academic-practice partnership between one or more schools of nursing and one or more primary care practice sites located in underserved and/or rural settings. The lead applicant, if a school of nursing, must apply in partnership with at

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[1] Health Resources and Services Administration, National Center for Health Workforce Analysis 2013 Report, downloaded July 7, 2015.
http://bhw.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf

least one health care facility. Likewise, the lead applicant, if a health care facility must apply in partnership with at least one school of nursing. The partnership must display commitments on behalf of all partners to support this initiative including significant leveraged resources, joint participant and outcomes tracking, and curriculum development to ensure that both the academic and clinical practicums are supported by this program;

- Recruiting and matching senior-level BSN students to practice sites for three-month to six-month clinical training in primary care practice sites located in underserved and/or rural settings.
- Enrolling five or more senior-level BSN students per three-month to-six month rotations are required; and
- Assigning a dedicated, full-time, qualified RN with community-based primary care experience to act as a role model and preceptor. The preceptor will train participants to work at the top of the scope of their license and find opportunities to continually expand the role of BSNs that practice in community settings.

Applicants must propose academic-practice partnerships that include practice sites that utilize innovative, team-based models of healthcare delivery, inter-operative health information technology, and have the capacity to support practicum slots in primary care practice sites located in underserved and/or rural settings. All partners must demonstrate organizational commitment to diversity and care delivery in underserved and rural populations.

2. Background

The NEPQR-BPCS program is authorized by Section 831 of the Public Health Service Act, 42 U.S.C. § 296p, as amended by the Patient Protection and Affordable Care Act (Public Law 111-148). The NEPQR program has broad statutory authority to address the development and enhancement of the nursing workforce. The three priority areas defined in the statute are (1) Education, (2) Practice, and (3) Retention, with quality embedded throughout each area; specific activities are then described within each of these priority areas.

The NEPQR-BPCS program will support two practice priorities under the NEPQR Practice Priority areas identified in § 831(b):

> Practice Priority 2 (§ 831(b)(2)) – *providing care for underserved populations and other high-risk groups;* and

> Practice Priority 3 (§ 831(b)(3)) – *providing coordinated care, and other skills needed to practice in existing and emerging organized health care systems.*

Nursing Workforce in Community-based Rural and Underserved Areas

The vast majority (84 percent) of Registered Nurses (RNs) live and work in urban settings across the U.S.[2] There is a parallel underrepresentation of RNs in rural areas with only 16 percent of the Nation's 2.8 million RNs working and living in rural locales.[1] According to the HRSA 2013 report, *The U.S. Nursing Workforce: Trends in Supply and Education*, the majority of RNs (63.2 percent) are providing inpatient and outpatient care in hospitals and the number of RNs working in hospitals in the past decade has increased by more than 350,000 (approximately 25 percent). Meanwhile only 10.1 percent of RNs are reportedly employed in community-based settings.[1]

As a consequence of an underrepresentation of the RN workforce in rural, community-based settings, there are high rates of unmet healthcare needs and unchecked health disparities in rural and underserved communities.[2] It is critical to ensure that rural and medically underserved populations have access to adequate supplies of well-educated, well-prepared, high-quality, culturally-aligned nursing professionals to meet the primary care needs in order to improve the health of communities and achieve health equity.[3,4,5]

RNs and particularly BSN-prepared RNs have been linked with increased quality of care and improved patient and family outcomes in primary care settings.[6] Because evidence indicates that practitioners who train in underserved and rural areas are more likely to practice in these areas, increased training and experiences in community-based, primary care environments for BSN-prepared nurses can help address the access to quality care in rural and underserved communities.

For this funding opportunity, the applicant must focus on creating extended practicum opportunities for senior-level BSN students in interprofessional, community-based primary care practice sites located in underserved and/or rural settings.

II. Award Information

1. Type of Application and Award

Types of applications sought: New

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[1] Health Resources and Services Administration, Bureau of Health Professions National Center for Health Workforce Analysis 2013 Report, downloaded July 7, 2015.
http://bhw.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf

[2] Agency for Healthcare Research and Quality (AHRQ). Health Care Disparities in Rural Areas: Selected Findings From the 2012 National Healthcare Disparities Report. Retrieved on August 31, 2015 from:
http://archive.ahrq.gov/research/findings/nhqrdr/nhdr12/2012nhdr.pdfhttp://bhw.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf

[3] Kamau-Small, S., et al. (2015). "The Impact of the Care Equity Project with Community/Public Health Nursing Students." Public Health Nursing 32(2): 169-176.

[4] Babenko-Mould, Y., et al. (2015). "Influence of Simulated and Actual Community Vaccination Clinics on Student Empowerment and Self-Efficacy for Public Health Nursing Competencies." Public Health Nursing 32(3): 277-283.

[5] Callen, B., et al. (2013). "Teaching/Learning Strategies for the Essentials of Baccalaureate Nursing Education for Entry-Level Community/Public Health Nursing." Public Health Nursing 30(6): 537-547

[6] Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health.*
Retrieved from http://books.nap.edu/openbook.php?record_id=12956&page=R1

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2016 – 2017. Approximately $6,000,000 is expected to be available annually to fund twelve (12) recipients. Applicants may apply for a ceiling amount of up to $500,000. The actual amount available will not be determined until enactment of the final FY 2016 federal budget. This funding opportunity 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 two (2) years. Funding beyond the first year is dependent on the availability of appropriated funds for NEPQR-BPCS program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

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

Indirect costs under training awards to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at **eight (8)** percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, and fees, and sub-grants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

In accordance with section 831(g) of PHS Act, eligible lead applicants include schools of nursing as defined in Section 801(2) of the PHS Act, health care facilities, or partnerships between schools of nursing and health care facilities. A health care facility may include a nurse-managed health center, Indian Health Service health center, Native Hawaiian health center, hospital, Federally-qualified health center, rural health clinic, nursing home, home health agency, hospice program, public health clinic, State or local department of public health, skilled nursing facility, ambulatory surgical center, or any other facility designated by the Secretary (see PHS Act section 801(11)). Grants will be awarded to a lead applicant (i.e. a school of nursing or health care facility) within an academic-practice partnership, which will serve as the grantee and have overall fiscal and administrative responsibility for the grant. Lead applicants must apply, however, in a partnership structure. The lead applicant, if a school of nursing, must apply in partnership with at least one health care facility. Likewise, the lead applicant, if a health care facility must apply in partnership with at least one school of nursing. Individuals are not eligible to apply for these funds.

Schools of nursing affiliated with the proposed project that are providing formal degree programs must be accredited for the purpose of conferring BSN degrees by a recognized body or bodies or by a State agency recognized by the Secretary of the U.S. Department of Education for the purposes of nursing education. Newly established programs and those that are established but not yet accredited must contact a national nursing accrediting body recognized by the U.S. Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. Applicants must submit documentation providing proof of accreditation (e.g., the accreditation letter from the accrediting agency specifically stating that accreditation has been granted and the period of time covered by the accreditation) with the application as **Attachment 9.** Links to the accrediting body website will not suffice as evidence of accreditation.

Accreditation for Newly Established Programs of Nursing: A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the start of the budget/project period during which support will be received. The Letter of Reasonable Assurance from the U.S. Department of Education must be submitted with the application as **Attachment 9**. Applicants without accreditation prior to the start date will not be considered under this announcement.

Eligible Project Participants

Project participants must be enrolled in an accredited BSN nursing program; a citizen of the United States; a non-citizen national of the United States; or a foreign national who possesses a visa permitting permanent residence in the United States. **Individuals on temporary or student visas are not eligible participants and may not receive NEPQR-BPCS grant support.**

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

2. **Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

3. **Other**

Ceiling Amount
Applications that exceed the ceiling amount of $500,000 (including direct and indirect costs) will be considered non-responsive and will not be considered for funding under this announcement.

Deadline

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

Multiple Applications
NOTE: Eligible applicants may submit **only one** application to this FOA. Multiple applications from any single organization are not allowed. Independent organizations are those entities that have unique DUNS numbers.

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

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 Sec. 803 (b) of the Public Health Service Act. Applicants must complete the Maintenance of Effort document and submit as **Attachment 6.**

IV.   Application and Submission Information

1. Address to Request Application Package

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

Applicants should always supply an e-mail address to Grants.gov when downloading an FOA or application package. As noted on the Grants.gov APPLICATION PACKAGE download page, as well as in the Grants.gov User Guide on pages 57-58, this allows us to e-mail you 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 Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the FOA to do otherwise.

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **65 pages.** The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included 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 applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

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

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

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

The Abstract must include:

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

ii.   Project Narrative

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

Use the following section headers for the Narrative:

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

In this section, applicants must describe the purpose and background of the proposed project, including the need to utilize academic-practice partnerships to recruit and match senior-level BSN students in experiential training sites in community-based, interprofessional, primary care settings in medically underserved communities and rural areas that serve high risk groups.

Applicants must:

- Describe the pool of potential senior-level BSN students (five or more per clinical rotation) who will complete the practicum in a community setting in the partnering practice site(s);
- Outline the expected benefits to students, applicant institutions, and the population served as a result of the proposed project;
- Describe the proposed and/or expanded academic-practice partnership;
- Describe anticipated challenges with new BSN graduates' willingness to practice in community-based primary care practice sites located in underserved and/or rural settings;
- Describe the service area (e.g., community, city, state, region);
- Describe the demographics of the target community-based population and the population health status indicators;
- Identify limitations of the current health care delivery system and any barriers to care or unmet health care needs of the target population including the need for BSNs to work in community-based settings; and
- Describe institutional commitment to diversity within the health workforce and to providing care to underserved and/or rural populations.

- *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 Criterion #2 (a), (b), and (c).*

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

In this section, applicants must provide a detailed strategy for how they will use academic-practice partnerships to provide senior-level BSN students with meaningful clinical experiences in primary care practice sites located in underserved and/or rural settings.

Applicants must:
- Describe the academic-practice partnership between the school(s) of nursing, health care facilities, and community-based primary care practice sites located in underserved and/or rural settings, including:
  - Submitting an organizational chart (**Attachment 4**) describing the composition of the partnership. The lead applicant, if a school of nursing, must apply in partnership with at least one a health care facility; likewise, the lead applicant, if a health care facility, must apply in partnership with at least one school of nursing.
  - Describing how the lead organization will facilitate communications among all levels of the project across partnership members.
  - Describing the partners' experience working with multi-partner programs, including the management process used that led to measurable outcomes during the grant period of performance;
- Describe how the project will establish formal and ongoing feedback mechanisms between partnering entities to assess training gaps, identify recruitment barriers, and inform necessary improvements to didactic and experiential training;
- Describe commitments on behalf of all active partners to support the proposed project including:
  - Leveraged resources among members of the partnership;

      o Plans to track participants and outcomes by members of the partnership; and
      o Development of curriculum to ensure that both the academic program and practicum experience are enhanced by this program;

- Describe the role of a dedicated, full-time, qualified RN preceptor in providing senior-level BSN students with meaningful clinical experiences, including specific tasks and strategies to prepare senior-level BSN participants to deliver safe and effective care at community-based primary care practice sites located in underserved and/or rural settings;
- Describe plans to recruit and match five (5) or more senior-level BSN students per clinical rotation to practice sites for three-month to six-month clinical training in primary care practice sites located in underserved and/or rural settings, including the number of BSN students per rotation and total number of students that will be trained over the course of the two-year project period and
- Articulate a plan to track program participant's place of employment one year following graduation.

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

Applicants must provide a detailed work plan that addresses all of the proposed activities identified in the Methodology/Approach section above (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx). The Methodology must align with and drive the work plan. The applicant must:

- Provide a detailed description of how the proposed work will be accomplished and person(s) responsible for each element of the work plan;
- Describe the activities, timeframes, deliverables, and key partners required to address the Program Requirements in Section I of the funding opportunity announcement;
- State objectives and sub-objectives that are specific, measurable, achievable, realistic and time-framed;
- Propose specific project outcomes, including the number of students and percentage of the nursing school's total student population who will participate in the practicums over the two-year project period; and
- Explain how the work plan is appropriate for the program design and how the targets for key activities fit into the overall timeline of grant implementation; specifically, how will the grant implementation timeline ensure that the applicant will have resources and program staff in place to begin placement and training of BSN senior-level nursing student practicums on or before January 31, 2017.

Applicants must also submit a logic model for designing and managing their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among project elements. While there are many versions of logic models, for the purposes of this announcement the logic model must identify and describe the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);

- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, targets);
- Outputs (i.e., process outcome such as the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program).

The logic model should be included as part of the Work Plan.

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

In this section, applicants must provide detailed information about potential challenges in the Work Plan. Applicants must identify and discuss:

- Challenges that are likely to be encountered in designing, implementing and achieving the proposed goals and objectives;
- Communication and organizational barriers that may be encountered specifically with regard to securing and maintaining productive academic, community-based partnerships;
- Challenges related to recruiting senior level BSN students with an interest in community-based primary care nursing for practicums in community-based primary care practice sites located in underserved and/or rural settings; and
- Available resources and plans to resolve and overcome these challenges and obstacles.

- *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).*

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

Applicants must describe the plan for monitoring and evaluating program performance that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and the progress towards the goals and objectives, sub-objectives, activities and timelines of the project. Applicants must also describe the systems and processes that will support the organization's performance measurement through effective tracking of performance outcomes, including a description of how the organization will collect and manage data and explain how the data will be used to improve project performance.

Applicants must:
- Detail the evaluation strategy to assess project objectives and activities.
- Describe a plan to track, collect, and report required performance measures on an annual basis including:
  - Student diversity data such as the number and percent of senior-level BSN students trained in community-based settings during the project year;

- o Number of registered nurse preceptors that mentored BSN students during the project year;
- o Demographic descriptions of student populations;
- o Number of community-based practice exposure hours obtained by each student during the three-month to six-month practicum; and
- o Number of graduates who secure a job in a medically underserved and/or rural clinical practice.
- Describe qualitative data collection strategies including a plan to capture:
  - o Level of institutional support from leadership, faculty, and staff for the project;
  - o Type and level of community-academic partnerships; and
  - o Types of strategies used to identify and match BSN-level students to community-based practicums.
- Describe the process to validate and monitor data collection, expected results, and challenges encountered.
- Outline a [Rapid Cycle Quality Improvement](#) plan for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections.

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

Propose a plan for project sustainability after the period of federal funding ends. Awardees are expected to sustain key elements of their grant projects, e.g., training methods or strategies, which have been effective in improving practices. Applicants must, at a minimum:
- Identify other resources and/or future funding initiatives, as well as a timetable for becoming self-sufficient, including evaluation of the program, collection of needed program information, and disseminate findings to appropriate audiences.
- Specify strategies to obtain future resources, as well as outline other strategies – with timetables – to achieve self-sufficiency and sustainability;
- Enhance relationships between academic institutions, community-based training sites, and other interprofessional training partners;
- Leverage past program participants/completers for future training opportunities and partnerships; and
- Forecast challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

The applicant must describe:
- Feasibility and effectiveness of plans for dissemination of project results;
- Project results as having the potential for a national scope; and
- Project activities as replicable.

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

In this section, the applicant must provide information on the organization's mission and structure, and scope of current activities. Applicants must describe how the institution's

resources and capabilities will contribute to the project's success. An organizational chart must be provided as **Attachment 4.**

Applicants must also include a description of:

- o Key project personnel qualifications, training and/or experience to implement and carry out the project;
- o Evidence of adequate staffing plan for proposed project including the project organizational chart;
- o Percentage of time, including in-kind, dedicated to the project by the Project Director;
- o Collaborative partnerships with entities, including the type and role of partners;
- o Facilities and infrastructure to fulfill the needs and requirements of the proposed project; and
- o Evidence of institutional support, e.g., resources and letters of support (commitment to provide financial or in-kind resources, including institutional policy) from both the clinical site and nursing school provided in **Attachment 8.**

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	Review Criteria
(1) Purpose and Need	(1) Purpose and Need
(2) 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
(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
(4) Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
(5) Budget and Budget Narrative	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

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iii. *Budget*

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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 will apply in FY 2016, 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 NEPQR-BPCS Program requires the following which corresponds to Section V's Review Criterion #5:

Personnel Costs: Applicants shall identify only **one** Project Director. The Project Director for the NEPQR projects must be a licensed Registered Nurse (RN).

Consultant Services*:* For applicants that are using consultant services, list the total costs for all consultant services. In the budget justification provide the name, affiliation, and qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. If the consultant is not yet identified, provide the desired expertise and the scope of work of the proposed consultant. Include total number of days, expected rate of compensation and total fees, travel, per diem, and other related costs for each consultant.

vi.   Attachments

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

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel
See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide* for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in **Attachment 1**, not to exceed two pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
Provide any documents that describe working relationships between the applicant organization and the required partner, other entities, and programs cited in the proposal. Documents that

confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of *the partnership (not the applicant organization).* The chart must clearly identify the lead applicant and the functional relationship between the multiple parties engaged within this academic-practice partnership.

Attachment 5: Tables, Charts, etc.- If Applicable
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: Maintenance of Effort (MOE) Documentation
Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 2015 (Actual) Actual FY 2015 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2016 (Estimated) Estimated FY 2016 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 7: Funding Preference
To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. See Section V.2.

Attachment 8: Letters of Commitment
Applicants must provide at least two types of letters of commitment. First, the lead applicant must provide a letter of support from their authorized representative that demonstrates the institution's commitment to the project.

Second, the applicant must provide a letter of commitment from each partnering organization. Letters of commitment may come in many forms such as signed memoranda of agreement/understanding, a partnership agreement, non-form substantive letter of commitment, or other types of signed agreements, which demonstrate the roles and responsibilities of each partner. All documentation of the commitments must:
- Be signed by an authorized representative of the organization;

- Describe how the partner is involved in the project and the role that it will play throughout implementation;
- Identify whether this entity will receive grant funds to support their work; and
- Identify resources being provided by the organization to support the project.

Attachment 9: Accreditation Documentation.
All schools of nursing that are associated with the project and conferring degrees must be accredited for conferring BSN degrees. Applicants must submit documentation with dates of accreditation (e.g., an accreditation letter from the accrediting agency) with the HRSA grant application**.**

Documentation of Accreditation
Applicants must submit documentation of program accreditation and all approvals for new programs (i.e., new tracks or specialties or substantive program change) with the application. The documentation must be in the form of a letter on official letterhead, including the start date of approval or accreditation, and is to be signed and dated by the accrediting agency. **No other forms of accreditation documentation, including certificate of accreditation, will be accepted**.

Applicants must provide documentation needed to enroll students into the program, including those approvals needed for new courses and programs of study. Accreditation for existing programs and approvals for new programs must be effective prior to the start of the budget/project period during which support will be received.

If accreditation is pending or not yet granted:

- Requests for letters of reasonable assurance made to the U.S. Department of Education to allow for processing time, should be submitted **at least 45 days prior to the HRSA application due date of January 20, 2016**.
- The letter of reasonable assurance, from or on behalf of the U.S. Department of Education, must be submitted along with the application stating that the program will meet the accreditation standards effective prior to the start of the budget/project period during which support will be received.
- The accrediting body must be identified by the U.S. Department of Education within the letter of reasonable assurance.
- Applicants will need to submit contact names, addresses, phone numbers, email addresses and all correspondence sent to the U.S. Department of Education.
- Applications without accreditation prior to the start date will not be funded under this announcement.

Substantive Change Notification
Accredited nursing programs that modify (for example, a change to a BSN-DNP program), or add nursing specialties (for example, adding Geriatric Care to a Critical Care NP program) to an existing program requires a substantive change notification submitted to the national nursing accrediting body. A letter of notification to the accrediting body and the subsequent approval

of such change must be signed, dated and submitted along with the accreditation documents in **Attachment 9.**

Attachment 10: Other Relevant Documents
Include here any other documents that are relevant to the application.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is January 20, 2016 at 11:59 P.M. Eastern Time.

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

5. Intergovernmental Review

The NEPQR-BPCS Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to two years, at no more than $500,000 per budget period in total costs (direct and indirect).

Funds under this announcement must conform to the Uniform Administrative Requirements at 45 CFR 75 Subpart E Cost Principles. Funds may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, funds may **not** be used for the following purposes:

   a. Direct payment to preceptors;
   b. Provision of child care/child care costs;
   c. Accreditation, Licensure, credentialing or certification exam fees;
   d. College entrance exam costs;
   e. Food;
   f. Student or trainee travel;
   g. Participant/student costs, including but not limited to student tuition, stipends, scholarships, bonuses, subsidies; and
   h. Paid release time for program participants.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

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

V.   Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The NEPQR-BPCS program has five (5) review criteria:

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

Reviewers will consider the quality of and extent to which the applicant:
- Describes the pool of potential senior-level BSN students who will complete the practicum in a community setting in the partnering practice site(s);
- Describes a compelling need in their community for bachelor's-prepared nurses in primary care practice sites to meet the needs of underserved and/or rural populations, to include the absence of adequate resources to meet the health care needs of the population(s);
- Demonstrates the benefits to students, organizations and the populations served;
- Provides a detailed description of the type of academic-community partnerships required to facilitate extended practicums in underserved and/or rural primary care settings, along with an estimate of the specific types and amount of resources that would be required to identify and match BSN students to practicums; and
- Describes a well-established institutional commitment to diversity within the workforce and to providing care to underserved and/or rural populations.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 total 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 (30 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the quality of and extent to which the applicant:
- Describes a strong academic-practice partnership between one or more schools of nursing and one or more primary care practice sites located in underserved and/or rural settings, including:
    o The level of commitment by all partners to support this initiative including significant leveraged resources and willingness to establish joint participant and outcomes tracking;
    o The demonstrated ability of the applicant to establish formal, frequent, meaningful feedback between partnering entities and a mechanism to incorporate improvements to community-based didactic and experiential training for BSN students;
    o The likelihood the partnership will significantly increase the number of high quality, BSN clinical training opportunities at primary care practice sites located in underserved and/or rural settings; and

- o The likelihood partnerships will yield a significant increase in the number of BSN experiential training opportunities in primary care practice sites located in underserved and/or rural settings.
- Describes a strong clinical training experience that will ensure that senior-level BSN students have a primary care clinical rotations with experienced RN preceptors capable of delivering population-based care to rural and/or underserved communities;
- Describes a robust and actionable plan to recruit and match senior-level BSN students to practice sites for three-month to six-month clinical training experiences in primary care practice sites located in underserved and/or rural settings, including the number of BSN students per rotation and total number of students that will be trained over the course of the two-year project period;
- Proposes an approach that is likely to result in the required, five or more senior-level BSN students per rotation; and
- Articulates a plan to track program participant's place of employment one year following graduation.

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

Reviewers will consider:
- The quality of and extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and the concrete activities that will be completed to achieve those goals and objectives;
- The feasibility of successfully completing all proposed activities and timelines within the performance period;
- The extent to which the applicant demonstrates an implementation timeline that ensures that the applicant will have resources and program staff in place to begin place trainees in experiential training sites by January 31, 2017;
- The adequacy of the staffing plan to implement the proposed work plan considering the level of staffing, and proposed skillsets and qualifications of key personnel;
- The projected number of students (as both gross estimate and percentage of total student population) who will participate in these practicums over the two-year project period;
- The extent to which the applicant's logic model clearly identifies project goals, inputs, target population, and activities with evidence-based links to project goals;

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

Reviewers will consider the extent to which the application details:
- Potential challenges that are likely to be encountered in implementing the Work Plan activities and achieving the proposed goals and objectives;
- Barriers that may be encountered specifically with regard to the academic-community-based practice partnership;
- Barriers to recruiting senior level BSN students;
- Obstacles related to implementing the program performance evaluation; and
- Resources and approaches that will be used to resolve identified potential challenges.

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

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

Reviewers will consider the quality of and extent to which the applicant:
- Outlines a detailed evaluation strategy to assess project objectives and activities;
- Presents a clear plan to track, collect, and report on both quantitative and qualitative evaluation measures on a semi-annual basis;
- Describes the process to validate and monitor data collection, expected results, and challenges encountered;
- Incorporates into program operations specific measures to ensure continuous quality improvement; and
- Demonstrates the ability to utilize both quantitative and qualitative data to inform Rapid Cycle Quality Improvement (RCQI) efforts for continuous monitoring of program progress and to implement necessary adjustments in order to optimize program outcomes.

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

Reviewers will consider the quality of and extent to which the applicant describes the:
- Likelihood that the project would be continued beyond the federal funding period;
- Consideration of future resources including future funding initiatives and strategies;
- Ability to enhance relationships and leverage past partnerships to sustain the program;
- Ability to forecast and resolve challenges; and,
- Feasibility of the sustainability plan to effectively disseminate the project's results, replicate the project in other schools of nursing and or community-based clinical practice partner sites.

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

Reviewers will consider the quality of and extent to which the applicant:
- Identifies key project personnel who are qualified by training and/or experience to implement and carry out the project;
- Provides sufficient evidence of adequate staffing plan for the proposed project including the project organizational chart;
- Outlines a sufficient percentage of time, including in-kind, dedicated to the project by the Project Director to accomplish the proposed project; and
- Provides a meaningful description of the material support, facilities and infrastructure and internal and external collaborations with key academic and community partners when planning, designing, and implementing all activities;
- Describes how the academic and community partners will leverage their institution's resources to maximize the goals of the proposed project; and

- Provides evidence of the strength of the institutional systems and processes that will support qualitative data collection strategies, including:
  - Level of institutional support from leadership, faculty, and staff for the project;
  - Type and level of community-academic partnerships; and
  - Types of strategies used to identify and match BSN-level students to community-based practicums.

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

Reviewers will consider the extent to which the applicant aligns the budget with the project Work Plan and describes:
- Reasonable costs, as outlined in the budget and Work Plan;
- Personnel costs and consultant services (if applicable); and
- Includes a detailed and reasonable budget justification that includes the indirect cost rate fixed at eight (8) percent of modified total direct costs.

2. Review and Selection Process

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

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

Funding Preferences
PHS Act Section 805 provides a funding preference for applicants with projects that will substantially benefit rural or underserved populations. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. To be considered for this funding preference, HRSA requests applicants describe which preference track is requested in **Attachment 7**. The law provides that a funding preference be granted to any qualified applicant that demonstrates that they meet the criteria for the preference as follows:

Qualification 1: Substantially Benefits Rural Populations
To demonstrate that the project "Substantially Benefits Rural Populations" – the applicant must confirm the eligibility of at least one of their training sites as rural as defined by HRSA's Federal Office of Rural Health Policy using the Rural Health Grants Eligibility Analyzer (http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1).

Qualification 2: Substantially Benefits Underserved Populations
To demonstrate that the project "Substantially Benefits Underserved Populations" – the applicant must confirm that at least one of their training sites are physically located in a federally-designated Health Professional Shortage Area (HPSA) or serving a federally-designated Medically Underserviced Area (MUA) or Population (MUP), as determined by

HRSA's Shortage Designation Advisor
(http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx).

Please Note: 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). 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 OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

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

VI.   Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements
See Section 2 of HRSA's *SF-424 R&R Application Guide*.

3. Reporting
The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

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

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

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the final 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 include all activities from July 1, 2015 to June 30, 2016 and will be due to HRSA on July 31, 2016.

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

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

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

Further information will be provided in the NoA.

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

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

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

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

VII. Agency Contacts

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

Jacqueline Dickerson
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 12-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6512
JDickerson@hrsa.gov

William Weisenberg
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 12-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8056
WWeisenberg@hrsa.gov

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

Marian Smithey, MSHP, BSN, RN
Nurse Consultant, Project Officer
Division of Nursing and Public Health
Bureau of Health Workforce,
HRSA Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3831
Email: MSmithey@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
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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

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

VIII. Other Information

Definitions: The following definitions apply to the NEPQR-BPCS Program for Fiscal Year 2016.

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

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

Logic Models are visual diagrams that demonstrate an overview of the relationships between program resources and inputs, implementation strategies and activities, and desired outputs and outcomes. Although there are similarities to the content contained within a work plan, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf. Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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

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

Technical Assistance:

A technical assistance webinar has been scheduled to help applicants understand, prepare, and submit a grant application. The webinar is scheduled:

Date and Time: **Thursday, November 12, 2015** from **12:00 p.m. to 2:00 p.m. EST.**
Adobe Connect Link: https://hrsa.connectsolutions.com/fy16_bsn_pcs_foa/
Conference call dial-in Information: (888) 989-4394
Participant Passcode: 6762664

The webinar will be recorded and should be available one hour after the call ends.
The webinar recording will be available until January 21, 2016 at 11:59 p.m. EST.
Recording telephone number: (800) 839-4232
Passcode: 1112

IX. Tips for Writing a Strong Application

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

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