

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

Bureau of Health Workforce  
Division of Medicine and Dentistry

***Predoctoral Pediatric Training in General Dentistry and  
Dental Hygiene***

**Announcement Type: New  
Funding Opportunity Number: HRSA-17-068**

**Catalog of Federal Domestic Assistance (CFDA) No. 93.059**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: January 30, 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: November 14, 2016**

**Modified November 14, 2016: Funding Priority Points on p.2 and pp.  
23-26 of the FOA and TA Call Date on p. 31 have been updated.**

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Authority: Title VII, Sec. 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 Predoctoral Pediatric Training in General Dentistry and Dental Hygiene program. The purpose of this program is to enhance clinical pediatric predoctoral dental or dental hygiene training focusing on children ages 0-5 to improve the oral health of vulnerable, underserved, and rural pediatric populations.

Funding Opportunity Title:	Predoctoral Pediatric Training in General Dentistry and Dental Hygiene
Funding Opportunity Number:	HRSA-17-068
Due Date for Applications:	January 30, 2017
Anticipated Total Annual Available Funding:	\$1,500,000
Estimated Number and Type of Award(s):	Up to 5 awards
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2022 (5 years)
Eligible Applicants:	<p>Eligible entities include accredited dental and dental hygiene schools, public or non-profit private hospitals, or other public or private non-profit accredited entities that have predoctoral training programs in dentistry and dental hygiene.</p> <p>Current recipients of Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene awards are <b>not</b> eligible to apply.</p> <p>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete 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](#), 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 Oral Health Branch (OHB) in BHW's Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: <http://bhw.hrsa.gov/grants/dentistry/technicalassistance/index.html>.

The second TA session will be a phone call and will also include information important for preparing an application and an opportunity to ask questions. A taped replay will be available one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: Wednesday, December 7, 2016

Time: 2:00 p.m. ET

Telephone Number: 877-918-6703

Passcode: 2045072

Web Link: [https://hrsa.connectsolutions.com/pptgd\\_fy16\\_foa\\_tawebinar/](https://hrsa.connectsolutions.com/pptgd_fy16_foa_tawebinar/)

Play-back telephone number: 866-484-6428

Passcode: 5136

Date: Wednesday, January 18, 2017

Time: 2:00p.m. ET

Telephone Number: 888-566-6171

Passcode: 2792275

Play-back telephone number: 203-369-0889

Passcode: 1187

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Predoctoral Pediatric Training in General Dentistry and Dental Hygiene program.

### Program Purpose

The goal of this announcement is to enhance clinical pediatric predoctoral dental and dental hygiene training focusing on children ages 0-5 to improve the oral health of vulnerable, underserved, and rural pediatric populations.

### Program Requirements

Plan, develop and operate predoctoral training programs in dentistry and dental hygiene for dental and dental hygiene students that address enhancing pediatric training to support improved access to oral health care for vulnerable, underserved, or rural communities.

Applications must demonstrate how they will:

- Integrate or enhance pediatric dental or dental hygiene training in the core student curriculum;
- Increase or enhance clinical experiences for dental or dental hygiene students with pediatric populations in community-based sites; and
- Incorporate population health and social determinants of health into their training.

Evaluation is a required objective of the proposed plan. See the discussion in the Impact section of the Project Narrative (*Section IV.ii*) for additional information on evaluation requirements.

Applicants are encouraged to develop and operate innovative programs to encourage and support dental or dental hygiene students from groups underrepresented in the health profession, rural or disadvantaged backgrounds, or veterans.

### **Use of Funds:**

Applicants may use grant funds to plan, develop, and operate or participate in an approved professional training program in the field of dentistry or dental hygiene for dental or dental hygiene students that emphasizes pediatric training focusing on children 0-5 years of age.

Financial assistance can only be provided to dental and dental hygiene students who demonstrate financial need.

## Priorities

This funding opportunity includes seven (7) funding priority areas for which applicants can apply. 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 priority points. The instructions and criteria for each funding priority are provided in *Sections IV.2.v Attachment 6* and *V.2 Review and Selection Process*.

Note: Applicants are to submit requests for any and/or all priorities as part of **Attachment 6**.

## **2. Background**

This program is authorized by Title VII, Sec. 748 of the Public Health Service Act.

Access to high quality oral health services for children remains a priority health need in the U.S. Though the American Dental Association and the American Academy of Pediatric Dentistry recommend the first dental visit occur within six months of a baby's first tooth, and no later than the child's first birthday, young children are not accessing needed dental services. Though tooth decay is largely preventable, nearly 23% of children aged 2-5 years of age experience tooth decay, and for 10% of children 2-5 years, it remains untreated. By age 6-8 years, 20% of children have untreated tooth decay in their primary teeth.<sup>1</sup>

The burden of poor oral health is not distributed equally. Untreated tooth decay in primary teeth of children 2-8 years is twice as high for Hispanic and non-Hispanic black children as it is for non-Hispanic white and Asian children.<sup>3</sup> Approximately one in four children 5-19 years old living at or below the federal poverty level suffer untreated tooth decay.<sup>2</sup>

General dentists can play an important role in providing early access to pediatric oral health care. The benefits of early access include the need for less invasive, and less expensive dental procedures as the child matures.<sup>2</sup> Dental schools report that their students lack the basic clinical skills required for treating children in an independent practice<sup>3</sup> and general dentists report high rates of stress caring for very young children.<sup>4</sup> However, general dentists who have clinical pediatric experiences during dental school

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<sup>1</sup> NCHS Data brief #191: Dental caries and sealant prevalence in children and adolescents in the United States, 2011-2010

<sup>2</sup> Nowak AJ, Casamassimo PS, Scott, J, Moulton R. Do early dental visits reduce treatment and treatment costs for children. *Pediatric Dentistry*. 36(7). November/December 2014, 489-493

<sup>3</sup> Casamassimo PS, Seale NS. Adequacy of patient pools to support predoctoral students' achievement of competence in pediatric dentistry in U.S. dental schools. *Journal of Dental Education*. 2015 Jun;79(6):644-52. PubMed PMID: 26034028.

<sup>4</sup> Davidovich E, Pessov Y, Baniel A, and Ram D (2015) Levels of Stress among General Practitioners, Students and Specialists In Pediatric Dentistry during Dental Treatment. *Journal of Clinical Pediatric Dentistry*: Fall 2015, Vol. 39, No. 5, pp. 419-422. Doi: <http://dx.doi.org/10.17796/1053-4628-39.5.419>

report an increased willingness to see these children.<sup>5</sup> More recently, pediatric patient pools at dental schools have also declined, thus limiting predoctoral training opportunities.<sup>6</sup>

Enhancing pediatric training and clinical pediatric experiences in the training of predoctoral dental and dental hygiene students will increase awareness of the importance of children's oral health for overall health, increase their comfort in caring for very young children, increase the early use of effective preventive interventions, and reduce oral health disparities.

In addition, the Institute of Medicine recommends increasing community-based education experiences to improve proficiency in this setting and to "reinforce the professional and ethical role of caring for the vulnerable and underserved populations."<sup>7</sup> The 9<sup>th</sup> Report of the Advisory Committee on Training in Primary Care Medicine and Dentistry, *Priming the Pump of Primary Care*, recommends that programs for pre-clinical and pre-professional trainees in Public Health Service Act Title VII, sections 747 and 748 training grants must provide: emphasis on grants that facilitate primary care exposure for pre-clinical trainees; support for and emphasis on programs that provide incentives for trainees to enter into primary care pipeline programs that offer experience, exposure, and continuity of care in settings such as the Patient-Centered Health Home; clinical training in team-based practice models; and development of collaborative partnerships with pipeline programs.<sup>8</sup>

## Program Definitions

The following definitions apply to the Predoctoral Pediatric Training in General Dentistry and Dental Hygiene Program for Fiscal Year 2017:

- **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:
  - 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.
  - 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

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<sup>5</sup> Seale NS, Casamassimo PS, U.S. predoctoral education in pediatric dentistry: its impact on access to dental care. *J Dent Educ.* 2003 Jan;67(1):23-30. PubMed PMID: 12540102.

<sup>6</sup> Casamassimo PS, Seale NS. Educating general dentists to care for U.S. children: how well are we doing and what can we do better? *J Calif Dent Assoc.* 2014 Nov, 42(11): 779-83.

<sup>7</sup> Institute of Medicine and National Research Council. 2011. *Improving access to oral health care for vulnerable and underserved populations.* Washington, DC: The National Academies Press.  
<http://www.hrsa.gov/publichealth/clinical/oralhealth/improvingaccess.pdf>

<sup>8</sup> Advisory Committee on Training in Primary Care Medicine and Dentistry. *Priming the Pump of Primary Care.* Ninth Annual Report to the Secretary of the U.S. Department of Health and Human Services and to Congress, February 2012. [www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/ninthreport.pdf](http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/ninthreport.pdf)

in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

The Secretary defines a “low income family/household” for various health professions programs including in Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

<b>2016 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)</b>			
<b>Size of parents' family*</b>	<b>Income Level**</b>		
	<b>48 Contiguous States and D.C.</b>	<b>Alaska</b>	<b>Hawaii</b>
1	\$23,760	\$29,680	\$27,340
2	32,040	40,040	36,860
3	40,320	50,400	46,380
4	48,600	60,760	55,900
5	56,880	71,120	65,420
6	65,160	81,480	74,940
7	73,460	91,840	84,460
8	81,780	102,240	94,020
For each additional person, add	\$8,320	\$10,400	\$9,560

\*Includes only dependents listed on federal income tax forms. Some programs will use the student’s family rather than his or her parents’ family.

\*\*Adjusted gross income for calendar year 2015.

**SOURCE:** *Federal Register*, Vol. 81, No. 45, March 8, 2016, pp. 12108-12109

- **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, disabilities, and language.
- **Pediatric Dentistry** – Pediatric Dentistry is an age-defined specialty that provides both primary and comprehensive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.<sup>9</sup>
- **Underrepresented minority** – As defined by HRSA’s Bureau of Health Workforce, this term refers to an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that

<sup>9</sup> American Dental Association Commission on Dental Accreditation. Accreditation standards for advanced specialty education programs in pediatric dentistry. Chicago, IL; 2013: [http://www.aapd.org/media/policies\\_guidelines/intro1.pdf](http://www.aapd.org/media/policies_guidelines/intro1.pdf)



racial and/or ethnic group in the general population. For purposes of this program, the term “racial and ethnic minority group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

## **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.

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

Approximately \$1,500,000 is expected to be available annually to fund approximately five (5) recipients. Applicants may apply for a ceiling amount of up to \$300,000 per year. 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 July 1, 2017 through June 30, 2022. Funding beyond the first year is dependent on the availability of appropriated funds for the Predoctoral Pediatric Training in General Dentistry and Dental Hygiene program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

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

### III. Eligibility Information

#### 1. Eligible Applicants

Eligible applicants include accredited schools of dentistry and dental hygiene, public or non-profit hospitals, or other public or private not-for-profit entities which the Secretary has determined are capable of carrying out such grants to plan, develop, and operate, or participate in, an approved professional training program in the field of dentistry and dental hygiene for dental and dental hygiene students.

Current recipients of Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene awards are **not** eligible to apply.

Faith-based and community-based organizations, community colleges, as well as Tribes and Tribal organizations, are eligible to apply provided they are otherwise eligible and are capable of carrying out grants to plan, develop, and operate, or participate in, an approved professional training program in the field of dentistry or dental hygiene for dental or dental hygiene students.

All training activities must be conducted by an accredited entity; therefore, either the applicant or a partner organization(s) must be accredited. Programs in the process of receiving accreditation may apply, however the applicant or partner organization(s) must be accredited by the time of funding. The applicant must submit accreditation documentation for the relevant training program in **Attachment 8 [Section IV.2.v](#)** of this FOA. HRSA will check the Commission on Dental Accreditation (CODA) website for accreditation confirmation. Accreditation must be maintained throughout the five-year project period. Failure to maintain accreditation will result in the termination of grant funding under this Funding Opportunity Announcement.

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 will be considered non-responsive and will not be considered for funding under this announcement.

##### **Deadline**

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

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

Per Sec. 797 (b) of the Public Health Service Act (U.S.C. 295n-2(b)), funds shall not be used to take the place of current funding for activities described in the application. 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. To comply with this requirement, you must complete the Maintenance of Effort document and submit as **Attachment 5**.

### **Multiple Applications**

Multiple applications from an organization are not allowable. An “organization” for this FOA is defined as an institution 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.

### **Financial Support**

Students receiving financial support must: 1) be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States, 2) demonstrate need of the support, and 3) plan to work in the practice of dentistry.

### **Planning Year**

A planning year is allowed. However, funded proposals must have students being trained through funded award activities by the beginning of the second annual budget period, July 1, 2018. Failure to recruit and enroll trainees into the program by July 1, 2018 constitutes unsatisfactory recipient performance and may result in termination of the grant.

## **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). **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

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

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

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

## **Program-Specific Instructions**

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

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

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

The Abstract must include:

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

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

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

This section provides a comprehensive framework and description of all aspects of the proposed project. It 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*

Describe the needs of the organizations involved as well as the needs of the communities that trainees would ultimately serve. Data must be used and cited whenever possible to support the information provided.

Discuss the needs of the community/communities in which the training program is located and how they are currently served by the segment of the health workforce that will be trained through the proposed project. Include the socio-cultural determinants of health, health disparities, and any unmet needs. Provide documentation of demographics and other relevant data that demonstrate the vulnerable, underserved, or rural community to be served. Describe how these needs are aligned with this program.

Provide a brief statement of the purpose of the proposed project. Describe how the program is relevant at the national or State level. Describe gaps in the current health workforce, the program's training needs, and explain how developing pediatric training to support dentistry focusing on children ages 0-5 years will address the health workforce gaps you have identified. Describe any existing policies at the State or regional level that can be leveraged by the proposed

project to improve oral health care delivery for children in vulnerable, underserved, or rural communities.

- *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).*

Describe, in detail, the project goals, objectives, and intended outcomes. Clearly relate the project goals and objectives to the overall purpose of the proposed project and the needs identified in the community and training program. Objectives must be specific, measurable, realistic, and achievable within the project period. Describe the key activities proposed for accomplishing project goals and objectives.

Specifically, clearly describe:

- Institutional support and plans to integrate or enhance pediatric dental or dental hygiene training in the school's core student curriculum;
- Partnerships with community-based sites to provide both didactic and experiential training with children 0-5 years with the goal of improved oral health care for vulnerable, underserved, or rural pediatric populations;
- Proposed procedures and/or activities targeting very young children including preventive, diagnostic, and/or treatment services, as well as oral health education targeting trainees, community partner providers, and/or families;
- Plans to incorporate population health and social determinants of health into predoctoral student training; and
- The facilities that you plan to use for the proposed activities and any changes required to implement the plan including needed equipment or systems for the training environment.

Describe any plans to develop and implement innovative programs to encourage and support students from underrepresented minorities, rural or disadvantaged backgrounds, and/or veterans. Include in your description the strategies and activities to be employed as well as partnerships or outreach to existing programs or institutions. Discuss how your program will facilitate placement of trainees in vulnerable, underserved, or rural communities.

In this section, you must also describe the roles and responsibilities of the lead applicant and all partner organizations. Provide evidence supporting the proposed methodologies, including published literature, prior experience, and historical data for the appropriateness of the proposed methodology/approach. Describe any needed facility construction or renovations required to implement your plan and what non-grant resources will be used for this.

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

In this section, 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.

You must include an annual training chart that indicates the number of students you plan to train through proposed activities. The chart must include information on the following:

- **Dental and Dental Hygiene Students:** Only include information on dental and dental hygiene students that will be trained through the award. Include:
  - The number you propose to train each year;
  - The number you project to graduate each year;
  - If applicable, the projected number of participants in any pipeline support activity;
  - The number of underrepresented minorities you project to train each year;
  - The number of students from a rural or disadvantaged background that you project to train each year; and
  - The number of veterans that you project to train each year.
- **Other Trainees:** If applicable, include the expected number of other health professions trainees, by discipline, that you propose to train alongside your dental or dental hygiene students during each year of the five-year project period.

Provide a work plan chart that includes the goal, key objectives, activities/tasks, staff, and a timeline (a sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>). Your work plan must include, but not be limited to, evaluation and dissemination activities, any needed facility improvements for the training environment, and **non-federal grant-funded** construction or renovations envisioned.

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

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

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

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

You must include evaluation as an objective of your proposed program and include it in your work plan. Progress on your evaluation plan will be monitored and you will be expected to report on your progress in annual progress reports. A finalized evaluation plan will be required to be submitted to HRSA by the end of the first annual budget period, June 30, 2018.

In addition, discuss your plans for, and feasibility of, disseminating project results, including relevant audiences, the degree to which the project activities are replicable, and the effectiveness of plans for dissemination of project results.

Your evaluation plan must include the following three areas: 1) required HRSA performance and progress reporting; 2) regular, on-going program assessment and improvement over the course of the project; and 3) assessment of program impact. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project. Additional information on HRSA's required Performance and Progress Reporting may be found in *Section VI. 3. Reporting*.

**HRSA Required Performance and Progress Reporting:** You must describe the systems and processes you will use to meet HRSA's program progress and performance measurement requirements (see *Section VI.3 Award Administration, Reporting*). Include a description of how you will effectively collect, manage, and analyze required data in a way that allows you to provide accurate and timely required reports to HRSA in the HRSA Electronic Handbooks (EHB). At the following link, you will find the required data forms for this program under the Predoctoral Training in General Dentistry, Pediatric Dentistry and Dental Public Health and Dental Hygiene performance measures: <http://bhw.hrsa.gov/grants/reporting/index.html>. Your systems and processes must include tracking and reporting on required performance reports as well as tracking and reporting on progress and accomplishments on your grant objectives and work plan. Describe any potential obstacles to implementing the program progress and performance evaluation and meeting HRSA's reporting requirements, and indicate how those obstacles will be addressed.

To carry out your performance reporting you are encouraged to create a trainee tracking system that tracks program trainees following completion of the training program. Applicants are encouraged to identify the baseline percentage of graduates who:

- Go on to practice in and/or enter into advanced training in general, pediatric, or public health dentistry or dental hygiene, including dental therapy education programs,
- Practice in general dentistry or dental hygiene with pediatric populations, and
- Practice in a rural setting, designated Dental HPSA, or practice in a setting whose patient population is at least 50% vulnerable or underserved populations.



**Program Assessment and Improvement:**

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

**Program Impact:**

Programs must propose evaluating the impact of select activities in at least one of the following three areas: 1) Access to care of the vulnerable, underserved, or rural communities being served, 2) quality of care received by patients in the new training environment, and 3) the cost effectiveness of the care delivered in the new training environment. Evaluation in these areas is encouraged to be integrated with clinical quality improvement projects.

The evaluation 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.

- *(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. 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. Include any strategies to connect children to available healthcare coverage including dental coverage that will increase project sustainability in the future. 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*

Provide information on your organization's current mission, structure, and scope of current activities. Describe how these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide a detailed description of how the organization will support the proposed activities. Include an organizational chart as Attachment 3.

Provide information that includes, but is not limited to:

- Evidence of an adequate staffing plan and job descriptions for the proposed project for key faculty/staff (Attachment 1); and

- Evidence of support and commitment from proposed or established partners key to the proposed program activities. Letters of support must show understanding of the planned activities and clearly state commitment to the project (Attachment 7).

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 1 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Biographical sketches, **not exceeding two pages per person**, must include:

- 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 that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 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.	
Narrative Section	Review Criteria
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](#) may differ from those offered by Grants.gov. Please follow the instructions included in the [R&R Application Guide](#) and, *if applicable*, the additional budget instructions provided below.

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

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

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

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). In addition, the Predoctoral Pediatric Training in General Dentistry and Dental Hygiene program requires the following:

*Participant/Trainee Support Costs:* For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled, “total

Participant/Trainee Support Costs” which includes the summation of all trainee costs.

*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.

*Subawards/Contractual Costs:* As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

## **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: Staffing Plan and 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 is possible. Include the role, responsibilities, and qualifications of proposed project staff.

*Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project-specific) – required.*

Provide documentation that describes a formal working relationship(s) between your organization and other entities/programs cited in the proposal. Documentation must briefly summarize actual or pending contractual agreements and must clearly describe the role(s) of the contractors as well as any deliverables. Documentation must be at least one page in length and must be signed and dated by the entities involved.

*Attachment 3: Project Organizational Chart – required.*

Provide a one-page figure that depicts the organizational structure of the *project* (not the applicant organization).

*Attachment 4: Tables, Charts, etc.*

Provide any additional documents to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

*Attachment 5: Maintenance of Effort Documentation (MoE) – 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	
FY 2016 (Actual) Actual FY 2016 non-federal funds, including in-kind, expended for activities proposed in this application.  Amount: \$_____	FY 2017 (Estimated) Estimated FY 2017 non-federal funds, including in-kind, designated for activities proposed in this application.  Amount: \$_____

*Attachment 6: Request for Funding Priority, if applicable*

To receive a funding priority, you must apply by uploading a statement as **Attachment 6** that: 1) clearly states which priorities are being requested; 2) how each priority is met; 3) if applicable, includes any required data and calculations; and 4) if applicable, a reference to the relevant objectives, work plan, and activities.

See the **Funding Priority** section under **Review** and **Selection Process**, *Section V.2*.

*Attachment 7: Letters of Support – required.*

Provide a letter of support for each key partner with authority to speak for their organization or department (CEO, Chair, etc.). Letters must be dated, specifically indicate an understanding of and commitment to the project, and include any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

*Attachment 8: Accreditation Documents – required.*

The applicant organization must provide a statement: (1) that they hold CODA (Commission on Dental Accreditation) accreditation, (2) that includes the dates of their initial accreditation, and (3) the date of their next expected CODA accreditation review. The full letter of accreditation is not required.

*Attachment 9: Other Relevant Documents*

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

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

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

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

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

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

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

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

#### **Application Due Date**

The due date for applications under this FOA is January 30, 2017 at 11:59pm 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 Predoctoral Pediatric Training in General Dentistry and Dental Hygiene program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

## 6. Funding Restrictions

You may request funding for a project period of up to five (5) years, at no more than \$300,000 per year, in total costs (direct and indirect). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

Funds under this announcement may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, funds may not be used for construction and/or renovation activities.

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

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

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

## V. Application Review Information

### 1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Predoctoral Pediatric Training in General Dentistry and Dental Hygiene program has 5 (*five*) 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 proposed project:

- Demonstrates the proposed training will serve pediatric populations in communities with the greatest rates of vulnerable, underserved, and/ or rural children;
- Identifies gaps and needs of the current oral health workforce serving children 0-5 years that significantly inhibit delivery of primary and preventive services to vulnerable, underserved, or rural communities;
- Identifies gaps in the training programs for pediatric oral health professionals both generally and at the institution(s), and these gaps and needs align with the intent of the program; and
- Identifies a significant unmet need in terms socio-cultural determinants of health and health disparities that align with this investment.

*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 it demonstrates an understanding of the program requirements and expectations, and the extent to which the proposed goals, objectives, and activities will address the needs highlighted in the Purpose and Need section. The methodology will be reviewed on the following:

- The extent to which the proposal shows significant institutional support and is likely to result in fully integrating pediatric dental or dental hygiene training content in the school’s core predoctoral student curriculum;
- The extent to which the proposed pediatric dental or dental hygiene training enhancements are using innovative and evidence-based models to prepare dental students to meet the needs of pediatric populations, particularly children 0-5 years, residing in underserved or rural communities;
- The extent to which the proposed community-based partners will provide trainees with clinical experiential training including preventive, diagnostic, and/or treatment services with vulnerable, underserved, or rural pediatric populations;
- The degree to which proposed didactic and experiential training addresses population health and social determinants of health;
- The strength and feasibility of program activities that encourage and support students from underrepresented minorities, disadvantaged or rural backgrounds, and/or veterans; and
- The strength and level of involvement/commitment of contributing partners.

*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. 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;



- The extent to which the work plan chart is clear, complete, and allows tracking of project progress; and
- The extent to which you plan to train a reasonable number of trainees during the five-year project period.

*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 it demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

*Criterion 3: IMPACT (30 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity and Sub-section (b) Project Sustainability*

*Criterion 3 (a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity*

The extent to which the proposed evaluation plan will adequately evaluate the stated goals and objectives, program requirements, and expectations of the FOA including:

- Required HRSA performance and progress reporting;
- Regular, on-going program assessment and improvement;
- The impact of grant activities on the access to care, quality of care, and cost effectiveness of care delivered to the targeted pediatric populations, including those in underserved or rural communities;
- Inputs, key processes, and quantitative/qualitative data that will be used to measure progress toward goals, outcomes, and impacts of the proposed project;
- The extent to which you have or plan to secure the resources and technical capabilities to carry out the proposed evaluation plan;
- The extent to which you identify obstacles to evaluation and identify ways to address these obstacles;
- The strength and feasibility of the dissemination plan;
- The degree to which the project results may be regional or national in scope, and replicable; and
- To the extent feasible, assesses the impact of the program on trainees after completion of the program.

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

- Strength of applicant's ability to report on HRSA's program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data on an annual basis;
- Strength of a trainee tracking system that allows the program to track trainees following completion of the training program;
- The extent to which the proposed trainee tracking system will allow programs to assess if graduates are practicing in dentistry with pediatric populations and/or participating in advanced training programs; and

- The extent to which the proposed trainee tracking system will allow programs to assess if graduates are practicing in a rural setting, designated Dental HPSA, or in a setting serving other vulnerable or underserved populations.

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

- Strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities including how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans; and
- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities.

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

The extent to which the application plans for project sustainability after the period of federal funding ends and clearly articulates likely challenges to be encountered. The extent to which the application includes any activities required to connect children to available healthcare coverage including dental coverage to support project sustainability in the future.

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

The application will be reviewed to determine the extent to which the organization and partners are aligned with the goal of this funding opportunity and have the capability and support to carry out the proposed activities. Criteria considered include:

- The extent to which your organization and its proposed partners can effectively provide dental students clinical training with pediatric populations age 0-5 years, including those in underserved or rural communities;
- The extent to which the organization demonstrates commitment to implementing the proposed changes to program curriculum by the individual or body responsible for the overall curriculum, e.g., letter from deans, educational boards, etc. as **Attachment 7**;
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project;
- The extent to which the proposed Project Organizational Chart (**Attachment 3**) illustrates effective collaboration among partners and management structure;
- Evidence of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, e.g., resources and letters of support demonstrating understanding of role(s) and affirming commitment to the project as **Attachment 1**;
- The adequacy of the staffing plan to implement the proposed work plan; and
- The extent to which the proposed facilities, including proposed equipment, for the training program are clearly described, reasonable, and adequate to accomplish the goal of the 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 project period in relation to the objectives, the complexity of the project activities, and the anticipated results, including:

- The extent to which the proposed budget is deemed reasonable and necessary, given the proposed project activities;
- The extent to which the proposed budget demonstrates adequate planning for and alignment with the proposed work plan goals, objectives, corresponding tasks, and proposed partnerships;
- Evidence of a complete and accurate budget including the degree to which the budget justification is reasonable, includes indirect costs fixed at 8%, and describes the entire project costs including any trainee expenses;
- 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;
- The extent to which the modifications to clinical environments, e.g., equipment, systems, or supplies are reasonable and necessary to implement the proposed training environment;
- The extent to which key personnel have adequate time devoted to the project to achieve the project objectives; and
- The extent to which the amount budgeted considers unfilled positions as a result of proposed recruitment timelines and the institution’s hiring process.

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

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

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

### **Funding Priorities**

This program includes funding priorities, as authorized by Title VII, Sec.748 of the Public Health Service Act. 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 factor will be determined by HRSA Staff. The Predoctoral Pediatric Training in General Dentistry and Dental Hygiene 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 and labeled as **Attachment 6**. Funding priorities are approved or denied by HRSA staff. **Failure to clearly request or provide the requested information, documentation, or sufficient detail may result in denying your request.** Some funding priorities include important definitions (see *section 1.2 Background* for definitions).

For each priority, you must provide:

- A concise narrative justification of why you qualify;
- The method(s) being used to request the priority;
- A reference to relevant Objectives, Work plan, and Activities, if applicable; and
- A summary of the data requested, if applicable.

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

An application will be granted a funding priority if you propose a collaborative 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, included as one of the grant objectives, and be included in the work plan. The collaboration must include joint planning and implementation of the project. You must include a letter of agreement from the collaborating department of primary care medicine in **Attachment 2**.

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

To qualify for this priority, you must have established a formal relationship with a Federally Qualified Health Center or a rural health center for the planning and implementation of the pediatric training of dental students proposed in the grant application. You must include a letter of agreement from the Federally Qualified Health Center or the rural health center in **Attachment 2**.

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

To qualify you 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 objectives, and be included in the work plan.

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

To qualify you must propose training activities to prepare dental and dental hygiene students to care for children with developmental disabilities, cognitive impairment, complex medical problems, and/or significant physical limitations. Proposed training activities may also include vulnerable children such as those who are homeless, living with HIV/AIDS, or whose caregivers are in risk-based clinical disease management of mental health or substance-related disorders. The proposed activities must be substantive, be the primary focus of one of the application's objectives and be included in the work plan.

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

This priority focuses on the number of graduates from your institution 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, dental public health or dental hygiene. 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 (AY2014-15 & AY2015-16) 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 or dental hygiene graduates (you must include the actual percentage in the letter) from the last two academic years (AY2014-15 & AY2015-16) 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 it 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 AY2013-14 to AY2015-16. To qualify under this method, provide a letter from the dean or director of the predoctoral program at your institution that affirms that the percentage of dental or dental hygiene graduates (you must include the actual percentage in the letter) who entered into, and remained in the practice of primary care dentistry from AY2013-14 to AY2015-16 increased by 20% percentage points or more (percentage point increase).

Note: New programs that had no graduates in the above 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 your institution 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 or dental hygiene 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 or dental hygiene 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 AY2013-14 to AY2015-16 has increased by 20 percentage points or more (percentage point increase).

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

**Priority 7: Student Diversity (1 Point)**

This priority focuses on your institution’s record of training individuals who are from a rural or disadvantaged background or an underrepresented minority.

To qualify under this priority, the application must confirm that 25 percent or more of the total current dental or dental hygiene student population is from a rural background, a disadvantaged background or an underrepresented minority and affirm that no student was counted more than once when making the calculations. To calculate the greatest percentage, include the following formula in the application:

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

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 your institution up to, and including, cancellation of the grant. There are no additional funding preferences, special considerations, or other factors applied to this funding opportunity announcement.

**3. Assessment of Risk and Other Pre-Award Activities**

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

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

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

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

### **3. Reporting**

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

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

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

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient 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 July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the project period, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the project period ends.

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

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

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

Further information will be provided in the NoA.

**4) Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. Financial reports must



be submitted electronically through the EHB system. More specific information will be included in the NoA.

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

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

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

6) **Other required reports and/or products.**

A finalized evaluation plan will be required by the end of the first annual budget period, June 30, 2018.

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

## **VII. Agency Contacts**

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

Oksana Cobb  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane, Room 10SWH03  
Rockville, MD 20857  
Telephone: (301) 945-0279  
Fax: (301) 443-6343  
Email: OCobb@

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

Jesse Ungard  
Public Health Analyst  
Oral Health Branch  
Attn: Predoctoral Pediatric Training in General Dentistry and Dental Hygiene  
Bureau of Health Workforce, HRSA  
5600 Fishers Lane, Room 15N146C  
Rockville, MD 20857  
Telephone: (301) 443-6249  
Fax: (301) 443-0162  
Email: [JUngard@hrsa.gov](mailto:JUngard@hrsa.gov)

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

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

### **Technical Assistance Webinar/Call**

The Oral Health Branch (OHB) in BHW's Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: <http://bhw.hrsa.gov/grants/dentistry/technicalassistance/index.html>.

The second TA session will be a phone call and will also include information important for preparing an application and an opportunity to ask questions. A taped replay will be available one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: Wednesday, December 7, 2016

Time: 2:00 p.m. ET

Telephone Number: 877-918-6703

Passcode: 2045072

Web Link: [https://hrsa.connectsolutions.com/pptgd\\_fy16\\_foa\\_tawebinar/](https://hrsa.connectsolutions.com/pptgd_fy16_foa_tawebinar/)

Play-back telephone number: 866-484-6428

Passcode: 5136

Date: Wednesday, January 18, 2017

Time: 2:00p.m. ET

Telephone Number: 888-566-6171

Passcode: 2792275

Play-back telephone number: 203-369-0889

Passcode: 1187

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

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

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

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