

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Bureau of Health Workforce  
Division of Nursing and Public Health

***Nurse Education, Practice, Quality and Retention (NEPQR) – Veteran Nurses in Primary Care (VNPC) Training Program***

**Funding Opportunity Number:** HRSA-19-092  
**Funding Opportunity Type:** Initial New

**Catalog of Federal Domestic Assistance (CFDA) Number 93.359**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2019

**Application Due Date: March 8, 2019**

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!  
HRSA will not approve deadline extensions for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to 1 month to complete.*

**Issuance Date: January 07, 2019**

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Authority: Public Health Service Act, Sections 831 and 831A (42 U.S.C. 296p and 42 U.S.C. 296p-1)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Nursing Education, Practice, Quality and Retention (NEPQR) – Veteran Nurses in Primary Care (VNPC) Training Program. The purpose of this program is to recruit and train military veteran nursing students to practice at the full scope of their license in community-based primary care teams. In addition, the VNPC Training Program will provide professional development opportunities and educational support for practicing Registered Nurses/preceptors aimed at developing primary care expertise and skillsets to provide high-quality care that addresses the unique needs of veterans.

Funding Opportunity Title:	Nursing Education, Practice, Quality and Retention (NEPQR) – Veteran Nurses in Primary Care (VNPC) Training Program
Funding Opportunity Number:	HRSA-19-092
Due Date for Applications:	March 8, 2019
Anticipated Total Annual Available FY19 Funding:	\$4,500,000
Estimated Number and Type of Awards:	Up to nine cooperative agreements
Estimated Award Amount:	Up to \$500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2022 (3 years)
Eligible Applicants:	Eligible applicants include accredited schools of nursing, as defined by PHS Act section 801(2), health care facilities, or a partnership of such a school and facility.  See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.

## **Application Guide**

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

## **Technical Assistance**

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Nursing Education, Practice, Quality and Retention (NEPQR)-Veteran Nurses in Primary Care (VNPC) Training Program.

### Program Purpose

In FY 2018, HRSA implemented the Nurse Education, Practice, Quality and Retention (NEPQR)-Registered Nurses in Primary Care (RNPC) Program to recruit and train nursing students and current registered nurses (RNs) to practice to the full scope of their license in community-based primary care teams. This program aims to increase access to care, with an emphasis on chronic disease prevention and control, including mental health and substance use disorders. The NEPQR- VNPC Training Program is an expansion of the NEPQR-RNPC investment specifically targeting undergraduate nursing students who are veterans and current primary care RNs.

The NEPQR-VNPC Training Program objectives are to:

- 1) recruit primary care-oriented veteran undergraduate nursing students committed to practicing in non-institutional settings to provide primary health care in medically underserved communities;
- 2) provide longitudinal clinical training experiences for veteran undergraduate nursing students in community-based primary care;
- 3) offer continuing professional development in primary care for practicing RNs, clinical preceptors, and faculty aimed at developing primary care expertise and skillsets to provide high-quality care that addresses the unique needs of veterans with an emphasis on chronic disease prevention and control, including mental health and substance use disorders;
- 4) enhance didactic and clinical training curricula to integrate primary care, population health, and interprofessional education (IPE) with an emphasis on chronic disease prevention and control, including mental health and substance use disorders;
- 5) facilitate partnerships between veteran, academia, and clinical partners via a partnership liaison; and
- 6) address physical, emotional, and environmental issues that may be unique to veterans that could potentially impact learning, negatively interfere with program completion, and deter gainful employment in nursing after graduation.

Like the NEPQR-RNPC Program, the NEPQR-VNPC Training Program aims to achieve a sustainable primary care nursing workforce equipped with the competencies necessary to deliver value-based primary care, improve the distribution of the nursing workforce, increase access to care, and improve population health outcomes by strengthening the capacity for basic nurse education and practice.

## 2. Background

The NEPQR Training Program is authorized by Sections 831 and 831A of the Public Health Service Act (42 U.S.C. § 296p and 296p-1) to strengthen the capacity for basic nurse education and practice. The NEPQR-VNPC Training Program addresses all three priority areas (education, practice, and retention) as defined in the statute.

The delivery of high-value primary care is essential to improving the health of all Americans. The primary care workforce is responsible for the provision of primary and preventive care to a population that is increasingly demanding these services, due largely to the aging of the population and the growing number of individuals with complex medical needs. The percentage of the population 65 years or older will grow to 21.7 percent by 2040.<sup>1</sup> Approximately half of all Americans have at least one chronic disease, and 25 percent have multiple chronic conditions.<sup>2</sup> The prevalence of multiple chronic conditions increases significantly with age and impact 75 percent of older adults. These rates are expected to rise with the obesity epidemic and are compounded by the increased behavioral health needs that have resulted from unmet mental health needs and the opioid epidemic.<sup>3</sup> Currently, chronic diseases account for 75 percent of primary care visits. Increased emphasis on population health, quality of care, and the value of the services delivered has resulted in a need to shift health care from acute care to community-based settings.<sup>4</sup> However, the current organization and scope of the primary care system are insufficient in meeting the needs of the nation.<sup>5</sup>

As health care providers and policy makers continue to focus on improving quality and health outcomes at lower cost, identification of the key features and strategies that define primary care excellence are fundamental in the restructure. The Centers for Medicare and Medicaid Services (CMS) identified tenets of transformed health care delivery systems that emphasize integrated care models; comprehensive care coordination; care teams performing at the top of their licenses and board certification; patient engagement; data driven quality improvement, and population health management.<sup>6</sup> As the nation's health care culture continues to shift toward an integrated, comprehensive approach to health, strengthening the core of primary care is critical to the delivery of better, safer, higher quality care. As a result, innovative

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<sup>1</sup> Echevarria, M., Salmond, S. (2017). Healthcare Transformation and Changing Roles for Nursing. *Orthopedic Nursing*, 36(1), 12-25.

<sup>2</sup> Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. [Multiple Chronic Conditions Chartbook](#). [PDF - 10.62 MB] AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.

<sup>3</sup> Galea, Sandro (2018) Guns, Obesity, and Opioids: A Population Health Science Perspective on 3 Contemporary Epidemics. Retrieved from <https://www.milbank.org/quarterly/articles/guns-obesity-and-opioids-a-population-health-science-perspective-on-3-contemporary-epidemics/>.

<sup>4</sup> Fraher, Erin (2015). University of Pennsylvania Leonard Davis Institute of Health Economics Interdisciplinary Nursing Quality Research Initiative: Research Brief—Nursing in a Transformed Health Care System: New Roles, New Rules. Retrieved at [http://www.shepscenter.unc.edu/wp-content/uploads/2015/07/ingri-ldi-brief-nursing\\_original.pdf](http://www.shepscenter.unc.edu/wp-content/uploads/2015/07/ingri-ldi-brief-nursing_original.pdf).

<sup>5</sup> IOM (Institute of Medicine). (2012). *Primary Care and Public Health: Exploring Integration to Improve Population Health*. Washington, DC: The National Academies Press. Retrieved from <https://www.nap.edu/read/13381/chapter/1#ii>.

<sup>6</sup> Centers for Medicare & Medicaid Services. (2014). Innovation State Innovation Models Program. Retrieved from [innovation.cms.gov/initiatives/State-Innovations/](http://innovation.cms.gov/initiatives/State-Innovations/).

primary care delivery and workforce models have emerged to expand access, improve care, advance health, and increase value.

Evolving models of care underscore the importance of team-based care, leading organizations to redefine traditional roles and responsibilities of team members as a more effective means to meet patient needs. RNs are the largest health care workforce in the United States at 2.8 million, but are not consistently utilized in the primary care healthcare model.<sup>7</sup> In redesigned health care systems, nurses are assuming enhanced roles for a broad range of patients in community-based primary care. These changes will require an expanded skill set focused on wellness and population care, with a renewed focus on patient-centered care, care coordination, data analytics, and quality improvement.<sup>8</sup> Core competencies for primary and preventive care practice have been defined by the Quad Council of Public Health Nursing Organizations and the American Academy of Ambulatory Care Nursing.<sup>9</sup> These skill sets align with and support effective nursing practice in transforming healthcare delivery systems. As new roles diffuse through the health care system, nurse educators and current RNs need to focus on building skills to practice as part of interprofessional care teams with shared responsibility and accountability for the health of populations in an increasing value-focused care environment.

The emerging and enhanced roles for RNs requires a redesign of nursing education and clinical training systems to support nursing practice in a transformed health care system. Current nursing education and clinical training models overwhelmingly focus on acute care and lack sufficient primary care content. To keep pace with the rapidly changing healthcare environment, nurse educators must continuously evaluate and revise education curricula, approaches, and programs used to educate new and practicing nurses. Likewise, to prepare nurses to practice in new models of care, clinical rotations need to include exposure to high-performing teams in community-based settings, and provide longitudinal experiences with patients and family caregivers. Academic-practice partnerships are a critical mechanism to help ensure the transformative changes in front-line care delivery systems are incorporated into curricula and clinical training requirements for nurses. Effective partnerships create systems where students have relevant curricula, quality clinical training sites, well-trained faculty and preceptors, and produce graduates with the experience and competencies that facilitate employment in community-based primary care.

There is a compelling need to recruit and retain RNs in primary health care to address the rapidly expanding primary health care access crisis, improve the health of our nation, and promote the creation of healthy and satisfying work environments for RNs and interprofessional team members. Veterans bring a unique skill set, valuable work

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<sup>7</sup> Josiah Macy Jr. Foundation. (2016). Registered Nurses: Partners in Transforming Primary Care. Retrieved from <http://macyfoundation.org/publications/publication/conference-summary-registered-nurses-partners-in-transforming-primary-care>.

<sup>8</sup> Echevarria, M., Salmond, S. (2017). Healthcare Transformation and Changing Roles for Nursing. *Orthopedic Nursing*, 36(1), 12-25

<sup>9</sup> Quad Council Coalition Competency Review Task Force. (2018). *Community/Public Health Nursing Competencies*.

experience, and a demonstrated commitment to public service. Military experience instills the value of leadership, teamwork, discipline, reliability, and detail-orientation easily transferred into civilian nursing careers. In addition, almost a quarter of all veterans in the United States, 4.7 million, return from active military careers to reside in rural communities.<sup>10</sup> According to the National Association of Community Health Centers, veterans tend to view jobs as careers and have higher retention rates (50 percent or more) than the healthcare industry standard.<sup>11</sup> For these reasons, veterans are ideal candidates for addressing the primary care nursing workforce needs.

Despite their value add, veterans face several barriers to attaining a healthcare career including academic, cultural, social, wellness, and physical challenges. To address these barriers, veterans benefit greatly from evidence-based strategies tailored to address the identified social determinants and needs that impede their education and support success including, tutors, mentors, advisors with military backgrounds, and support services such as training in time-management, test-taking skills, career counseling, and job search assistance, to name a few. In addition, as the number of veterans receiving care from civilian providers increases, it is critical for the health workforce to have the capacity to address the service-connected health-related needs of veterans. HRSA has learned from its Veterans Bachelor of Science Degree in Nursing programs that when schools of nursing address these needs and connect veterans with timely support services, veterans can thrive.<sup>12</sup>

## Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs is located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the NEPQR-VNPC Training Program for Fiscal Year 2019:

**Enhanced RN role** is the utilization of RNs in primary care to the fullest extent of their education and practice. This enhanced RN role spans functional areas such as episodic and preventive care, triage, documentation of health status, chronic disease management, hospital transition management, delegated care for illness, health coaching, supervision of other staff, and quality improvement leadership.<sup>13,14</sup>

**Longitudinal experiential training** is the process of instruction between a designated faculty and/or nursing preceptor and an individual(s) that includes a component of direct

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<sup>10</sup> U.S. Department of Veteran Affairs, Office of Rural Health: Rural Veteran Health Care Challenges. Retrieved from <https://www.ruralhealth.va.gov/aboutus/ruralvets.asp>.

<sup>11</sup> Ibid.

<sup>12</sup> Rossiter, A.G., Morrison-Beedy, D., Capper, T., D'Aoust, R., Voelpel, P. E., Escallier, L., Fullerton, J., Rodriguez, I. (2017). Meeting the needs of the 21<sup>st</sup> century veteran: Development of an evidence-based online veteran healthcare course. *Journal of Professional Nursing*, 34(4), 280-283. Jul-Aug 2018. <https://doi.org/10.1016/j.profnurs.2017.10.007>

<sup>13</sup> Flinter, M., Blankson, M., & Ladden, M. (2016). Registered Nurses in Primary Care: Strategies that Support Practice at the Full Scope of the Registered Nurse License. Commissioned Paper for the 2016 Macy Foundation Conference.

<sup>14</sup> Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E., Ulrich, S., Hayes, C., & Wood, L. (2015). *Role of the Registered Nurse in Primary Health Care: Meeting Health Care Needs in the 21st century*. Nursing Outlook, 63(2), 130-136. Retrieved from <http://dx.doi.org/10.1016/j.outlook.2014.08.004>

work experience over a period of time to adequately immerse the individual(s) in that training, and providing education in new technologies, including distance learning methodologies like telehealth technology where appropriate (at least 150 hours).

**Non-institutional settings** are community-based primary care sites including but not limited to: Federally Qualified Health Centers (FQHCs), Nurse-Managed Health Clinics, Rural Health Clinics, state or local health departments, Department of Veterans Affairs medical facilities, Area Health Education Centers, AIDS Education and Training Centers, and Public Health Training Centers.

**Population health** is an approach to health focused on the health outcomes of a group of individuals, including the distribution of such outcomes within the group.<sup>15</sup> It involves applying health strategies, interventions, and policies at the population level rather than through the episodic, individual-level actions common within acute care.<sup>16</sup>

**Registered Nurse** is a nurse who has graduated from a school of nursing, passed the National Council Licensing Registered Nurse examination, and is licensed to practice as a registered nurse in a state.

**Registered Nurse student** is a student currently enrolled in an accredited undergraduate nursing program.

**Telehealth** means the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient, and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

## II. Award Information

### 1. Type of Application and Award

Types of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA program involvement will include:**

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<sup>15</sup> Kindig, D., & Stoddart, G. (2003). What is population health? *American Journal of Public Health*, 93, 380-383.

<sup>16</sup> National Advisory Council on Nurse Education and Practice – HRSA (2016). *Preparing Nurses for New Roles in Population Health Management: 14th Annual Report to the Secretary of the United States, Department of Health and Human Services and the Congress of the United States*. Retrieved from <https://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fourteenthreport.pdf>

1. Provide ongoing input in all phases of the project to accomplish the goals;
2. Participate, as appropriate, in meetings or site visits;
3. Review and approve project information prior to dissemination;
4. Provide direction, assistance and referral in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA grant projects, and other resource centers and entities relevant to the project's objectives;
  - a. Specifically, HRSA will share the list of NEPQR-VNPC award recipients with the FORHP-Rural veterans Program, which provides funding to States to work with providers and other partners to improve access to needed health care services and improve the coordination of care for veterans living in rural areas.
5. Provide guidance concerning the content, structure and format of required reports;
6. Support and direct the dissemination of effective clinical and/or community practice models that emerge from the NEPQR-VNPC; and
7. Review training programs, and identify opportunities to expand best practice models to populations that reflect the populations served.

**The cooperative agreement recipient's responsibilities will include:**

1. Develop, implement, and evaluate projects to ensure that they meet the objectives outlined in Section I of this NOFO;
2. Engage, collaborate, and communicate with HRSA staff for input on project activities, quality improvement, and dissemination of lessons learned and effective practice models;
3. Participate in HRSA-provided training and technical assistance as appropriate;
4. Engage with relevant stakeholders to ensure project success and sustainability;
5. Engage, collaborate, and communicate with other NEPQR-VNPC awardees in a learning community to share practice innovations and leverage resources; and
6. Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the [R&R Application Guide](#) (**Acknowledgement of Federal Funding**).

## **2. Summary of Funding**

HRSA expects approximately \$4,500,000 to be available annually to fund approximately nine recipients. You may apply for a ceiling amount of up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is July 1, 2019 through June 30, 2022 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the NEPQR-VNPC Training Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at [45 CFR part 75](#).

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, tuition and fees, and sub-awards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

### **III. Eligibility Information**

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

In accordance with Sections 831(g) and 831A(f) of PHS Act, eligible applicants include accredited schools of nursing as defined by section 801(2), health care facilities, or a partnership of such a school and facility.

Schools of nursing affiliated with the proposed project must be an accredited public or private school. Applicants must provide documentation of current accreditation by a national nurse education accrediting agency or state approval agency recognized by the U.S. Department of Education for the purposes of nursing education as **Attachment 1**.

Individuals are not eligible to apply.

In addition to the 50 states, eligible entities in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Tribes and Tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

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

Cost sharing/matching is not required for this program.

#### **3. Other**

##### **Ceiling Amount**

HRSA will consider any application that exceeds the ceiling amount (\$500,000) non-responsive and will not consider it for funding under this notice.

##### **Deadline**

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

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

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to

receiving the award, as required by Sec. 803 (b) of the Public Health Service Act. Complete the MOE information and submit as **Attachment 8**.

### **Multiple Applications**

NOTE: Multiple applications from an organization are not allowable. Separate 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 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.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

### **Eligible Students**

Eligible NEPQR-VNPC training program participants include undergraduate nursing students who were honorably or generally discharged service members (including reservists and National Guardsmen) from any Armed Services branch. Active duty service members will also be considered eligible contingent upon their ability to meet university admission requirements, military obligations (as applicable), and commanding officer permissions.

NEPQR-VNPC training program participants must be a citizen of the United States, a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national. Individuals on temporary or student visas are not eligible to receive NEPQR-VNPC support.

### **Eligible RNs**

RNs must hold valid license and be an employee of the accredited school of nursing as defined by section 801(2), health care facility, or partner of such a school and/or facility.

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

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

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this NOFO following the directions provided at <https://www.grants.gov/applicants/apply-for-grants.html>.

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are*

ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.

## 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 NOFO to do otherwise. You must submit the application in the English language and in terms of U.S. dollars (45 CFR § 75.111(a)).

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 **70 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 NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limit. Biographical Sketches **do** count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not 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 this notice.**

### 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) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in **Attachment 10: Other Relevant Documents**.

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

## Program-Specific Instructions

### Program Requirements

Applicants are required to establish or expand academic-practice partnerships to train veteran nursing students and support current RNs in non-institutional settings; such as community-based primary care, in accordance with the linkage/partnership requirement in Section 802(d) of the Public Health Service Act.

- If the applicant organization is an accredited school of nursing, they must partner with community-based primary care sites (e.g., Federally Qualified Health Centers, Nurse-Managed Health Clinics, and Rural Health Clinics).
- If the applicant organization is a health care facility, they must:
  - provide primary care services in a community-based setting; and
  - partner with an accredited school of nursing.

HRSA also encourages partnerships with other non-institutional settings, including but not limited to state or local health departments, Veterans Affairs medical facilities, Area Health Education Centers, AIDS Education and Training Centers, and Public Health Training Centers.

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), include the following:

The partnerships are required to implement the following activities:

1. Implement a system for **recruitment** of primary care-oriented veteran undergraduate nursing students committed to practicing in non-institutional settings to provide access to primary health care in medically underserved communities;
2. Provide longitudinal **clinical training** experiences for veteran undergraduate nursing students in community-based primary care, with an emphasis on military culture, veteran student needs, chronic disease prevention and control, including mental health and substance use conditions, include telehealth technology where appropriate to accomplish all clinical training;
3. Deliver **continuing professional development in primary care** for practicing RNs, clinical preceptors, and faculty aimed at developing primary care expertise and skillsets to provide high-quality care that addresses the unique needs of veterans with an emphasis on chronic disease prevention and control, including mental health and substance use disorder, which is to include telehealth technology where appropriate;
4. Enhance didactic and clinical training curricula to integrate primary care, population health, and IPE with an emphasis on chronic disease prevention and control, including mental health and substance use disorder; ensure that curricular modifications comply with your local VA certifying official's requirements in order to preserve GI benefit eligibility.
5. Identify a full time **partnership liaison** (1 FTE) paid from this grant as a formal facilitator between veteran, academia and clinical partners;

6. Address **physical, emotional, and environmental issues** that may be unique to veterans that could potentially impact learning, negatively interfere with program completion, and deter gainful employment in nursing after graduation; and
7. Include **mentorship and other supportive services** (including outreach to veteran's organizations) that address the unique challenges that veterans face when transitioning to civilian life.

***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 a project;
4. Funding preference, if applicable; and
5. The funding amount requested.

The project abstract must be single-spaced and is 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 should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project. Successful applications will contain the information below. Please use the following section headers for the narrative:

- ***PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1***  
You must describe the purpose and need for the proposed project, including:
  - Community served, including demographics, health status, social determinants of health, unmet health care needs, and barriers to care;
  - Current health care delivery system and primary care nursing workforce gaps, including recruitment and retention barriers;
  - Targeted veteran student population and identified needs that necessitate support services;
  - Structural changes necessary to create academic environments that are adaptive to veteran student needs and facilitate academic success;
  - Barriers to clinical training in community-based primary care teams;
  - Curricula modifications/enhancements needed;
  - Gaps in primary care competencies and training needs of veteran RN students, faculty/preceptors; and
  - Gaps in military cultural competencies and training needs of current RNs to provide high-quality care that addresses the unique needs of veterans.

- **RESPONSE TO PROGRAM PURPOSE** -- This section includes three 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).*

In this section, you must propose the methods that will be used to address the needs and meet the program requirements identified in the Purpose and Need section above.

Specifically, applicants must identify strategies and/or activities to address the student, community, and system needs, explain the rationale for proposing specific activities, and present a clear connection between identified system gaps, needs, and the proposed activities.

You must submit a logic model for designing and managing the project as **Attachment 6**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. For the purposes of this announcement, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., beliefs about how the program will work based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, etc.);
- Target population (e.g., individuals served);
- Activities (e.g., approach, key interventions);
- Outputs (i.e., direct products or deliverables of program activities); and
- Outcomes (i.e., program results, change in people or systems).

Please refer to Section VIII Other information Logic Model Guidelines.

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

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope as **Attachment 2**. You must state objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed and clearly explain how they will be implemented. A sample work plan can be found here:

<http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

The work plan must include:

- Goals of the project (including objectives and sub-objectives);
- Responsible entity/entities (i.e., key staff and partners);
- Activities;
- Timeline;
- Deliverables and/or products; and
- Proposed outcomes including the number of current and future RNs who will be trained each project year.

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

Discuss likely challenges and anticipated major barriers in the design and implementation of the activities described in the work plan and approaches that you will use to resolve such challenges. Describe how you monitor progress towards program objectives and strategies to address challenges or obstacles. Challenges discussed should be specific to the proposed project and relate to either the overall goal(s) or objective(s) proposed within the work plan.

- *IMPACT -- This section includes two 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 describe your plan for evaluating program performance. This plan must monitor ongoing processes and progress toward meeting program objectives and describe how the unique needs of target populations of the communities served are routinely assessed and improved. The evaluation plan must, at a minimum, assess the effectiveness of the award-funded activities and include a continuous quality improvement plan. The evaluation plan must include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. You 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.

Additionally, you must describe your process to track trainees after program completion/graduation for two years, which may include collection of trainees' National Provider Identifiers (NPI). Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics.

Programs must report on their findings in their annual Performance and Progress Reports. You must also describe the systems and processes used by your organization to collect required HRSA performance metrics for this program. This includes your capacity to track, validate, and report required data to allow for accurate and timely reporting of performance outcomes to HRSA. The following link includes examples of the required program performance measures for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>.

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

You must provide a clear sustainability plan for the project after the period of funding ends, including a description of specific actions to:

- Support all program requirements beyond the federal investment;

- Develop a business model that includes integration or enhancement of RNs into the community-based primary care delivery model;
  - Leverage lessons learned from past program participants and apply to improve future training and partnership opportunities;
  - Identify and disseminate key project results and best practices to appropriate audiences; and
  - Forecast likely challenges in sustaining the program, and outline approaches to resolve such challenges.
- **ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES --**  
*Corresponds to Section V's Review Criterion #4*  
 Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission, structure, scope, and relevant experience. You must discuss the roles, responsibilities, and functions of each member of the academic-practice partnership and describe how these elements contribute to your ability to execute the program requirements and meet program expectations. Describe the qualifications of the Partnership Liaison and their role(s) in the success and sustainability of the project. (A project organizational chart is requested in Section IV.2.v, **Attachment 5**.) Discuss how you will implement the project, properly account for the federal funds, and document all costs.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 3** (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. When applicable, biographical sketches should include training, language fluency, and experience working with populations that reflect the communities served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- Section C (*optional*) **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional*) **Other Support.** List both selected ongoing and completed (during the last three years) projects (Federal or non-Federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (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 (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the 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. Follow the instructions included the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

**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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 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 the following fiscal year, as required by law.

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, 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.

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

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the NEPQR-VNPC Training 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:* If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

## **v. Attachments**

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

### *Attachment 1: Accreditation Documentation (Required)*

The applicant organization must provide for all affiliated nursing programs: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not on probation, (2) the name of the accrediting body, (3) the date of initial accreditation, (4) the date of the next expected accrediting body review (or expiration date of current accreditation), and (5) a web link to the accreditation information on the accrediting body website (if available.) The full letter of accreditation is not required. Applicants on provisional accreditation status must provide proof of this status. Applicants whose accreditation status cannot be verified will be **considered nonresponsive and deemed ineligible under this funding notice**.

### *Attachment 2: Work Plan (Required)*

Attach the work plan for the project that includes all information detailed in Section IV.ii. Project Narrative.

### *Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (Required)*

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Applicants shall identify only **one** Project Director who must be a licensed RN.

### *Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (As applicable)*

Provide documents that describe working relationships between your organization and the required partner organization(s).

- If your organization is an accredited school of nursing, you must submit documentation of your partnership with community-based primary care sites (e.g., FQHCs, Rural Health Clinics).
- If your organization is a health care facility, you must submit documentation of your partnership with an accredited school of nursing.

You may also include documentation of partnerships with other health and community-based organizations, including but not limited to state or local health departments, Department of Veterans Affairs medical facilities, Area Health Education Centers, AIDS Education and Training Centers, and Public Health Training Centers.

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

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

**Attachment 5: Project Organizational Chart (Required)**

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

**Attachment 6: Logic Model (Required)**

You must provide a Logic Model that presents the conceptual framework for your project.

**Attachment 7: Tables, Charts, etc. (As applicable)**

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

**Attachment 8: Maintenance of Effort (MoE) Documentation (Required)**

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

NON-FEDERAL EXPENDITURES	
<p>FY 2018 (Actual) Actual prior FY18 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p>FY 19 (Estimated) Estimated current FY19 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

**Attachment 9: Request for Funding Preference (As applicable)**

To receive a funding preference, include information and data supporting your request for the funding preference as requested in [Section V.2.](#)

**Attachment 10: Other Relevant Documents (As applicable)**

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your 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 (<https://www.grants.gov/>)

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

**UPDATED SAM.GOV ALERT:** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

**If you fail to allow ample time to complete registration with SAM or Grants.gov, you 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 NOFO is *March 8, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

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

The NEPQR-VNPC Training 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 period of performance of up to 3 years, at no more than \$500,000 per year (inclusive of direct **and** indirect costs). 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.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 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 the following fiscal year, as required by law.

You cannot use funds under this notice for the following purposes:

- a. Subsidies or paid release time for project faculty (paid release refers to administratively authorized time spent away from the employee's normal job responsibilities to participate in other institution sponsored or sanctioned programs without loss of pay and without charge to paid time off (PTO) leave. Release time is considered work time; therefore, such time is counted when computing overtime. For the purpose of this NOFO, activities related to the funded project are considered normal job responsibilities for the personnel budgeted on the grant. Grant funds cannot be used to support paid release time that is not related to the funded project. This is also applicable to the payment of temporary personnel who are budgeted on this grant.)
- b. Payment of temporary personnel replacement costs for the time faculty/ preceptors/participants are away from usual worksite during involvement in project activities
- c. Laboratories
- d. Construction or renovations
- e. Provision of child care/child care costs
- f. Foreign travel
- g. Accreditation, credentialing, licensing, certification exam fees, and franchise fees and expenses
- h. Preadmission costs including college entrance exam costs
- i. Promotional items and memorabilia; and animal laboratories

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, 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. The program income alternative(s) applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

## **V. Application Review Information**

### **1. Review Criteria**

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has critical indicators 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. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The NEPQR-VNPC Training Program has five review criteria:

#### ***Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need***

Reviewers will consider the quality and extent to which you demonstrate:

- A compelling need to support RN workforce readiness for practice, recruitment and retention in community-based primary care teams;
- Gaps in, or demonstrated success at addressing, the educational and training needs of the current and future primary care RN workforce in the defined service area;
- Significance of gaps and compelling unique needs of veteran RN students by the use of data and other supportive evidence;
- Gaps in, or demonstrated success at addressing, the primary care competencies of faculty/preceptors;
- Significance of health status indicators, health disparities and the social determinants of health as evidence for the need for primary care in the defined service area; and
- Gaps and needs of the current RN workforce that significantly inhibit delivery of comprehensive, culturally competent, primary and preventive care to civilian and military patient populations.

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

##### ***Criterion 2 (a): METHODOLOGY/APPROACH (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 you demonstrate 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 Needs section. Reviewers will consider the extent to which you demonstrate:

- The overall approach aligns with the stated purpose of the funding opportunity;
- Clinical training experiences likely to yield graduates ready to practice in community-based primary care teams – including duration, role/skill set, location, and team composition, and also aligns with CMS’s tenets of a transformed delivery system;<sup>4</sup>
- Designed ongoing professional development for current RNs and preceptors that incorporates the knowledge, skills, and experience needed to practice at the full scope of their license as well as military cultural competency and veterans’ health care needs;
- Didactic and/or clinical curricula that aligns with the Quad Council’s Community/Public Health Nursing competencies;<sup>17</sup>
- Strategies for recruitment, placement and retention of current and future RNs likely to practice in community-based primary care in medically underserved communities;
- Approaches that are likely to address the physical, emotional, and environmental issues that may be unique to veterans that could potentially impact learning, negatively interfere with program completion, and deter gainful employment in nursing after graduation;
- Preparation of faculty/preceptors to educate veteran RN students in primary care knowledge, skills, and perspective;
- A reasonable timeline to enhance didactic curricula and initiate longitudinal clinical training experiences that maximizes impact;
- Use of telehealth technology where appropriate;
- Scope of impact - number of veteran RN students, current RNs and faculty/preceptors supported during the 3-year project period;
- Workforce models that facilitate interprofessional students, clinicians and staff working to the full extent of their education and scope of practice; and
- A logic model that clearly connects the activities, short- and long-term outcomes, and goals of the program.

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

Reviewers will consider the extent to which you:

- Outline a clear, comprehensive, and specific set of activities, timeframes, deliverables, and key partners to ensure successful implementation of the project;
- Develop a work plan that accounts for all functions or activities identified in the application;
- Describe the activities, timeframes, deliverables, and key partners required during the grant period of performance to address the needs described in the Purpose and Need section; and
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall implementation timeline.

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<sup>17</sup> Quad Council Coalition Competency Review Task Force. (2018). Community/Public Health Nursing Competencies.

**Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (c) Resolution of Challenges**  
Reviewers will consider the extent to which you:

- Describe the full breadth of potential obstacles and challenges likely to be encountered during the design and implementation of the activities described in the work plan; and
- Outline a reasonable and actionable plan and innovative approaches to address the challenges identified above.

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

**Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (10 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity**

Reviewers will consider the extent to which you are able to effectively report on the measurable outcomes requested. This includes both your internal program performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact sub-section (a).

Specific criteria include:

- The overall quality of the evaluation plan (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported);
- Demonstrated expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement;
- The quality of the methods and proposed approach for using results, and how performance outcomes will inform program development and service delivery;
- The strength of your plan to utilize both quantitative and qualitative data to accurately and promptly inform quality improvement efforts, periodically review program progress, and make adjustments in order to optimize program output; and
- The extent to which the long-term impact of the project is tracked and measured to assess progress toward increasing the number of veteran RNs practicing at the full scope of their license in community-based primary care settings and the number of RNs with primary care expertise and skillsets tailored to address veterans’ health care needs.

**Criterion 3 (b): PROJECT SUSTAINIBILITY (15 points) – Corresponds to Section IV’s Impact Sub-section (b) Project Sustainability**

Reviewers will consider the extent to which you describe a reasonable and feasible plan for project sustainability after the period of federal funding ends, including:

- A business model that demonstrates the added value of veteran RNs on primary care teams;
- A commitment to ensure, to the extent possible, that the nursing workforce addresses students that reflect the populations served who are interested in primary care and community practice;
- The ongoing engagement of current and future RNs to advance the goals of the program;

- Targeted job placement services for graduates in community-based primary care settings;
- Curricula/learning modules to support professional development;
- Strategies to build needed infrastructure and capacity to achieve efficient and sustainable primary care curricula and clinical training practices; and
- Dissemination of primary care nursing clinical competencies and replicable evidence-based best practices.

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

Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through your project narrative as well as through your attachments. Reviewers will also consider the extent to which you clearly articulate:

- The quality and availability of facilities and personnel to fulfill the programmatic, fiscal, and administrative needs and requirements of the proposed project (include the project’s organizational chart);
- Ability to accommodate telehealth technologies;
- The collaborative development of a shared vision, outcomes, and goals of the partnership;
- The partnership’s capabilities and ability to leverage institutional resources to maximize project success;
- The partnership’s commitment to a systematic approach to didactic and clinical training of veteran RNs in primary care teams;
- The partnership’s commitment to rural and underserved communities;
- The partnership’s capacity to engage internal and external stakeholders to maximize project success;
- Evidence of specific collaboration and/or coordinated activities in support of the proposed project; and
- The roles and likelihood the Partnership Liaison will foster strategic partnerships and communication between academia and clinical practice (formal facilitator/feedback loop).

***Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget Justification Narrative and SF-424 R&R budget forms***

Reviewers will consider the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to ensure commitment and achieve project objectives as well as the impact of in-kind support, if applicable;

- The proportion of program budget allotted to participant/trainee support, and the extent to which the costs are reasonable and supportive of the project objectives;
- The extent to which the application follows the program-specific budget guidelines under Section IV and the [SF-424 R&R Application Guide](#), costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost; and
- The extent to which the budget justification is clear and aligned with the proposed budget for each budget year, and includes a narrative description of all costs and itemized detailed cost breakdown.

## 2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials will apply the funding preferences listed below. 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 Preferences

This program provides a funding preference for some applicants as authorized by Section 805 of the Public Health Service Act (42 U.S.C. § 296d). 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding preference and will grant it to any qualified applicant that demonstrates that they meet the criteria for the preference(s) as follows:

Preference shall be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. For this competition, HRSA has interpreted "substantially benefit" to mean those projects that encompass clinical training at a site physically located in either (a) a rural primary care facility,<sup>18</sup> (b) a primary care geographic Health Professional Shortage Area,<sup>19</sup> and/or (c) a State or local health department.

Applicants should indicate in the program abstract their request for funding preference consideration. Only applications with **Attachment 9** will be considered for the funding preference. Applicants must supply the following information in **Attachment 9**:

- Name and physical address of the clinical training site(s) affiliated with proposed project;

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<sup>18</sup> HRSA Rural Health Grants Eligibility Analyzer: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>

<sup>19</sup> HRSA HPSA Find: <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

- **For partnered clinical training sites in rural settings**, provide documentation of rural eligibility from the HRSA Rural Health Grants Eligibility Analyzer: <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>; and/or
- **For partnered clinical training sites in underserved settings**, provide documentation that the site qualifies as a primary care geographic HPSA from the HRSA HPSA Find Tool: <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>; and/or
- **For partnered clinical training sites that help meet public health nursing needs in State or local health departments**, provide documentation that the site is a state or local health department accredited by the Public Health Accreditation Board: <http://www.phaboard.org/news-room/accredited-health-departments/>

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

HRSA 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](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, 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. HRSA may ask you to submit additional programmatic or administrative 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 HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, 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 your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization'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](#).

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2019. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

#### Requirements of Subawards

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

### 3. Reporting

Award recipients 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. HRSA will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

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

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

Further information will be available in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA 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 award notice.

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 period of performance, 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.

Document the procedure for assuring the data collection, management, storage, and reporting of National Provider Identifier (NPI) numbers for RNs participating in the NEPQR-VNPC Training Program. Encourage nursing students to apply for a National Provider Identifier (NPI) number and then collect the NPI numbers of nursing students who receive training as a result of this award for the purpose of collecting post-graduation employment demographics for at least two years. More info about NPI is available here: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/>

- 3) **Final Program 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 HRSA with information required to close out a grant after completion of project activities. Recipients are 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 award notice.

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

## VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Barbara Ellis  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-1738 Email: [bellis@hrsa.gov](mailto:bellis@hrsa.gov)

You may request additional information regarding overall program issues and/or technical assistance related to this NOFO by contacting:

Marian Smithey, MSHP, RN  
Nurse Consultant, Project Officer  
HRSA, Division of Nursing and Public Health, BHW  
5600 Fishers Lane, Room 11N-128A  
Rockville, MD 20857  
Telephone: (301) 443-3831  
Email: [MSmithey@hrsa.gov](mailto:MSmithey@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

### Logic Models

Additional information on developing logic models can be found at the following website: [https://www.cdc.gov/oralhealth/state\\_programs/pdf/logic\\_models.pdf](https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Health Workforce Connector: The Health Workforce Connector, <https://connector.hrsa.gov/connector/>, contains a searchable database for all NHSC-approved service sites, including those with current job openings. NEPQR-VNPC awardees should consider this resource to identify clinical partner sites. Additionally, the [HRSA Health Workforce Connector](#) should be used with and other existing employment support resources to connect program graduates with opportunities in primary care employment with rural and/or underserved populations, preferably community based clinical settings.

### Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

## 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, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.

