

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Medicine and Dentistry

Geriatrics Workforce Enhancement Program

Funding Opportunity Number: HRSA-19-008

Funding Opportunity Type: New and Competing Continuation

Catalog of Federal Domestic Assistance (CFDA) Number 93.969

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: February 6, 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.*

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Authority: Public Health Service (PHS) Act Title VII, Sections 750 and 753(a), and PHS Act Title VIII, Section 865.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Geriatrics Workforce Enhancement Program (GWEP). The purpose of this cooperative agreement program is to establish and operate geriatrics education centers that will implement the GWEP project to develop a healthcare workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics and primary care. Special emphasis is on providing the primary care workforce with the knowledge and skills to care for older adults and partnering with community-based organizations (CBOs) to address gaps in healthcare for older adults, promote age-friendly health systems and dementia-friendly communities, and address the social determinants of health.

Funding may be used to support the education and training of health professions students, residents, fellows, and faculty; healthcare providers; and direct care workers who will provide healthcare to older adults. Funding may also be used to provide educational programs for individuals, patients, families, and caregivers to provide them with the knowledge and skills for self-management and/or care delivery for older adults.

Funding Opportunity Title:	Geriatrics Workforce Enhancement Program
Funding Opportunity Number:	HRSA-19-008
Due Date for Applications:	February 6, 2019
Anticipated Total Annual Available FY19 Funding:	\$35,730,000
Estimated Number and Type of Awards:	Up to 47 cooperative agreements
Estimated Award Amount:	Up to \$750,000 per year which includes at least \$100,000 for Alzheimer's disease and related dementias (ADRD) education and training, subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2024 (5 years)

<p>Eligible Applicants:</p>	<p>Eligible applicants are accredited health professions schools and programs. The following entities are eligible applicants:</p> <ul style="list-style-type: none"> • Schools of Allopathic Medicine • Schools of Veterinary Medicine • Schools of Dentistry • Schools of Public Health • Schools of Osteopathic Medicine • Schools of Chiropractic • Schools of Pharmacy • Physician Assistant Programs • Schools of Optometry • Schools of Allied Health • Schools of Podiatric Medicine • Schools of Nursing <p>The following accredited graduate programs are also eligible applicants:</p> <ul style="list-style-type: none"> • Health Administration • Behavioral Health and Mental Health Practice including: <ul style="list-style-type: none"> • Clinical Psychology • Clinical Social Work • Professional Counseling • Marriage and Family Therapy <p>Additional eligible applicants are:</p> <ul style="list-style-type: none"> • a health care facility, • a program leading to certification as a certified nurse assistant, • a partnership of a school of nursing and a health care facility, or • a partnership of a program leading to certification as a certified nurse assistant and a health care facility. <p>See Section III-1 of this notice of funding opportunity (NOFO).</p>
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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 technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar 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 Geriatrics Workforce Enhancement Program (GWEP).

Program Purpose

The purpose of this program is to improve health outcomes for older adults by developing a healthcare workforce that maximizes patient and family engagement, and by integrating geriatrics and primary care.

Program Goals

The goals of this program are: 1) to educate and train the primary care and geriatrics workforce to care for older adults in integrated geriatrics and primary care models, and 2) to partner with community based organizations (CBOs) to address gaps in healthcare for older adults, promote age-friendly health systems and dementia-friendly communities, and address the social determinants of health.

Program Objectives

1. **Develop partnerships between academia, primary care delivery sites or systems, and community-based organizations** to educate and train a workforce, including curriculum development as necessary, to provide value-based care that improves health outcomes for older adults.
2. **Train geriatrics specialists, primary care providers, and health professions students, residents, fellows and faculty** to assess and address the primary care needs of older adults, including:
 - The continuum of care for older adults, including chronic care self-management, long-term care, and end-of-life care;
 - Mental health issues, including delirium, depression, and substance and opioid use disorder;
 - Social determinants of health, including elder abuse, neglect, and exploitation; disaster preparedness; and culturally and linguistically competent healthcare;
 - Individual, community and population level approaches; and
 - Use of telehealth technology, for example: teleprecepting, telementoring, Project ECHO¹, live video, remote patient monitoring, or other technology as appropriate.
3. **Transform clinical training environments** into integrated geriatrics and primary care systems to become age-friendly health systems that incorporate the

¹ Project ECHO is a lifelong learning and guided practice model that increases health workforce capacity to provide best-practice specialty care and reduce health disparities. The model includes a hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. For more information see: <https://echo.unm.edu/>.

principles of value-based care and alternative-payment models (e.g., Advanced Alternative Payment Modes [AAPMs], bundled payment, Comprehensive Primary Care Plus [CPC+]). The essential elements of age-friendly health systems are:

- What matters to the older adult
 - Medication
 - Mentation
 - Mobility²
4. **Deliver community-based programs** that provide patients, families, caregivers, and direct care workers with the knowledge and skills to improve health outcomes for older adults;
 5. **Provide training** to patients, families, caregivers, direct care workers, healthcare providers, and health professions students, residents, fellows and faculty on Alzheimer's Disease and Related Dementias (ADRD) and how cognitive and behavioral impairments impact medical care throughout the course of illness, including the value of supporting dementia-friendly communities and when it is appropriate to recruit older adults into research.

Interprofessional collaboration is a required component of all project objectives, and medicine must be one of the professions included in all interprofessional activities.

Additional Program Information

Funding Preference

This program provides the opportunity for the applicant to select one of two preferences. One preference is authorized by Section 805 of the Public Health Service Act (PHS), and the other preference is authorized by Section 791(a)(1) of the PHS Act.

The funding preference under Section 805 of the PHS Act shall be given to applicants with projects that substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

The funding preference under Section 791 of the PHS Act shall be given to applicants that:

- a) demonstrate a high rate for placing graduates in practice settings having the principal focus of serving residents of Medically Underserved Communities or b) demonstrate a significant increase in the rate of placing graduates in Medically Underserved Communities settings over the preceding two years. New programs as defined by PHS Act section 791(c) may apply for the preference through a different set of criteria found in Section V.2.

Applicants may apply for this notice of funding opportunity without requesting a funding preference; applicants receiving a funding preference will be placed in a more competitive position among applications that can be funded. Refer to [Section V.2](#) of this

² The John A. Hartford Foundation & The Institute for Healthcare Improvement. (2018). Age-Friendly Health Systems. Retrieved from <https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly-hospitals/>

NOFO for detailed information on qualifying for a funding preference. Requested information to apply for the funding preference must be submitted in [Attachment 8](#).

2. Background

The GWEP is authorized by PHS Act Title VII, Sections 750 and 753(a) and PHS Act Title VIII, Section 865. The focus of these authorities is on geriatrics workforce enhancement.

The current number of individuals over the age of 65 is 46 million and is projected to reach 74 million by 2030. Americans who are 65 today can expect, on average, to live an additional 19 years.³ As older adults live longer, many develop multiple chronic conditions (MCC). Approximately 75 percent will have at least one chronic condition, such as ADRD, which affects 1 in 10 older adults and is the 6th leading cause of death in the United States.⁴ MCC among older adults put a burden on national healthcare systems and increase costs.⁵ In 2017, HRSA's National Center for Health Workforce Analysis published the National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025⁵ which reported that the demand for geriatricians is projected to exceed supply, resulting in a national shortage of 26,980 full time equivalent positions in 2025. This is despite warnings from 10 years ago, in The National Academy of Medicine, formerly called The Institute of Medicine, report titled, *Retooling for an Aging America: Building the Health Care Workforce*, that the healthcare workforce was even then inadequate in both size and skills to meet the healthcare needs of the rapidly growing number of older adults. The education and training of health professionals in the area of geriatrics has continued to be hindered by a shortage of faculty, inadequate and variable academic curricula and clinical experiences, and a lack of opportunities for advanced training.⁶

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be found in the [Health Workforce Glossary](#). In addition, the following definitions apply to the Geriatrics Workforce Enhancement Program for Fiscal Year 2019.

Age-Friendly Health System means a healthcare system that improves the quality of care for older adults and optimizes value for health systems by providing older adults with the best care possible; reducing healthcare related harms to older adults to close to zero; satisfying older adults with their care; and optimizing value for individuals including

³National Prevention Council. Healthy Aging in Action. (2016). U.S. Department of Health and Human Services, Office of the Surgeon General, Washington, DC

⁴ 2018 Alzheimer's Disease Facts and Figures. <https://www.alz.org/facts/>

⁵ Sage Open Nursing. (2018). Self-Management of Multiple Chronic Conditions by Community-Dwelling Older Adults: A Concept Analysis. Retrieved from <https://doi.org/10.1177/2377960817752471>

⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025. Rockville, Maryland.

⁶Institute of Medicine. (2008). *Retooling for an Aging America: Building the Health Care Workforce*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12089>.

patients, families, caregivers, direct care workers, healthcare providers, and health professions students, residents, fellows, and faculty, and health systems. The essential elements of age-friendly health systems are a) What Matters (to the older adult); b) Medication; c) Mentation; and d) Mobility.

Caregiver means a family member, friend, neighbor or other individual who provides unpaid assistance to a person with a chronic illness or disabling condition.

Certification means a process by which an agency or organization validates, based upon predetermined standards, an individual health provider's qualifications and knowledge for practice in a defined functional or clinical area.

Certified Nursing Assistant (CNA) Program means a CNA program provided by a community college, trade school, or medical facility that provides a 6-to-12 week CNA certificate program that is approved by the state's nursing board.

Community-based organization means a public or private nonprofit that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

Dementia Friendly Community means a community that helps people living with dementia feel included and supported in the places they work, live, and play (www.dfamerica.org). Dementia friendly communities consist of people who recognize that:

- A person living with dementia is more than his/her diagnosis;
- Dementia can affect a person's cognition, behavior, emotions and physical capabilities; and,
- Everyone has a role to play in recognizing persons living with dementia as a part of their community and supporting their independence, value and inclusion.

Direct Care Worker means an individual employed to provide hands-on support to help people with disabilities, and older adults, to perform everyday activities.

Fellowship program means at least a one-year, interprofessional, organized training effort sponsored by an eligible applicant that is designed to provide training in integrating clinical geriatrics into primary care and geriatrics/primary care education for healthcare professionals who have completed a graduate education program in their discipline, and now seek to develop specialized knowledge and skill in the care of older adults. The fellowship program goal is to prepare the learner for interprofessional practice, and certification, in one or more specialties related to the care of older adults. Fellows may be awarded stipends at a rate to be determined by the applicant organization. The goal of this program is to prepare individuals to be geriatrics specialists.

Graduate Education Program or Training means a program administered by an institution of higher learning, leading to a master's or higher degree.

Health Care Facility (HCF) means an Indian Health Service health center, a Native Hawaiian health center, a federally qualified health center, a rural health clinic, a nursing

home, a home health agency, a hospice program, a public health clinic, a state or local department of health, a skilled nursing facility, or any other facility designated by the Secretary.

Health Professional means an individual who has received an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or post-baccalaureate training in a field relating to healthcare, and who shares in the responsibility for the delivery of healthcare services or related service.

Integrated primary care and geriatrics systems include, but are not limited to: Interprofessional, team-based, patient-centered healthcare for older adults; integration of geriatrics into evolving age-friendly primary care delivery sites or systems to provide coordinated and comprehensive healthcare; and outreach and education for patients, families, caregivers, direct care workers, healthcare providers, and health professions students, residents, fellows and faculty to improve the health of older adults.

Interprofessional team means a group of three or more healthcare providers, direct care workers, caregivers, and patients who work together to meet the needs of a patient population. Work is divided based on the scope of practice of the included professions, information is shared, the work of each team member is supported, and processes and interventions are coordinated to provide services and programs to meet the patient's goals. For the purposes of this program, medicine must be one of the professions included in the interprofessional team. (See also "Team Based Care", in the Health Workforce Glossary).

Primary Care means a health care delivery site/system with integrated, accessible health care services provided by clinicians who are accountable for:

- addressing a large majority of personal health care needs,
- developing a sustained partnership with patients, and
- practicing in the context of family and community.

For this program, primary care delivery site/system includes emergency departments, hospice, and skilled nursing facilities but does not include inpatient hospital settings (including ACE Units), ambulatory surgical centers; independent diagnostic testing facilities; and inpatient rehabilitation facilities.

Stipend means a payment to an individual to help meet that individual's subsistence expenses during the training period. Stipends are not salary, and should not be provided as a condition of employment with either the federal Government or the recipient/subrecipient organization.

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

Traineeships for the GWEP means traineeships that are limited to individuals who are preparing for advanced education nursing degrees in geriatrics nursing, long-term care,

gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population.

Value-based care refers to a form of reimbursement that ties payments for care delivery to quality of care provided. It supports better care for individuals, better health for populations, and lower costs.⁶

II. Award Information

1. Type of Application and Award

Type of applications sought: New and Competing Continuation.

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, 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:**

- Participating in the planning, development, and evaluation of all phases of the project;
- Reviewing procedures to be implemented for accomplishing the objectives of the cooperative agreement;
- Participating, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
- Reviewing project training and education products such as videos, toolkits, assessment tools, on-line curricula, and manuscripts as they are being developed and prior to dissemination;
- Assisting recipients and their partners in developing a national GWEP network to share resources, best practices, and lessons learned;
- Providing assistance and referrals in the establishment and facilitation of effective reciprocal partnerships with federal, state and local agencies, HRSA projects and other resource centers, and other entities that may be relevant to the project's mission;
- Providing programmatic input and consultation for development and delivery of education and training materials;
- Working with recipients and their partners to develop and implement quality improvement assessment and evaluation strategies in order to provide value-based care delivery and quality improvement initiatives;
- Providing information resources; and
- Review contracts and agreements, as appropriate, between programs and their partners.

⁶ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html>

The cooperative agreement recipient's responsibilities shall include:

- Participating in ongoing monthly technical assistance calls with other recipients and HRSA staff;
- Providing the HRSA project officer with an opportunity to review project information prior to dissemination;
- Establishing contacts relevant to the project's mission such as GWEP partners, federal, state, and local partners, and other HRSA projects;
- Coordinating activities with other GWEP awardees where possible; and
- Working with HRSA to evaluate priorities and respond to HRSA reporting requirements.

2. Summary of Funding

HRSA expects approximately \$35,730,000 to be available annually to fund approximately 47 recipients. You may apply for a ceiling amount of up to \$750,000 per year, of which no more than \$650,000 of the funds will be used for non-ADRD education and training, and a minimum of \$100,000 will be used for ADRD education and training. The period of performance is five (5) years, from July 1, 2019 through June 30, 2024. Funding beyond the first year is subject to the availability of appropriated funds for the GWEP, satisfactory awardee 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 exclusive of equipment, tuition and fees, and sub-awards/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 are accredited health professions schools and programs. The following entities are eligible applicants:

- Schools of Allopathic Medicine
- Schools of Veterinary Medicine
- Schools of Dentistry
- Schools of Public Health
- Schools of Osteopathic Medicine
- Schools of Chiropractic
- Schools of Pharmacy
- Physician Assistant Programs

- Schools of Optometry
- Schools of Allied Health
- Schools of Podiatric Medicine
- Schools of Nursing

The following accredited graduate programs are also eligible applicants:

- Health Administration
- Behavioral Health and Mental Health Practice including:
 - Clinical Psychology
 - Clinical Social Work
 - Professional Counseling
 - Marriage and Family Therapy

Additional eligible applicants are:

- a health care facility
- a program leading to certification as a certified nurse assistant,
- a partnership of a school of nursing such and facility, or
- a partnership of such a program and facility

Faith-based and community-based organizations, Tribes, and tribal organizations may apply if otherwise eligible.

In addition to the 50 states, only 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.

All eligible applicants must be accredited. In Attachment 10 the applicant organization must provide: (1) a statement that they hold accreditation from the relevant accrediting body and are not under probation, and (2) the dates of the initial accreditation and next expected accrediting body review. The full letter of accreditation is not required. Recipients must immediately inform the HRSA project officer of any change in accreditation status. If a partner institution holds the accreditation for a training program, a letter of agreement should be provided as well.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Programmatic Responsiveness

Provide evidence that the project director is at least a masters-prepared health professional or masters-prepared health educator who is also a geriatrics or gerontology specialist (except for project directors of CNA programs who must be at least bachelor's-level prepared), and has a minimum of five years of experience in leading geriatrics initiatives including workforce development. HRSA will consider any

application that does not meet this requirement non-responsive and will not consider it for funding under this notice.

Ceiling Amount

This award has a ceiling amount of \$750,000. At least \$100,000 must be for ADRD activities. HRSA will consider any application that exceeds the overall \$750,000 annual ceiling amount or that exceeds \$650,000 each year for non-ADRD activities non-responsive and will not consider it for funding under this notice.

Deadline

The deadline for applications is *February 6, 2019 at 11:59 p.m. Eastern Time*. 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 which is not less than expenditures for such activities during the fiscal year prior to receiving the award as required by Sections 797(b) and 803(b) of the Public Health Service Act. Complete the Maintenance of Effort information document and submit as Attachment 7.

Multiple Applications

NOTE: Multiple applications from an organization with the same DUNS number are allowable if the applications propose separate and distinct projects. However, no more than one application per organization or campus will be funded.

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.

Student/trainee/fellow/faculty eligibility requirements

A student/trainee/fellow/faculty receiving support from award funds 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.

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 applications 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 **80 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 11: 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

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:

i. Project Abstract

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

In addition to the instructions provided in the guide, please include the following information at the top of the abstract:

- Period of performance
- The name and credentials of the project director
- The name of the applicant organization
- Names and types of partners (academic program, primary care delivery sites or systems, community-based organization)
- Trainee types—patients, families, caregivers, direct care workers, healthcare providers and health professions students, residents, fellows, and faculty
- State if your application is new or a competing continuation

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. Special populations targeted;
5. Patient outcomes targeted; and
6. A clear statement about which Funding Preference is being requested, if applicable. Justification is to be provided in Attachment 8.

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**
This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve:
 - Briefly describe the purpose of your proposed project and the gaps to be filled;
 - Describe the population(s) served by your project and their unmet health needs including their unmet social determinants of health needs; (Note: competing continuation applicants must propose new community-based primary care sites in addition to and/or in place of existing GWEP sites in order to promote impact and spread to new communities);
 - Describe the unmet education and training needs of the workforce that will participate in this project;
 - Provide national, state, and local health status indicators related to your target population(s) in the defined area; and
 - Describe how the healthcare of older adults and their health outcomes will be improved through this project.
- **RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).**

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

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>).

You must:

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section;
- Describe the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose and Need section;
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of project implementation;
- Identify meaningful support and collaboration with key partners in planning, designing and implementing all activities, including development of the

application and, further, the extent to which these contributors reflect the diversity of the populations and communities served;

- Describe how specific telehealth modalities are appropriate for the training of the workforce, including, if applicable, teleprecepting, telementoring and/or project ECHO, will be used to provide training and education; and
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

b) METHODOLOGY - Corresponds to Section V's Review Criterion #2 (b).

Propose methods that you will use to address the stated needs and meet each of the previously described program goals and objectives this NOFO. Applicants must develop and operate a program for the training of health professions students, residents, and fellows who will provide healthcare to older adults, the faculty who train these individuals, primary care providers, direct care workers, as well as patients, families, and caregivers to improve health outcomes for older adults. Training must focus on the integration of geriatrics and primary care, not acute care.

The applicant organization must include or partner with the following:

1. An academic geriatrics training program (training can occur within academic health centers; however, these sites do not satisfy the community-based primary care site partner requirement);
2. One or more community-based primary care sites. Applicants are encouraged to partner with health centers, rural health clinics, and Indian Health Service Tribal, and Urban Indian Health programs. Competing continuation applicants must propose new community-based primary care sites in addition to and/or in place of existing GWEP sites in order to promote impact and spread to new communities; and
3. Community-Based Organizations. Applicants are encouraged to partner with Area Agencies on Aging, Alzheimer's Association chapters, faith-based organizations, senior centers, and other organizations that provide services and support to keep older adults in their homes and communities and family caregiver support.

Required partnerships must be reciprocal, with multidirectional sharing of knowledge and skills and shared decision-making across partners. You may propose reciprocal partnerships with entities that are not in your same geographic area, state, or HHS region (<https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>). The proposed project should be supported by all partners; maximize complementary skills and knowledge across partners; create synergisms to produce results that no one partner could have achieved alone; have recognized and consistent leadership and a dedicated core of interprofessional staff; have adequate resources for implementation and evaluation; plan for dissemination to other communities; and identify community-

based geriatrics change-agents to maintain any progress obtained during the partnership.⁷

In addition to the required partnerships, you are encouraged to partner with other organizations and programs that impact health outcomes for older adults, including nursing homes, prisons, elder justice programs (e.g., programs that are designed to prevent, intervene, and/or remedy the effects of elder abuse), healthy aging programs, Dementia Friendly America programs, National Institute on Aging funded Alzheimer's Disease Centers, Area Health Education Centers, health plans, state and local health departments, Quality Improvement Organizations, Department of Veterans Affairs, and Department of Labor apprenticeship programs.

In the Methodology section of your application, you must:

- Describe how you will address the program objectives listed in Section I (including your activities and methods). Your approach to these objectives should be specific, measurable, realistic, and achievable within the period of performance;
- Propose methods that you will use to address the objectives including the roles of partners, system level initiatives, the educational/teaching strategies to be implemented, and curricula/training materials that will be used to accomplish the objectives of the project;
- Describe how your project is innovative and will prepare the workforce to practice in integrated geriatrics and primary care delivery sites/systems that are age friendly and/or communities that are dementia friendly;
- Competing continuation applicants must describe your proposed new community-based primary care sites that you will partner with in addition to and/or in place of existing GWEP sites;
- Describe the types and numbers of trainees you expect to train through the project activities during the period of performance. Include descriptions of any planned traineeships, fellowships, or faculty training awards. Discuss any selection criteria for trainees, if applicable; and
- Demonstrate how enhancing existing, or developing new, reciprocal partnerships aimed at establishing and supporting training experiences will provide integrated healthcare for older adults while promoting age-friendly sites or systems and dementia-friendly communities.

Logic Model

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. Information about logic models may be found in Section VII of the NOFO. For the purposes of this notice, 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 and support resources. Base assumptions on research, best practices, and experience);

⁷ Heaton, J., Day, J., & Britten, N. (2016). Collaborative research and the co-production of knowledge for practice: An illustrative case study. *Implementation Science*, 11(20). Published online 2016 Feb 20
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- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

The Work Plan, which summarizes the work plan components, must be uploaded into Attachment 1. The Logic Model must be uploaded into Attachment 3.

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 you will use to resolve such challenges.
- *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 the plan for program performance evaluation that will contribute to value-based care delivery and continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. 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. (In the Attachments section (IV. 2. v., Attachment 2), you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. 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.

You must also describe the systems and processes that will support your collection of HRSA’s performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Describe the data collection strategy to collect, manage, analyze, and track data (e.g., assigned skilled staff, data

management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe your process to collect National Provider Identifier (NPI) of students who receive stipend/traineeship funds for the purpose of collecting post-graduation employment demographics. You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should 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.

You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting project goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website:

<http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>

Program Impact Evaluation

You must include an evaluation plan to show program impact for patient access, quality, and cost measures in at least five (5) identified measures. The following three (3) CMS Merit-Based Incentive Payment System (MIPS) standardized measures (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html>) are required for all applicants:

- MIPS MEASURE 1: Dementia Caregiver Education and Support: Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period.
- MIPS MEASURE 2: Evaluation or Interview for Risk of Opioid Misuse: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g., Opioid Risk Tool, Screener and Opioid Assessment for Patients with Pain-Revised [SOAPP-R]) or patient interview documented at least once during Opioid Therapy in the medical record.
- MIPS MEASURE 3: Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or

was not able to name a surrogate decision maker or provide an advance care plan.

For the additional two (2) required patient outcome measures, you are encouraged to use existing measures, such as:

Medication measure:

- MIPS: Use of High-Risk Medications in the Elderly: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported: a. Percentage of patients who were ordered at least one high-risk medication, and b. Percentage of patients who were ordered at least two different high-risk medications.

30-day readmission measure:

- MIPS: The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge.

Falls measures:

- HEALTHY PEOPLE 2020: Reduce the rate of emergency department (ED) visits due to falls among older adults; or
- MIPS: Falls: Screening for Future Fall Risk: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

Colorectal Cancer Screening measure:

- Uniform Data System (UDS) Measure Colorectal Cancer Screening - Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer (CMS Measure ID: CMS130v6; NQF#:0034)

Diabetes measure:

- UDS Measure Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) - Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (CMS Measure ID: CMS122v6; NQF#: 0059)

High Blood Pressure measure:

- UDS Measure Controlling High Blood Pressure (Hypertension Control) - Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period (CMS Measure ID: CMS165v6; NQF#:0018)

Awardees will be required to report on their evaluation activities and findings as part of their annual progress reports.

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)*
- You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your project, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding, as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used 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 and structure, including an organizational chart (Attachment 5) outlining your reciprocal partnerships with the mission, structure, and activities of the project.
- Provide evidence that the project director will devote a minimum of 20 percent of his/her time to the project; and that the percent time of the project director on the award equates with the appropriate level of work and is substantiated in the application.
- Provide evidence that, as a result of the reciprocal partnerships, you have the necessary resources to carry out your activities, to meet the unique needs of target populations, and to routinely assess whether the communities are being served adequately by your activities to meet the program objectives and program expectations.
- Required partners must be clearly identified in the project organizational chart. In addition, you must describe the relationship/responsibilities of the required partners, and provide letters of agreement delineating both commitment and role of the partner in the project.
- The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (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 diverse populations that are 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 3 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.
- **INTERDISCIPLINARY/INTERPROFESSIONAL PARTNERING, EDUCATION, AND TRAINING** -- Corresponds to Section V's Review Criterion #6 Interdisciplinary/ Interprofessional Partnering, Education, and Training
- Clearly describe how you plan to provide education and training to interprofessional teams. The plan should consider the interprofessional partnering, education and training of patients, families, caregivers, direct care workers, healthcare providers, and health professions students, residents, fellows, and faculty. Medicine must be one of the represented professions in all partnering, education and training. In patient-centered clinical practice models and in age-friendly and dementia-friendly communities, the patient, family, and caregivers must be part of the interprofessional

team, and therefore be included in partnering, education, and training efforts. Include in your discussion how interprofessional partnering, education, and training will affect outcomes in patient-centered clinical practice, patient health status, and improvement in the geriatrics workforce.

NARRATIVE GUIDANCE	
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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (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.
Interdisciplinary/Interprofessional Partnering, Education, and Training	(6) Interdisciplinary/Interprofessional Partnering, Education, and Training

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 the application is selected for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

Applicants have two budget options.

Budget Option 1: You may apply for a maximum of \$650,000 for your main education and training activities (non-ADR) and at least \$100,000 for ADR education and training activities, for a total up to \$750,000. You must place the full amount requested (up to \$750,000) and the budget justification for all activities into the SF424 R&R Budget form. **Additionally, you must also submit a breakdown of the ADR-specific budget and budget justification in [Attachment 6](#).**

Budget Option 2: You may apply for a maximum of \$750,000 for ADR education and training. You will need only one budget and one budget justification. This budget and budget justification must be uploaded into the SF424 R&R Budget form. Reminder: Use this if all of your budget (maximum \$750,000 and a minimum of \$100,000) is to be used for ADR education and training activities.

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." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, 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-awards 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 GWEP program requires the following:

In addition, the Geriatrics Workforce Enhancement Program requires the following, which corresponds to Section V's Review Criterion #5:

Program Evaluation and Impact Costs: You must ensure that you have dedicated sufficient funds in your budget to conduct the required program evaluation and impact as described as outlined in *Section V's Review Criterion V*.

Participant/Trainee Support Costs: If you have 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.

Travel: Include travel support for up to four individuals to attend one grantee meeting to be held annually over 2 days in the Washington, D.C. area over the five-year project period of performance. In addition to the project director representation should include individuals from your reciprocal partners (academia, a primary care delivery site, and a community-based organization).

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.

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

Detailed budgets for each partner should be provided as part of the budget justification showing the personnel costs by individual salaries and fringe benefits, supplies, consultants, travel, and any other costs, if appropriate. Please refer to iii. Budget for instructions on whether you need to submit one or two budgets for your project.

v. **Attachments**

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.** You must clearly label **each attachment with the attachment number and a name that clearly identifies its content.** Follow the numbering described below for each attachment. If you choose not to upload one of the optional attachments (for example, Attachment 9 will not be submitted by new applicants) then skip Attachment 9 in your attachments list and label your next attachment (Accreditation Documents) as “Attachment 10 Accreditation Documents.”

Attachment 1: Work Plan (REQUIRED)

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your applicant organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 R&R Application Guide](#)) (REQUIRED)

Keep each job description to one page in length if possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, include a description of your applicant organization’s timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Logic Model (REQUIRED)

Include the required logic model in this attachment.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) REQUIRED

Provide any documents that describe the reciprocal partnerships between your institution and other entities and programs cited in the proposal. 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.

Letters of agreement should include the following information:

- Role of each partner in the conduct of the proposed project, and how the expertise and resources of each partner complements those of other partners;
- Evidence that the partners have jointly planned and will jointly conduct the proposed reciprocal partnership’s activities.

Attachment 5: Project Organizational Chart (REQUIRED)

Provide a one-page figure that depicts the organizational structure of the GWEP project which includes the relationships among the applicant organization and all members of the reciprocal partnership. The project’s organizational chart is a

diagram that shows the structure of the project and the relationships between principal staff and/or collaborators.

Attachment 6: Budget and budget justification for ADRD education and training for 5 years under [Budget Option 1](#). (REQUIRED). The SF424 R&R form is NOT counted in page limit, the budget justification/narrative IS INCLUDED in the page limit.

Use a SF424 R&R form that is separate from the one used for the main, non-dementia, activities to complete the budget and budget justifications for the ADRD education and training activities for each of 5 years and upload as “Attachment 6 Budget Option 1 ADRD Budget and Justification.”

Reminder: If all of your budget is for ADRD education and training activities ([Budget Option 2](#)), then submit one budget and budget justification as part of the SF424 R&R form and do not use Attachment 6.

Attachment 7: Maintenance of Effort Documentation (REQUIRED)

You 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 18 (Actual)	FY19 (Estimated)
Actual prior FY18 non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated FY19 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$ _____	Amount: \$ _____

Attachment 8: Request for Funding Preference (REQUIRED IF REQUESTING A FUNDING PREFERENCE)

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2 Review and Selection Process](#). Identify the preference per Section V.2 –Funding Preferences. In order to receive the funding preference you must request the funding preference and successfully show why the request is appropriate.

Attachment 9: Progress Report (REQUIRED FOR COMPETING CONTINUATIONS-ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating

program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated objectives in your application and emphasize the progress made in attaining these objectives. HRSA program staff will review the progress report after the Objective Review Committee reviews your competing continuation application. See [Section V.2 Review and Selection Process](#) for further explanation of the past performance funding priority. [2 points]

The progress report should be a brief presentation (no more than 5 pages) of the accomplishments, in relation to the objectives of the program during the current period of performance. The report must cover the time period of May 19, 2018 through January 14, 2019 and must:

- (1) Identify your current (or previous) grant number
- (2) Provide a list of your partners - Indicate whether the partner is an academic, healthcare, or community-based organization partner and indicate what percent of your budget that partner received.
- (3) Specific objectives - Briefly summarize the specific objectives of the project. Indicate which partners were involved in each activity.
- (4) Results - Describe the program activities conducted for each objective, including educational, patient-level, practice improvement, and system-level outcomes that result from the program activities. Include both positive and negative results or technical problems that may be important.
- (5) Required content: You must report how having received funding through the GWEP award has leveraged your ability to receive additional federal and non-federal funding.

Attachment 10: Accreditation Documents (REQUIRED)

You must provide (1) a statement that you hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required. If a partner institution holds the accreditation for the training program, a letter of agreement should be provided as well.

Attachment 11: Other Relevant Documents

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

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 institution/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 (<http://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 *February 6, 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

Geriatrics Workforce Enhancement Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$750,000 per year, of which no more than \$650,000 may be used for non-ADRD education and training and a minimum of \$100,000 must be used for ADRD education and training (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 General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, 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 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 developed 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, except for the competing continuations' progress reports, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The GWEP has six (6) 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 you address the unmet healthcare needs of the populations you propose to serve, including their unmet social determinants of health needs.
- The extent to which you address the unmet interprofessional geriatrics education and training needs of the workforce to care for older adults, including how the workforce can address the unmet social determinants of health needs of older adults.
- The extent to which you address how healthcare of older adults and their health outcomes will be improved.

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

The application will be evaluated on:

- The extent to which you provide a clear, comprehensive, and specific set of goals and objectives that can address each of the program objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, partners, and a description of the cultural, linguistic, and geographic diversity of the populations and communities served; and
- The extent to which you collaborate and include key partners in planning, designing and implementing all activities, including development of the application and, the extent to which these contributors reflect the diversity of the populations and communities served.

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

The application will be evaluated on:

- The extent to which your proposed project will be effective in meeting the healthcare needs of the population(s) being served and the education and training needs of the workforce, including the appropriate use of telehealth modalities such as mobile health, remote patient monitoring, live video, or other modalities;

- The extent to which you propose methods that address the program objectives including the roles of partners, system level initiatives, the educational/teaching strategies to be implemented, and curricula/training materials that will be used to accomplish the objectives of the project;
- The extent to which you propose activities that are innovative for preparing the workforce to practice in and lead integrated geriatrics and primary care delivery sites/systems that are age friendly and communities that are dementia friendly;
- The extent to which you develop primary care sites/delivery systems to be age friendly and/or communities to be dementia friendly;
- The extent to which the project is likely to have the greatest impact on the workforce;
- The extent to which you demonstrate how enhancing existing, or developing new, reciprocal partnerships aimed at establishing and supporting training experiences will provide integrated healthcare and improve health outcomes for older adults while promoting age-friendly sites/systems and dementia-friendly communities; and
- *(only for competing continuation applicants)* The extent to which competing continuation applicants propose new community-based primary care sites in addition to and/or in place of existing GWEP sites in order to promote impact and spread to new communities.

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

- The extent to which you demonstrate 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 application will be evaluated on:

- The extent to which evaluative measures and your plan will effectively assess whether project objectives will be met, as well as your ability to effectively report on measurable outcomes. This includes both your internal program performance evaluation plan, your health outcomes plans, and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a);
- The extent to which you demonstrate that the evaluative measures will be able to assess: 1) how well the program objectives have been met, and 2) how well these can be attributed to the project;
- The extent to which you address the required standardized performance measures on dementia, opioids, and advance care plans;

- The extent to which you describe and address the two self-identified standardized performance measures;
- The extent to which you are able to incorporate data collected into program operations to ensure the delivery of value-based care and continuous quality improvement;
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes;
- The extent to which you anticipate obstacles to the evaluation and propose how to address those obstacles;
- The extent to which you describe the feasibility and effectiveness of plans for dissemination of project results; and
- The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

The application will be evaluated on:

- The extent to which you describe an effective plan for project sustainability after the period of federal funding ends;
- The extent to which your plan includes strategies to obtain future sources of potential income, as well as a timetable for becoming self-sufficient;
- The extent to which you identify future sources of potential income; and
- The extent to which you clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities

The application will be evaluated on:

- 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;
- The extent to which you describe the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project;
- The extent to which you provide documentation that you have strong reciprocal partnership;
- The extent to which you provide information on your organization’s current mission and structure, including an organizational chart outlining your reciprocal partnerships with the mission, structure, and activities of the project;

- The extent to which you have created viable reciprocal partnerships with appropriate funding levels, evaluation strategies specific to your project, and the impact of the proposed project;
- The extent to which your organization shows its commitment to implementing value-based care and programming;
- The extent to which your organization shows its commitment to implementing principles to become an age-friendly system;
- *(if appropriate)* The extent to which your community organization(s) show their commitment to promoting the creation of a dementia-friendly community; and
- The extent to which you describe the protocols/procedures for data collection from you and your partners.

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

Your application will be reviewed for the reasonableness of the proposed budget for each year of the period of performance, 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 achieve project objectives;
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives; and
- For reciprocal partnerships, the extent to which the budget equitably and appropriately supports the project and interprofessional training.

Criterion 6: INTERDISCIPLINARY/INTERPROFESSIONAL PARTNERING, EDUCATION, AND TRAINING (10 points) – Corresponds to Section IV’s Interdisciplinary/Interprofessional Partnering, Education and Training

The application will be evaluated on:

- The extent to which you educate and train health professionals to practice in teams and deliver team-based care; and
- The extent to which your interprofessional education and training activities transforms primary care practice and improves patient health outcomes.

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 may also apply other factors in award selection, (e.g., geographical distribution), as specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

This program includes a funding priority for past performance for Competing Continuation applicants. 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. In considering past performance as a predictor of future success by an applicant, HRSA staff will review the required Progress Report and award up to an additional two (2) priority points. These priority points will be in addition to the possible score of 100 total points as outlined in the review criteria. More specific information can be found under Attachment IX requirements.

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 qualified applicants as authorized below. HRSA staff will review the required documentation and award a funding preference to those applicants that meet the criteria described above. Applicants for whom HRSA staff is able to confirm eligibility will receive the statutory funding preference and be placed in a more competitive position amongst qualified applications. Applications that do not receive a funding preference will receive full and equitable consideration during the review process.

Applicants may choose one of two preferences:

- 1) The VIII, Section 805 of the PHS Act gives preference to qualified applicant that will substantially benefit:
 - a. rural populations,
 - b. underserved populations, or
 - c. help meet public health nursing needs in state or local health departments.
- 2) Title VII, Section 791(a)(1) of the PHS Act give preferences to qualified applicants that have:
 - a. a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities, or
 - b. significant increase the rate of placing graduates in medically underserved communities.

New programs as defined by PHS Act section 791(c) may apply for the preference through a different set of criteria found on page 36.

In order to request your funding preference, you must submit a request to receive the funding preference and you must provide appropriate documents justifying your request in **Attachment 8**. You will not receive preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval. **This preference will be applied to only those applications that rank above the 20th percentile of applications recommended for approval.**

If you are applying for the preference under Title VIII, Section 805 of the PHS Act: Requesting the Substantially Benefit for Rural or Underserved Populations, or to Help Meet Public Health Nursing Needs in State or Local Health Departments Funding Preference

Title VIII, Section 805 of the PHS Act authorizes the Secretary to give preference to any qualified applicant 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 or facility physically located in either (a) a primary care geographic Health Professional Shortage Area, (b) a medically underserved community, (c) a rural primary care facility and/or (d) a State or local health department.

Applicants must indicate in the program abstract their request for funding preference consideration. Only applications with **Attachment 8** will be considered for the funding preference. Applicants must supply the following information in **Attachment 8**:

Applicants must provide the name of the primary care clinical training site(s)/facility(ies) that are included in the application as the required primary care partner for this project. This partner(s) is also listed on the organizational chart, and sufficient funding for this partner must also be included in the budget.

- **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 HPSA from the HRSA HPSA Find Tool (link below) by including the HPSA Name and the HPSA ID: <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/>.

If you are requesting a preference under Title VII, Section 791(a)(1) of the PHS Act: Requesting the High Rate or Significant Increase for Placing Graduates/Program Completers in Medically Underserved Communities, or New Program Funding Preference

Please see the [Health Workforce Glossary](#) for definition of graduate/program completer. Title VII, Section 791 of the PHS Act authorizes the Secretary to give preference to any qualified applicant that has a high rate for placing graduates in practice settings having

the principal focus of serving residents of medically underserved communities; or during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or fulfills the requirements for “new programs.” (Defined below under 3) New Program).

This priority focuses on the number of completers from your program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify, as outlined below:

1) High Rate

To qualify under **High Rate** you must demonstrate that the percentage of graduates/program completers placed in practice settings serving medically underserved communities (MUCs) for the two academic years (AYs) (2016-2017 and 2017-2018) is greater than 40 percent for student trainees or 80 percent for resident or fellow trainees. If you are applying for a project that is training both students and residents/fellows, you must meet both targets to receive this preference. To apply you must provide and clearly label in Attachment 8 the **High Rate** calculation and all of the data shown below:

N2016-2017 – Numerator (2016-2017) = the number of graduates/program completers current in practice in a MUC.

N2017-2018 – Numerator (2017-2018) = the number of graduates/program completers in practice in a MUC.

D2016-2017 – Denominator (2016-2017) = the total number of graduates/program completers in in AY 2016-2017.

D2017-2018 – Denominator (2017-2018) = the total number of graduates/program completers in AY 2017-2018.

To calculate the rate of placement in practice settings, follow the formula below:

$$\text{High Rate} = \frac{\mathbf{N2016-2017} + \mathbf{N2017-2018}}{\mathbf{D2016-2017} + \mathbf{D2017-2018}} \times 100$$

2) Significant Increase

To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** from AY 2015-2016 to 2017-2018 of 25 percent in the rate of placing graduates/program completers in practice settings serving underserved populations. To apply you must provide and clearly label the **Percentage Point Increase** calculation and all of the data shown below in Attachment 8.

N2017-2018 – Numerator (2017-2018) = the number of graduates/program completers currently in practice in a MUC

D2017-2018 – Denominator (2017-2018) = the total number of graduates/program completers in AY 2017-2018.

N2015-2016 – Numerator (2015-2016) = the number of graduates/program completers currently in practice in a MUC.

D2015-2016 – Denominator (2015-2016) = the total number of graduates/program completers in AY 2015-2016.

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

$$\text{Percentage Point Increase} = ((N2017-2018/D2017-2018) - (N2015-2016/D2015-2016)) \times 100$$

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

3) New Program

New programs have completed less than three consecutive classes. As a result they lack the required data to apply for the MUC preference through the above pathways. If the training program was not in operation for at least 3 years, during which time there were no students, graduates, or teaching activities, you may request the MUC Preference via the new program pathway.

To be awarded the MUC Preference as a new program, you must clearly state the number of classes that have graduated and meet at least four of the following criteria as determined by the independent review panel.

- The training institution's mission statement includes preparing health professionals to serve underserved populations
- The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations
- Substantial clinical training in MUCs is required
- A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs
- The entire program or a substantial portion of the program is physically located in a MUC
- Employment assistance is available for graduates entering positions in MUCs
- The program provides a placement mechanism for helping graduates find positions in MUCs

Applying for the MUC Preference as a "New Program"

To apply for the MUC Preference, you must submit the Request and Documentation for Preferences (Attachment 8) and provide a brief narrative entitled "MUC Preference Request" that will:

- Indicate that the preference is requested through the new program pathway;

- Describe how their program meets at least four of the seven criteria;
- State the year the program was established and include a justification of eligibility if the program was closed for at least 3 years, as described above; and
- Provide the total number of graduates for each year, including the current year, since the training program began or resumed activity after a temporary closure as described above.

New “tracks,” such as primary care or rural tracks within existing institutions DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification. Programs that have been significantly changed or improved with a new focus also DO NOT qualify for the New Program qualification.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA will take into consideration the geographic distribution of applicants. HRSA anticipates funding no more than one awardee per state except in states with more than 2 million older adults, where up to two awards may be made. These states are California, New York, Pennsylvania, Florida, and Texas as indicated in the URL <https://www.acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>. In order to support geographic distribution, some applications may be funded out of the rank order of recommended projects. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

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 \(FAPIS\)](#). 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 [FAPIS](#) 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 FAPIS that a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2019.

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 and contractors under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Human Subjects Protection:

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

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.

Copies of any materials disseminated should include the following acknowledgement and disclaimer:

"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 [list grant number], [list title for grant] for \$ [specify total award amount]. 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."

- 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 Work Plan. 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 period of performance ends.

- 3) **Final Program Report.** A final report is due within 90 days after the period of performance 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. 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 cooperative agreement activity.
 - Changes to the objectives from the initially approved cooperative agreement.

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:

Shelia Burks, Grants Management Specialist
Attn.: Health Professions Branch
HRSA Division of Grants Management Operations, OFAM
10SWH03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6452
Fax: (301) 443-3643
E-mail: sburks@hrsa.gov

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

Nina Tumosa, Project Officer
Attn.: HRSA Division of Medicine and Dentistry Bureau, DMD
Room 15N-124A
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5626
Fax: (301) 443-0162
E-mail: ntumosa@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
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.

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>.

HRSA Training Curriculum: Alzheimer’s Disease and Related Dementias

HRSA has responded to dementia public health epidemic by developing a comprehensive curriculum to educate the workforce to provide high quality care to Persons Living with Dementia. In addition, HRSA has addressed the need to include caregivers as members of the interprofessional team and to help them maintain their health. HRSA has created a 27-module curriculum for health educators to train the health professions students, faculty, providers, direct care workers, patients, families, and caregivers about dementia care, and to help providers address caregiver needs. The curriculum can be found at: <https://bhw.hrsa.gov/grants/geriatrics/alzheimers-curriculum>

Administration for Community Living Health Promotion and Disease Prevention Programs

Health and Wellness Program pages: <https://www.acl.gov/node/569>

Discretionary and mandatory funded health promotion grant programs:

- [Chronic Disease Self-Management](#) - These programs provide people with disabilities and older adults with education and tools to help them manage chronic conditions.
- [Health Promotion](#) - Grants to states and territories support programs for older adults to promote healthy lifestyles and support healthy behaviors.
- [Falls Prevention](#) - These grants use evidence-based community programs to reduce falls, which is a leading cause of injury for older adults.

Age Friendly Systems

Creating an Age-Friendly Public Health System

https://www.johnhartford.org/images/uploads/reports/Age_Friendly_Public_Health_Convening_Report_FINAL.pdf

The Healthy Brain Initiative

The Alzheimer’s Association and the Centers for Disease Control and Prevention’s (CDC) Healthy Aging Program have developed the second in a series of road maps to advance cognitive health as a vital, integral component of public health. More information can be found at: <https://www.cdc.gov/aging/healthybrain/roadmap.htm>.

Elder Abuse, Neglect and Exploitation

The National Center on Elder Abuse created a Research to Practice brief entitled Elder Abuse Screening Tools for Healthcare Professionals which may be useful here. The link is: <http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/Elder-Abuse-Screening-Tools-for-Healthcare-Professionals.pdf>

Eldercare Locator

The Eldercare Locator is supported by the Administration for Community Living to assist older adults and their families find help and services in the community. The link is: <https://eldercare.acl.gov/Public/Index.aspx>

How to Measure Project Improvement

How will you know that a change that results for the training and education is an improvement? Measurement is a critical part of testing and implementing changes; measures tell you whether the changes being made actually lead to improvement. However, measurement for improvement should not be confused with measurement for research. Their differences can be found at the following website:

<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx>

Recruiting Older Adults into Research (ROAR)

The National Institute on Aging (NIA) at NIH, the Centers for Disease Control and Prevention (CDC), and the Administration for Community Living (ACL) are collaborating on the Recruiting Older Adults into Research (ROAR) project to encourage older adults and their family caregivers, including underrepresented populations, to consider participating in research. You can download the entire ROAR Toolkit in English and customize the materials with local information and for the needs of your local audience. More information can be found at <https://www.nia.nih.gov/health/recruiting-older-adults-research-roar-toolkit>.

Social Determinants of Health

It is important for primary care providers to understand that it is important to identify and address social determinants of health (SDOH) for individuals and families to achieve optimal health outcomes and whole-person care. The American Academy of Family Physicians has assembled a series of screening tools to help you link your patients to needed community resources. This information is available at

<https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project/tools.html>.

Workforce Shortages

National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025

<https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/GeriatricsReport51817.pdf>

HRSA Health Workforce Connector

Connect program graduates with the [HRSA Health Workforce Connector](#) and other existing employment support resources so they can obtain primary care employment with rural and/or underserved populations, preferably in 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>.