

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

Bureau of Health Workforce
Division of Health Careers and Financial Support

Health Careers Opportunity Program

Announcement Type: New
Announcement Number: HRSA-15-042

Catalog of Federal Domestic Assistance (CFDA) No. 93.822

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: May 15, 2015

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

Modified May 11, 2015: Pages 19-20, 40-41 Contracts/subawards

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Authority: Section 739 of the Public Health Service Act (42 U.S.C. 293c)
(Educational Assistance in the Health Professions Regarding Individuals from Disadvantaged
Backgrounds) as amended by Section 5402 of the Patient Protection and Affordable Care Act (P.L.
111-148).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Health Careers and Financial Support is accepting applications for fiscal year (FY) 2015 Health Careers Opportunity Program (HCOP). HCOP supports national efforts to diversify the health care workforce by funding projects to expand and support opportunities for individuals from disadvantaged backgrounds. The purpose of this grant program is to: 1) promote the recruitment of qualified students and adult learners, including veterans from disadvantaged backgrounds into health or allied health professions programs; 2) improve retention rates by implementing tailored enrichment programs designed to address the academic and social needs of trainees from disadvantaged backgrounds ; 3) improve matriculation and graduation rates; and 4) provide opportunities for community-based health professions training, emphasizing experiences in underserved communities.

The HCOP program aims to increase opportunities for individuals from disadvantaged backgrounds to successfully access and complete the educational and training requirements to become a health professional. The program works by strengthening the academic and social preparation of individuals from disadvantaged backgrounds to ensure their preparation for success in college and careers in health care. HCOP focuses on three key milestones of education: high school completion; acceptance, retention and graduation from college; and acceptance, retention and completion of a health professions degree program. The ultimate goal of the HCOP program is to diversify the health professions workforce by narrowing the educational achievement gaps between individuals from higher-income and lower-income households.

Funding Opportunity Title:	Health Careers Opportunity Program
Funding Opportunity Number:	HRSA-15-042
Due Date for Applications:	05/15/2015
Anticipated Total Annual Available Funding:	\$11,000,000
Estimated Number and Type of Award(s):	Up to 20 grant(s)
Estimated Award Amount:	Up to \$650,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2015 – August 31, 2018 (3 years)

Eligible Applicants:	<p>Eligible applicants include accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities including community colleges, technical colleges and tribal colleges.</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>
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All applicants are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

There will be two technical assistance (TA) sessions/webinars for applicants for this funding opportunity announcement. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: <http://bhwh.hrsa.gov/grants/diversity/hcop.html>. The second TA session will also be recorded. A taped replay will be available one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Tuesday, March 31, 2015 from 2:00 – 4:00 pm (ET)

Call-In Number (Toll Free): 1-800-369-1766

Participant Passcode: 5031591

Adobe Connect Link: https://hrsa.connectsolutions.com/hcop_foa_ta2015/

Replay Information: (Recording will be available until the application due date)

Play-back telephone number: 1-888-566-0435 Passcode: 5915

Thursday, April 23, 2015 from 2:00 – 4:00 pm (ET)

Call-In Number (Toll Free): 1-800-369-1766

Participant Passcode: 5031591

Adobe Connect Link: https://hrsa.connectsolutions.com/hcop_foa_ta2015/

Replay Information: (Recording will be available until the application due date)

Play-back telephone number: 1-888-568-0332 Passcode: 6315

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the FY 2015 Health Careers Opportunity Program (HCOP) program. First authorized in 1972, HCOP provides grants to eligible accredited health professions schools and public and private non-profit health or educational entities. The program's goal is to provide individuals from disadvantaged backgrounds an opportunity to develop the skills needed to successfully compete for, enter, and graduate from health or allied health professions schools. HCOP focuses on three key milestones of education: high school completion; acceptance, retention and graduation from college; and acceptance, retention and completion of a health professions program. The HCOP statutory authority includes a Funding Preference for applicants that utilize a Comprehensive Approach – an organizational model involving partnerships between several public or nonprofit private health or educational entities to establish, enhance and expand educational programs that result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers.

The purpose of this grant program is to: 1) promote the recruitment of qualified individuals (students and adult/non-traditional students, including veterans) from disadvantaged backgrounds into health and allied health professions programs; 2) improve retention and matriculation rates by implementing tailored enrichment programs designed to address the academic and social needs of disadvantaged trainees; and 3) provide opportunities for community-based health professions training, emphasizing experiences in underserved communities. Applicants must develop and implement evidence-informed academic and social support activities and data systems that measure student improvements in grade point averages, retention and matriculation rates, standardized test scores, licensure exam scores and on-time graduation rates.

HCOP provides a variety of academic and social supports to individuals from disadvantaged backgrounds through formal academic and research training, programming and student enhancement or support services. The HCOP recipients provide counseling and mentoring services to assist students in successfully completing their education and training. The program also exposes students to community-based health professions experiences in underserved communities. In addition, HCOP provides student stipends and financial planning resources to students as well as information about health care careers and training. Information related to financial planning resources may also be provided to parents/guardians of students interested in pursuing health careers.

Applicants are required to propose activities to meet legislative purposes **1, 2, 3, 4 and 7** outlined below.

- 1) **Recruitment:** Identify, recruit, and select individuals from disadvantaged backgrounds, as so determined, for education and training in a health profession;
- 2) **Facilitating Entry:** Facilitate the entry of individuals from disadvantaged backgrounds into health or allied health professions schools;

- 3) **Counseling, Mentoring and other Services:** Provide counseling, mentoring or other services (including retention activities) designed to assist individuals from disadvantaged backgrounds to successfully complete their education at such a school;
- 4) **Preliminary Education and Health Research Training:** Provide preliminary education and health research training designed to assist students to successfully complete regular courses of education at such a school, or referring individuals to institutions providing such preliminary education. This is completed prior to the entry of individuals into the regular course of education of a school, including graduate programs in behavioral or mental health.
- 5) **Financial Aid Information Dissemination:** Publicize existing sources of financial aid available to students in the education program of a school or who are undertaking training necessary to qualify them to enroll in such a program;
- 6) **Primary Care Exposure Activities:** Carry out programs under which individuals gain experience regarding a career in a field of primary health care through working at facilities of public or private non-profit community-based providers of primary health services;
- 7) **Develop a More Competitive Applicant Pool:** Conduct activities to develop a larger and more competitive applicant pool through **partnerships** with institutions of higher education, school districts, and other community-based entities; and
- 8) **Stipends:** Provide stipends for individuals for any period of education in student-enhancement programs (other than regular courses); not to exceed twelve months.

Specific Focus of the FOA

Applicants are required to propose activities that address the academic and social support needs of one or more of the following target populations from disadvantaged backgrounds:

- **Rising high school juniors/seniors** - Identify, recruit and prepare students from disadvantaged backgrounds to competitively enter and complete college (2 or 4 year colleges)
- **Undergraduate freshman and/or sophomores enrolled in two year programs** - Provide academic support to retain and assist students enrolled in two-year programs to graduate with an associate's degree and/or transfer to a four-year institution.
- **Undergraduate students in their 2nd, 3rd or 4th year** – Train and prepare students from disadvantaged backgrounds for competitive entry into a health professions school.
- **Adult/non-traditional students (including veterans)** - Train and prepare adult/non-traditional students from disadvantaged backgrounds for competitive entry into and graduation from an allied health or health professions school, or completion of an undergraduate health professions program.
- **Health Professions Degree Students** - Provide academic and social support to health professions students from disadvantaged backgrounds and provide training in

underserved communities in order to facilitate timely completion and graduation of a health professions degree.

Applicants must develop and implement evidence-informed academic and social support activities and data systems that measure student improvements in overall academic achievement.

2. Background

The HCOP program is authorized in section 739 of the Public Health Service Act (42 U.S.C. 293c) as amended by Section 5402 of the Patient Protection and Affordable Care Act (P.L. 111-148). The focus of this authority is on assisting individuals from disadvantaged backgrounds to undertake education to enter a health profession.

As the U.S. population continues to grow and the diversity of people of different racial, ethnic, and cultural groups continues to expand, the need for a diverse workforce becomes increasingly important. Health workforce needs are also influenced by an aging population, increased health care spending and the health reforms introduced by the Affordable Care Act. These rapid shifts in population patterns and social policies require a reconsideration of how minority and populations from disadvantaged backgrounds access and receive quality health care. It has been well documented that increasing racial, ethnic and cultural diversity among health professionals is associated with improved access to care for minority patients and greater patient choice and satisfaction among many other benefits.

The increased demand for qualified health care workers means the need for advanced education and training beyond high school has become more imperative. According to the Bureau of Labor Statistics, employment in the health care industry is projected to increase 29% through 2022, compared to an average 11% for all other industries. By educational attainment, 35% of the job openings in health care will require at least a bachelor's degree and an additional 30% will require some college or an associate's degree.¹

Despite the growing value of a college education, the United States is for the first time producing fewer college graduates prepared to meet the demands for a highly skilled and educated workforce. By 2018, 63% of all U.S. jobs will require postsecondary education – 22 million more college educated workers than we have today. Unfortunately, the country is on track to produce only 19 million graduates, a shortage of 3 million highly educated workers. By 2025, that gap will grow to 16 million, raising serious concerns about national prosperity and individual level economic mobility.²

At an individual level, the effects of low educational attainment are significant. The poverty rate for Americans 25 years and older without a college degree is three times higher than the rate for those with at least a bachelor's degree.³ In 2009-10, while 12% of first-time college students nationally came from the lowest income distribution, only 6% of bachelor's degree graduates were from the bottom income distribution. By contrast, more than 81% of university graduates were from families in the top income distribution. The disparity in educational attainment is more pronounced when considering advanced health professions degrees conferred to under-represented minorities. For example, of the Medical Doctor (MD) degrees conferred in 2013, the

¹ Data are from the Occupational Employment Statistics program, U.S. Department of Labor, U.S. Bureau of Labor Statistics

² *ibid*

³ *ibid*

distribution was as follows: African American/Black 5.46%; Hispanic 4.82%; American Indian/Alaskan Native .14%; Asian 20.08%; Native Hawaiian/Other Pacific Islander .03%; Whites 59.29%⁴; the PharmD degrees in 2011-12 were comprised of: African American/Black 6.5%; Hispanic 4.2%; Native Hawaiian 1.6%; American Indian/Alaskan Native .5%; Whites 50%)⁵; and among dentists, only 9% of 181,000 dentist currently practicing in the United States are either African American, Hispanic or American Indian⁶.

Factors that negatively influence college enrollment and graduation have been well documented in the research literature. These include: lower socio-economic status; inadequate academic preparation in high school; breaks in college attendance or enrollment; lower parental educational attainment; poor parental involvement in the college preparation process; attending underperforming schools; poor academic preparation; and behaviors like having children at an early age or substance use.⁷ The HCOP program works to identify and assist individuals who are more likely to experience one or more of the above determinants of educational attainment.

The HCOP program supports national efforts to diversify the health care workforce by funding projects that use a combination of innovative and evidence-informed approaches. HCOP aligns with broader national policy conversations concerning how to devise and evaluate the best educational practices and strategies to engage students from disadvantaged backgrounds to finish high school, enter and complete college and develop the skills necessary to be competitive for today's jobs (including jobs in the health care industry).

II. Award Information

1. Type of Award

Type of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2015 – 2017. Approximately \$11,000,000 is expected to be available annually to fund twenty (20) awardees. Applicants may apply for a ceiling amount of up to \$650,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Health Careers Opportunity Program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the federal government. **NOTE: Multiple applications from an organization are not allowable.** Eligible applicants can submit **only one application** per campus; multiple applications from a single

⁴ Association of American Medical College, Total Graduates by U.S. Medical School and Race and Ethnicity, 2013. The remaining race/ethnicity data from this source are as follows: Other: 1.64%; Multiple race/ethnicity 6.56%; Unknown race/ethnicity .06%; non-U.S. citizen and non-permanent resident 1.93%.

⁵ American Association of Colleges of Pharmacy 2011-12 Profile of Pharmacy Students

⁶ American Dental Association, 2012

⁷ Cabrera, A.F., Burkum, K.R., & La Nasa, S.M. (2003). *Pathways to a Four-Year Degree: Determinants of Degree Completion among Socioeconomically Disadvantaged Students*. Paper presented at the 2003 annual meeting of the Association for the Study of Higher Education, Portland, OR.

campus are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of medicine, school of pharmacy) and faculty.

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

Limitations on Indirect Costs: Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities including community colleges, technical colleges and tribal colleges. Each applicant must specifically state its eligibility information in the project abstract. Nursing programs **will not** be funded through this funding opportunity.

Eligible entities must be located within the fifty (50) states, the District of Columbia, Commonwealth of Puerto Rico, Commonwealth of Northern Mariana Islands, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, Republic of the Marshall Islands, and the Federated States of Micronesia.

a. Eligible Participants

HCOP supports individuals from disadvantaged backgrounds. These individuals must be U.S. citizens, non-citizen nationals, or foreign nationals who possess a visa permitting permanent residence in the United States. Individuals on temporary or student visas **are not** eligible to receive HCOP financial support through the program.

To establish an individual's eligibility to participate in the program, applicants must verify that the individual is interested in pursuing a health profession and meets the initial eligibility criteria as outlined in the definition from an economically disadvantaged background.

Individuals are considered to be from an “**economically disadvantaged**” background if they come from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

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

2014 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents’ family*	Income Level**		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$23,340	\$29,160	\$26,840
2	31,460	39,320	36,180
3	39,580	49,480	45,520
4	47,700	59,640	54,860
5	55,820	69,800	64,200
6	63,940	79,960	73,540
7	72,060	90,120	82,880
8	80,180	100,280	92,220
For each additional person, add	\$8,120	\$10,160	\$9,340

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

** Adjusted gross income for calendar year 2013.

SOURCE: *Federal Register*, Vol. 79, No. 77, April 22, 2014, pp. 22506 - 22507

Once the initial eligibility for economically disadvantaged status has been established, applicants must also indicate the basis used to determine that the student also meets the educationally disadvantaged definition.

Individuals are considered to be from an “**educationally disadvantaged**” background if they come from a social, cultural, or educational environment that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program.

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

- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low GPA, based on most recent annual data available:
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either a:
 - Low percentage of seniors receiving a high school diploma; or

- Low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available—many of the enrolled students are eligible for free or reduced-price lunches.

2. Cost Sharing/Matching

Cost sharing is not required for the HCOP program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant also must register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award, or an application, or plan under consideration by an agency. This does not apply if the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d).

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

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another federal agency, applicants should confirm that it 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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 Application Guide*](#).

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

4. Other

Ceiling Amount

Applications that exceed the ceiling amount of \$650,000 will be considered non-responsive and will not be considered for funding under this announcement.

Deadline

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort (MoE)

The awardee must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award. MoE information must be submitted as Attachment 4.

NOTE: **Multiple applications from an institution are not allowable.** Eligible applicants can submit **only one application per campus**; multiple applications from a single campus are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g. school of medicine, school of pharmacy) and faculty.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

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

Program-Specific Instructions

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

i. Project Abstract

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

In addition to the instructions provided in the guide, please include the following:

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. Request for statutory funding preference, "Comprehensive Approach" if applicable, and indicate in Attachment 5, how the requirement is met.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. Please refer to Section 1: Purpose for a description of the required legislative purposes and the Specific Focus of the FOA.

Use the following section headers for the Narrative:

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

Please provide a *brief* statement of the purpose of the proposed project. Applicants must include a discussion of the target population and where along the educational pipeline training activities will focus (e.g. high school; undergraduate education; health professions training degree program; and/or adult, non-traditional learners). The targeted health professions disciplines and workforce needs must also be described and documented in this section. This section should also define the geographic area (e.g. community, city, state, region, etc.) that will benefit from the proposed activities. Current (within 3 years), well cited data should be used whenever possible to support the information provided.

Describe the educational and social support needs of the individuals from disadvantaged backgrounds intended to be participants of the HCOP program within the defined geographic area. Discuss any relevant gaps or barriers in the defined area, including unmet needs of the population and limitations of the current educational system and how the proposed project plans to ameliorate or overcome them.

As appropriate, this section should include but not be limited to a discussion of:

- The project's purpose(s), identified needs and potential barriers to meeting those needs;
- Demographics of the populations to be served;

- The academic performance and social support needs of the students in the targeted geographic service area and a description of the activities the institution provides to address these needs;
 - Unemployment rates for the geographic service area;
 - The high school drop-out rates or GED attainment rates in the targeted geographic area;
 - The employment projections data for individuals with only a high school diploma or GED in the targeted geographic area;
 - Indicate the targeted health professions disciplines of the proposed HCOP project and how these mirror the health professions workforce needs of the geographic area to be served;
 - Indicate if the targeted geographic service area is a Medically Underserved Community;
 - The demographics of health professionals in the targeted geographic service area;
 - Three-year trend data in the number/percentage distribution of 1st year enrollment of students from disadvantaged backgrounds in health or allied health programs, by discipline, as applicable;
 - Three-year trend data in the number/percentage distribution of total school enrollment of students from disadvantaged backgrounds in health or allied health programs, as applicable;
 - Three-year trend data on the on-time graduation rates for students from disadvantaged backgrounds, as applicable;
 - Identified barriers along the educational pipeline for students from disadvantaged backgrounds; and
 - How the proposed project will impact the identified barriers along the educational pipeline for students from disadvantaged backgrounds.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes 3 sub-sections— (a) Work Plan; (b) Methodology; 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).*

Describe in detail the activities or steps for achieving each of the activities proposed during the entire project period. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served. A sample work plan can be found at: <http://bhpr.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

The applicant should clearly explain how the proposed objectives and sub-objectives will be implemented. State objectives and sub-objectives that are specific, measurable, achievable, realistic and time-framed. The objectives and sub-objectives should address:

A plan and strategy for:

- Recruitment and retention of individuals from disadvantaged backgrounds interested in health or allied health careers;

- The specific criteria to be used to identify, recruit and retain trainees from disadvantaged backgrounds to participate in the identified academic and social support activities;
- A plan for how the proposed project will work with community-based partners, including linkages with institutions of higher learning, school districts, and other community-based entities (such as Area Health Education Centers); and
- A plan to develop and/or expand learning experiences in underserved communities.

The work plan components should also be summarized in a **logic model**. 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 VIII of the FOA. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the following:

- Target population(s) (e.g., the individuals to be served);
- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., evidence to support how the program will work and its supporting resources. Assumptions should be based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- 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).

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

Propose methods that will be used to address the stated needs and encompass each of the previously described program requirements and expectations in this funding opportunity announcement. As appropriate, include details about the development and implementation of any new effective tools and strategies that will be developed for meeting the stated needs. In the proposal, the applicant must address the following (as applicable):

- Describe how funds will be used to increase the number of students from disadvantaged backgrounds who will matriculate to the next grade level in good academic standing;
- Describe how funds will be used to improve the undergraduate admissions, matriculation and on-time graduation rates of students from disadvantaged backgrounds over the three (3) year project period;
- Describe how funds will be used to improve the grade point averages and standardized test scores of students from disadvantaged backgrounds over the three (3) year project period;
- Describe how funds will be used to increase the number of students and/or adult learners, including veterans from disadvantaged backgrounds to be competitively accepted into health professions training programs in years two and three of the project period;

- Describe how funds will be used to provide health professions experiences in underserved community-based settings; and
- Describe how funds will be used to increase the high school graduation rates of students from disadvantaged backgrounds in years two and three of the project period.

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

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

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

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

Applicants must describe their plan and capacity for monitoring and evaluating the progress and outcomes associated with their proposed projects. The proposed evaluation should be able to ensure the applicant has the ability to monitor ongoing processes and progress toward achieving the project's goals and objectives and identify timelines for doing so. The plan should provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

HRSA Required Performance and Progress Reporting:

Applicants must describe the systems and processes that will support the organization's semi-annual 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>.

Please include a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA.

Applicants must describe any potential obstacles for implementing the program's progress and performance evaluation and meeting HRSA's performance measurement reporting requirements, and how those obstacles will be addressed. 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.

Applicants must describe their capacity to collect and report data such as the following on a semi-annual basis:

- The number of students from disadvantaged backgrounds who matriculate to the next grade level in good academic standing;
- The number of students from disadvantaged backgrounds who competitively transfer from a two year community-college to a four year institution;
- The number of students from disadvantaged backgrounds who graduate on-time from a four year institution (within five years);
- The number of students from disadvantaged backgrounds who are competitively admitted to a health or allied health professions program;
- The number of students from disadvantaged backgrounds who graduate on-time from a health professions degree program (within five years);
- The first-time pass rates of students from disadvantaged backgrounds on relevant national exams (e.g. Medical Licensing Examination (USMLE); North American Pharmacists Licensure Examination; National Board Dental Exam (NBDE); and North American Veterinary Licensing Examination (NAVLE)), as applicable; and
- The number of adult, non-traditional trainees from disadvantaged backgrounds recruited and placed in a health professions training program.

Program Assessment and Improvement:

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

Program Impact

The proposed evaluation plan should include descriptions of the inputs (e.g. key evaluation staff and organizational support, key partners for academic and social support activities, budget, and other resources), key processes, variables to be measured, expected outputs and outcomes of the project over the three (3) year project period, and a description of how all key evaluative measures will be reported. The applicant may incorporate by reference the information from the Staffing Plan and Job Descriptions for Key Personnel (Attachment 1), or Key Personnel bio sketches (Attachment 2) when discussing the technical support capacity. Awardees will be required to report on their evaluation activities and findings as part of their annual progress reports. The evaluation 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.

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

Applicants must include plans for project sustainability by providing specific information that describes the extent and means by which the program plans to become autonomous within a

defined time frame. Grantees are expected to sustain key elements of their grant projects, e.g., training methods or strategies, which have been effective in improving practices. The documentation should specify strategies to obtain future sources of potential income, as well as specify strategies and a timetable for becoming self-sufficient. Applicants should describe 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

Provide information on the applicant organization's current mission and structure, scope of current activities and organizational chart (Attachment 3). Describe how all of these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

This section outlines the proposed project's demonstrated commitment to students from disadvantaged backgrounds, key staff and their relevant training and experience, as well as the capabilities of the applicant organization and their available facilities.

The application should address the following:

- The organization's demonstrated commitment to students from disadvantaged backgrounds and/or underserved communities;
- Evidence of institutional resources and activities aimed at developing, training, and strengthening the academic performance and cultural competence of students from disadvantaged backgrounds throughout the educational pipeline, including health professions school;
- The qualifications of key personnel through training and/or experience to implement and carry out the proposed project;
- A discussion of the capabilities of the applicant organization, including the quality and availability of facilities and personnel, to fulfill the needs and requirements of the proposed project;
- Applicants should describe the existing institutional capacity to address the identified academic and social support needs. This section should help reviewers understand the organization that would receive funding for the HCOP program, as well as the needs of the communities that will ultimately benefit from the program;
- Dated, formal, signed letters of agreement/letters of support describing working relationships with key organizations indicating their willingness to perform in accordance with the plan presented in the application, if applicable (Attachment 6 and 7); and
- A discussion of activities and outcomes, related to project objectives, as appropriate given the qualifications of the project director and the proposed level of staff, and resources.

iii. Budget

Please complete the Budget and Budget Justification Narrative, as directed below in [section iv](#). A significant portion of the budget should be allocated to activities that address legislative purposes 1, 2, 3, 4, and 7, as outlined in the Funding Opportunity Description – Purpose. Please clearly describe the unit cost per trainee (high school, undergraduate, health professions school or adult/non-traditional learner) to complete the training program/activities that are proposed in the work plan. Please refer to Section 1: Purpose for a description of the required legislative purposes and the Specific Focus of the FOA.

iv. Budget Justification Narrative

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 grant-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.

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). In addition to requirements included in the Application Guide, the Health Careers Opportunity grant program requires the following which Corresponds to Section V’s Review Criteria #5:

1) Non-trainee Expenses

Consultant Costs: Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Contractual: Applicants that have subawards or subcontracts must include a separate SF-424A Budget Information for Non-Construction Projects for EACH subaward. See detailed instructions in Section VIII Other Information [CONTRACTS/SUBAWARDS](#).

Data Collection Activities: Funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category -- Personnel, Contracts or Other.

2) Trainee Expenses

Participant/Trainee Support Costs, if applicable: 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. Note additional information below.

Stipends: Requests for stipends for students participating in structured programs should be entered under a separate budget justification heading, entitled "Trainee Expenses." Enter the number of students and the total amount requested under "Stipend."

In the budget justification provide the stipend rate, (i.e., \$40/day) the number of stipends to be awarded, and total stipend amount for each structured program as appropriate. The methodology for determining stipend rates should be clear and justifiable. If stipend rates vary across individual students or programming those differences should be clearly explained. If stipends are being paid for through other sources than HCOP funding, please provide the number, amount of stipend, and funding source. Stipends are only allowed for structured programs.

Stipends may only be awarded to students participating in at least 6 hours of structured learning activities per day. See the criteria/category of the structured programs and the conditions to fund stipends below. For programs designed for adult or non-traditional students, stipends can be awarded to individuals enrolled in up to 9 credit hours per semester. It is the responsibility of the applicant to include written justification on the basis for the stipend rate requested; a stipend may not be provided to an individual for **more than 12 months**, must have written justification, and are only allowed for students in structured programs.

A Structured Program is a formal student enhancement program of a specified length with a specially designed curriculum or set of activities in which designated HCOP students participate to enhance their academic performance).

The applicant must provide the start and end dates for each structured program, as well as the number of students for which stipends are requested. Structured programs must meet one of the five criteria below. **Programs not meeting one of the below criteria will be considered unstructured programs, which are prohibited from funding stipends.**

- Health Professions Academy:** A designed curriculum for a *minimum of 25 students* per grade level that integrates HCOP designed and taught educational activities into existing school settings for the academic year. These programs should offer students from disadvantaged backgrounds interested in health professions, advanced math and science education, health professions exposure activities, and mentoring and counseling activities to increase their competitiveness to compete for and enter health and allied health professions programs. A Health Professions Academy should provide programming during the school year and should be designed as a multi-year intensive pipeline programs that follow students through their 11th and 12th grade years of secondary education. **NOTE:** A Health Professions Academy is designed to be a multi-year program and if students are offered stipends to participate in a Health Professions Academy program, each student may only receive *12 months* of stipend support.

- Summer Program:** a designed curriculum or set of activities for a *minimum of 25 students* per educational level that provides *6 hours* of structured learning activities per day for a *minimum of six weeks*;

- Saturday Academy:** a designed curriculum or set of activities for a *minimum of 25 students* per educational level (see Definition in Section VIII) that provides *6 hours* of structured learning activities per day for a *minimum of twenty Saturdays*;
- Pre-matriculation Program:** a designed curriculum or set of activities for a minimum of *10 students* per educational level (see Definition in Section VIII) that provides *6 hours* of structured learning activities per day for a *minimum of four weeks*; or
- Post-baccalaureate Program:** a comprehensive program for a minimum number of *7 (seven) participants* for health professions school and *5 (five) participants* for allied health programs. (See Definitions in Section VIII).
- Adult/Non-Traditional Learner/including Veteran Academic Support Program:** a comprehensive program that provides educational opportunities to adults interested in pursuing a bachelor's degree. The curriculum is designed to provide flexible academic schedules and a variety of academic and social support services specifically tailored to working adults and parents.

In addition to the criteria above, structured programs are only allowed to fund stipends under the following conditions:

- No other Federal financial assistance program is authorized to provide stipend support for the same purpose; and
- The individual needs this support to participate in the structured program.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel and provide the number of trips involved, the travel allowance used, the destinations, and the number of individuals for whom funds are requested.

Student travel to a training site distant from the school may be charged to the grant if such travel is a necessary and integral part of the training provided through the project. The cost of a trainee's initial travel from his or her residence to the training program is not allowable *except in cases of extreme need or hardship*. Upon justification in such cases, a travel allowance may be authorized at the level consistent with the institution's formal travel policy or at the applicable Government mileage rate, whichever is less. Such authorization must be requested in advance and written authorization must be received from the Grants Management Officer, Division of Grants Management Operations with a copy to the program project officer. Travel support may also be provided for field trips and other appropriate training activities. Daily commuting costs and costs of routine local travel are not allowable.

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

v. Attachments

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Counted in page limit.)

See Section 4.1.vi. of HRSA’s [SF-424 Application Guide](#) for required information.

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Describe the specific job title, responsibilities, percent FTE, and geographic location of personnel, and where this person is in the organizational chart. Job descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included as well. Keep each job description to one page in length as much as is possible.

Attachment 2: Biographical Sketches

Include biographical sketches for key personnel described in Attachment 1. Do not exceed two pages in length. 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 racial and ethnic minorities, health disparities, and cultural and linguistically diverse populations that are served by their programs

Attachment 3: Project Organizational Chart (Counted in page limit.)

Provide a one-page figure that depicts the organizational structure of *the project (not the applicant organization)*. Include the project staff and any collaborating partners, with title.

Attachment 4: Maintenance of Effort Documentation, if applicable and authorized by law. (Counted in page limit.)

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below).

NON-FEDERAL EXPENDITURES

FY 2014 (Actual) Actual FY 2014 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	FY 2015 (Estimated) Estimated FY 2015 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____
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Attachment 5: Request for Funding Preference (Counted in page limit.)

To receive a funding preference for Comprehensive Approach, the applicant must request it, clearly state how the criteria for the preference are met, and include documentation to substantiate eligibility. See [Section V.2](#) for details.

Attachment 6: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts for Comprehensive Approach (Counted in page limit.)

Provide documents (formal signed agreements) that describe working relationships between the applicant organization and other partner entities which illustrates the specific roles and responsibilities of each partner, each partner’s active involvement and the resources provided for the project. The formal signed agreement must be dated within twelve months of the HCOP application deadline.

Attachment 7: Letters of Support (Counted in page limit)

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

Attachment 8: Contracts/subawards

As applicable, include SF-424A Budget Information for Non-Construction Projects for EACH contract or subaward. Copies of this budget form may be found at <http://www.grants.gov/web/grants/forms/sf-424-family.html>. [Applicants should download the individual saveable SF424A forms from our forms and attach them to the Attachments form.](#) Complete the Budget Narrative, using the guidance on pages 15 – 17 of the FOA, and the SF-424 Application Guide. Include details of EACH subaward/subcontract within the Mandatory Budget Narrative. Upload the completed Mandatory Budget Narrative into the Application Package. Remember that the Mandatory Budget Narrative counts towards the total page limit of 65 pages.

Provide a clear explanation as to the purpose of each agreement, how the costs were estimated, and the specific deliverables. Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with

fully developed written procedures for awarding and monitoring all agreements. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number. *Attachment 9 - 15: Other Relevant Documents (Counted in page limit.)*
Include here any other documents that are relevant to the application.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *May 15, 2015 at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

4. Intergovernmental Review

HCOP 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 Application Guide](#) for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three years, at no more than \$650,000 per year, in total costs (direct and indirect). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal government.

Funds under this announcement may not be used for purposes specified in HRSA’s [SF-424 Application Guide](#). In addition, funds under this announcement may not be used for the following purposes:

- Direct compensation or payment to parents of HCOP participants who participate in HCOP activities;
- Training expenses for faculty and staff;
- Test taking fees for health professions schools;
- Dependency allowances;
- Construction of facilities, acquisition of land, or fund raising;
- Interview trips to health and allied health professions schools;
- Support of courses that are offered as part of the regular academic curriculum and not part of the HCOP programming;
- Sectarian instruction or for any religious purpose;
- Job placement activities;
- Activities for health professionals (e.g., internships, externships, residencies);

- Remedial courses not offered during HCOP programming;
- Faculty support for full-time course work during the academic year;
- Pilot projects, planning projects, feasibility studies, or activities of a similar nature; or
- Meals, beverages, lodging, and transportation that are not essential to conduct HCOP activity.

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

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

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The *Health Careers Opportunity Program* has *five (5)* review criteria:

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

The quality of and extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem as evidenced by the following:

- Support data (within 3 years) that include information on the academic performance and socio-economic support needs of the target population(s) in the geographic area of the proposed HCOP project. Sample data might include: standardized test scores, high school drop-out rates, on-time graduation rates from high school or two- or four-year colleges, GED attainment, employment and income data, numbers of adults aged 25 or older without post-secondary education, the demographics of health professionals in the targeted geographic area, etc.
- The targeted disciplines of the proposed HCOP project mirror the health professions workforce needs of the geographic area to be served.

- Description of the trends (three-year) for total school enrollment (number/percentage distribution) and first-year enrollment of students from disadvantaged backgrounds in health or allied health programs by discipline.
- Description of the barriers along the educational pipeline for students from disadvantaged backgrounds or adult/non-traditional learners and how the applicant intends to address these barriers.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35points) – Corresponds to Section IV’s Response to Program Purpose

Criterion 2 (a): WORK PLAN (15points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan

The quality of and extent to which the application is clear, comprehensive, and provides specific goals and objectives that are measurable, attainable and realistic; and the concrete steps that will be used to achieve those goals and objectives are outlined. The description should include a timeline, stakeholders, and a description of the cultural, racial, linguistic and geographic diversity of the populations and communities served. The plausibility of the logic model proposed also will be evaluated.

The quality of and extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application is capable of addressing the problem and attaining the project objectives. The feasibility, quality of extent to which the application addresses:

- The HCOP statutory purposes in a manner that is effective, well-delineated and consistent with the programmatic requirements;
- Alignment of the proposed objectives and activities with the statutory purposes;
- Effective use of population data to improve educational outcomes of trainees from disadvantaged backgrounds;
- The projected number of HCOP participants for each education level (high school; undergraduate community college or four year institution; health professions degree program; or adult/non-traditional learner);
- The projected number of HCOP participants for each structured program activity (Health Professions Academies, summer programs, Saturday Academies, pre-matriculation programs, post-baccalaureate programs, and adult learner academic support program) for the first budget period;
- The projected number of HCOP participants in each structured program category to receive stipends;
- Objectives that are measurable (using baseline data) with specific outcomes for each budget period of the project; and provides anticipated outcome data in quantitative and qualitative terms using actual numbers and percentages.

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

The quality of and extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. The extent to which the applicant proposes methods – and clearly describes tools and strategies, and resources needed to achieve each objective. Note that these must relate to the program purposes which include, but are not limited to, diagnostic tools, teaching techniques, tutoring, and/or cultural competence materials, etc.

The applicant should provide a timetable and identify responsible persons for implementation of the activities that will support the objectives. The description should encompass information about what, how, when, for who, by whom, and where the activity will be conducted. This includes non-traditional methods that may produce positive outcomes resulting from the community and other sources that assist and support the project and the student's success. Present the activities in a logical, sequential manner, clearly indicating when specific activities will take place.

The quality of and extent to which the applicant describes:

- The participant eligibility requirements, selection criteria and selection process, including the specific elements used for the selection criteria (such as: GPA, standardized test scores, income level, single parent status, first generation, English as a second language (ESL), letters of recommendation, etc.) and identifies the personnel involved in selecting HCOP participants and how the process works;
- The strategies for the recruitment of individuals from disadvantaged backgrounds interested in health or allied health careers;
- Expanded opportunities for learning experiences in underserved communities;
- Effective use of community-based partners, including linkages with institutions of higher learning, school districts and other community-based entities (such as Area Health Education Centers).

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

The extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise:

- Reasonableness and comprehensiveness of the identified challenges, considering the scope of the project, identified partners, and anticipated outcomes; and
- Feasibility of proposed solutions to identified challenges.

Criterion 3: IMPACT (35 points) – Corresponds to Section IV's IMPACT

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 quality of and extent to which the effectiveness of the methods proposed to monitor and evaluate the project results have been demonstrated. Evaluative measures are able to assess the extent to which: 1) the project objectives have been met; and 2) how these measures can be attributed to the HCOP project. The extent to which the applicant describes 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. Specific criteria include:

- The evaluation plan provides a clear and logical methodology for monitoring progress for the attainment of the program objectives and provide feedback for continuous programmatic improvement;
- The data collection methodology and analysis is well described and the personnel who will be involved with the activities are identified;
- The program has skilled and experienced evaluation staff (see Attachment 1 and 2), including previous work of a similar nature and related publications, and describes the responsibilities of key personnel and the amount of time and effort proposed to perform the project evaluation activities;
- The work plan includes a descriptive infrastructure for data collection, if not already in place. Applicant includes a plan with milestones and target dates with a systematic method for collecting, analyzing, and reporting performance and evaluation data, and how such data (a) displays improvements in educational outcomes and competencies associated with competitive entry, matriculation and graduation from a health or allied health profession program; (b) displays processes that will be used for program development or anticipated challenges; and (c) contributes to improvements in overall project performance; and
- The strength of the plan for disseminating and implementing HCOP project outcomes and results within and outside of the institution, including the health professions education and/or health professions workforce; and the community, regionally and/or nationally, including timelines.

HRSA Required Performance and Progress Reporting:

- The quality of and extent to which the applicant describes how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance measures to HRSA on a semi-annual basis;
- The extent to which the description of the system clearly documents how individuals from disadvantaged backgrounds will be tracked from entry into the proposed HCOP program through the end of the project period;
- The strength of the tracking system which will include improvements in academic performance, on-time graduation rates, first-time pass rates on relevant national licensure exams, one-year retention rates, successful graduation with a high school diploma, four-year undergraduate degree or health professions degree;

Program Assessment and Improvement:

- The quality of and extent to which the strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities including how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans; and

- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities.

Program Impact

- The quality of and extent to which the evaluation plan clearly describes the inputs, key processes, variables to be measured and how all key evaluative measures will be reported;
- The strength of the evaluation plan to be able to assess expected outputs and outcomes of the project over the three-year project period. Awardees will be required to report on their evaluation activities and findings as part of their annual progress reports.
- The quality of and extent to which the dissemination plans for project results are described, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

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

The extent to which the applicant describes a solid plan for project sustainability after the period of Federal funding ends. The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges, as evidenced by the following:

- The extent to which the activities are replicable and sustainable, such as successful recruitment, training, and retention of trainees from disadvantaged backgrounds and successful graduation from high school, undergraduate school or a health/allied health professions school.
- The extent to which the program, or significant components of the program, will be maintained beyond Federal HCOP grant funding , funding initiatives and strategies, and a proposed timetable for becoming self-sufficient;
- A plan to improve dissemination of best practices related to effective recruitment, retention and graduation of populations from disadvantaged backgrounds; and
- Resolutions to challenges to reach self-sufficiency.

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

The quality of and extent to which project personnel are qualified by training and/or experience to implement and carry out the HCOP program. The capabilities of the applicant organization, quality of health professions education and availability of facilities and personnel to fulfill the needs and requirements of the proposed program and demonstrated commitment to developing a culturally and linguistically competent health professions workforce by establishing a system that values the importance of diversity in the delivery of health care services to all segments of the population. The extent to which the proposed program has:

- Evidence of demonstrated commitment to students from disadvantaged backgrounds and/or underserved communities;
- Evidence of institutional resources and activities aimed at developing, training, and strengthening the academic performance and cultural competence of students from

disadvantaged backgrounds throughout the educational pipeline, including health professions school;

- The qualifications of key personnel through training and/or experience to implement and carry out the proposed project;
- A discussion of the capabilities of the applicant organization, including the quality and availability of facilities and personnel, to fulfill the needs and requirements of the proposed project;
- The percentage of time, including in-kind, dedicated to the project by the Project Director;
- Evidence of support and commitment by collaborating partners. Dated, formal signed letters of agreement/letters of support describing working relationships with key organizations indicating their willingness to perform in accordance with the plan presented in the application, if applicable; and
- A discussion of activities and outcomes, related to project objectives, being appropriate given the qualifications of the project director and the proposed level of staff, resources available, length of the project period, adequacy of the facilities available to the applicant, and institutional eligibility.

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

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- 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;
- A discussion of the administrative and managerial capability to carry out the project;
- An assurance of the effective use of grant funds and resources to carry out the project as evidenced by a reasonable proposed budget that reflects effective use of the funds requested and a detailed justification for each line item;
- Evidence of the level of in-kind and other sources of support, if any, proposed to use for carrying out the project;
- The extent to which the applicant demonstrates the cost-effectiveness of the unit cost of all proposed training cost of activities; and
- The extent to which trainee stipends, are reasonable and supportive of the project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

Funding Preference

The authorizing legislation, section 739(b) of the Public Health Service Act (42 U.S.C. 293c(b)) provides a funding preference for applicants that utilize a Comprehensive Approach. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by the Objective Review Committee. To receive a funding preference for Comprehensive Approach, the applicant must request it, clearly describe in the application how the applicant meets the criteria for the preference, and include any supporting documentation to substantiate their eligibility as **Attachment 5**. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

OVERVIEW OF THE COMPREHENSIVE APPROACH

The comprehensive approach is an organizational model or approach to increase the number of individuals from disadvantaged backgrounds in health professions programs based on the development of formal agreements that contribute to a meaningful increase in the admission, matriculation, and graduation of students from disadvantaged backgrounds from health professions educational entities. A statutory funding preference will be applied to applications that meet all four of the following requirements of the comprehensive approach:

- 1) The entity shall have a demonstrated commitment to the comprehensive approach through formal signed agreements that have common objectives with health or allied health professions programs (if different than the applicant), institutions of higher education, school districts, and other community-based entities. (A for-profit entity is permitted as a formal partner in the comprehensive approach but may not be the applicant.)
- 2) Formal signed agreements shall reflect the coordination of educational activities and support services, increased collaborations and linkages, and the consolidation of resources within a specific geographic area. Formal signed agreements must be included in the submitted application. Formal signed agreements must illustrate the agreement between the lead applicant and each partner.
- 3) The design of the educational activities involved shall provide for the establishment of a competitive health professions applicant pool of individuals from disadvantaged backgrounds by enhancing the total preparation (academic and social) of individuals to pursue a health professions career.
- 4) The programs or activities under the award shall focus on developing a culturally competent health care workforce that will serve the unserved and underserved populations within the geographic area. The applicant's efforts in this area must be delineated in the work plan section of the application.

Formal Signed Agreements

Applicants must demonstrate a commitment to this approach through formal signed agreements (See Definition in Section VIII) between the lead applicant and each partner. Each formal signed agreement shall state the specific roles and responsibilities of each partner, and must delineate each partner's active involvement and resources provided for the project. A statement of support is not a formal signed agreement. The formal signed agreement must be dated within twelve (12) months of the HCOP application deadline (May 15, 2015) and must be included in the HCOP application as **Attachment 6**.

To qualify for the Comprehensive Approach, formal signed agreements must include the following entities:

- a) Institution of higher education (two or four-year);
- b) School districts; and
- c) Other community-based organizations

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

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

The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees 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 awardee 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 awardee should also plan to report on dissemination activities in the annual progress report.

Further information will be provided in the NoA.

2) **Performance Reports.** The awardee must submit a Performance Report to HRSA on a semi-annual basis. All BHW grantees 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). Performance Reporting for BHW programs was newly implemented in Fiscal Year 2012. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NoA.

The semi-annual performance reports will cover the following reporting periods:

Semi Annual Report #1 covers activities between July 1 and December 31, 2015. The report must be submitted by January 31 of the following year.

Semi Annual Report #2 covers activities between January 1 and June 30, 2016. The report must be submitted by July 31 of the same year.

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

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

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

Further information will be provided in the NoA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required within 120 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

5) **Other required reports and/or products.** HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

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

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

VII. Agency Contacts

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

Ardena N. Githara, MNM
Grants Management Specialist
Division of Grants Management Operations
HRSA Office of Federal Assistance Management
5600 Fishers Lane
Parklawn Building, Office 18-75
Rockville, Maryland 20857-0001
Phone: (301) 443-4903
Fax: (301) 443-6343
AGithara@hrsa.gov

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

Tia-Nicole Leak, PhD
Social Science Analyst
Division of Health Careers and Financial Support
Bureau of Health Workforce
Parklawn Building, Room 9C-26
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 443-1134
Fax: (301) 443-0157
tleak@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For

assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: support@grants.gov

iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees 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 Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website:

http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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>.

Technical Assistance Call/Webinar

There will be two technical assistance (TA) sessions/webinars for applicants for this funding opportunity announcement. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: <http://bhw.hrsa.gov/grants/diversity/hcop.html> The second TA session will also be recorded. A taped replay will be available one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Tuesday, March 31, 2015 from 2:00 – 4:00 pm (ET)

Call-In Number (Toll Free): 1-800-369-1766

Participant Passcode: 5031591

Adobe Connect Link: https://hrsa.connectsolutions.com/hcop_foa_ta2015/

Replay Information: (Recording will be available until the application due date)

Play-back telephone number: 1-888-566-0435 Passcode: 5915

Thursday, April 23, 2015 from 2:00 – 4:00 pm (ET)

Call-In Number (Toll Free): 1-800-369-1766

Participant Passcode: 5031591

Adobe Connect Link: https://hrsa.connectsolutions.com/hcop_foa_ta2015/

Replay Information: (Recording will be available until the application due date)

Play-back telephone number: 1-888-568-0332 Passcode: 6315

DEFINITIONS:

Accreditation for Allied Health Professions Schools – Allied health professions schools whose programs are accredited by a recognized body or bodies approved for such purposes by the Secretary of Education, or which provide to the Secretary satisfactory assurance by such accrediting body or bodies that reasonable progress is being made toward accreditation.

Accreditation for Schools of Medicine, Osteopathic Medicine, Public Health, Dentistry, Veterinary Medicine, Optometry, Pharmacy, Chiropractic, and Podiatric Medicine – A school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this title, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

Adult Learners/Non-Traditional Students (including veterans) – According to the National Center for Education statistics, non-traditional students meet one or more of seven (7) characteristics: 1) delayed enrollment in post-secondary education; 2) attends college part-time; 3) works full-time; 4) financially independent for financial aid purposes; 5) has dependents other than a spouse; 6) single parent; 7) does not have a high school diploma.* Additionally, an adult learner/non-traditional student is 25 years or older.

*Please note that for the purposes of the HCOP application, a high school diploma or GED is required.

Allied Health Professional – The term allied health professional means a health professional (other than a registered nurse or physician assistant) who –

- (A) Has received a certificate, an associate's, bachelors, masters, or doctoral degree, or post baccalaureate training, in a science relating to health care;
- (B) shares in the responsibility for the delivery of health care services or related services, including services related to the identification, evaluation and prevention of disease and disorders; dietary and nutritional services; health promotion services rehabilitation services; or health systems management services;
- (C) has not received a degree of doctor of medicine, a degree of doctor of osteopathy, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of bachelor of science in pharmacy or an equivalent degree, a degree of doctor of pharmacy or an equivalent degree, a graduate degree in

public health or an equivalent degree, a degree of doctor of chiropractic or an equivalent degree, a graduate degree in health administration or an equivalent degree, a doctoral degree in clinical psychology or an equivalent degree, or a degree in social work or an equivalent degree or a degree in counseling or an equivalent degree.

Applicant Pool – A student population that has participated along an educational pipeline whereby the individuals have gained exposure to or experience in health careers, and possess the academic preparation, interest, competitiveness, social and personal skills to become a health professional.

Application Types:

Comprehensive: See Comprehensive Approach (below) and Comprehensive Approach in Section V.

Non-Comprehensive: Applications that do not meet the requirements for Comprehensive.

Comprehensive Approach – Programs containing a network of entities that are formally linked programmatically. The network must include at minimum (including the applicant organization) a community-based entity, school district(s), an undergraduate institution, and health or allied health professions school); activities focused on the development of cultural competency; formal signed agreements; and activities to increase the competitiveness of students from disadvantaged backgrounds to pursue a health or allied health professions career.

Community Based Entity (CBE) – Public and private non-profit health or educational entities (excluding degree-granting institutions), which provide health and/or educational programs as one of their major functions, are eligible applicants. Programs proposed by these entities must enhance the competitiveness of individuals from disadvantaged backgrounds to enter and graduate from health and allied health professions schools, and should be linked programmatically with health education institutions. As a lead applicant, a community-based entity (CBE) must be public or private non-profit. Unlike the lead applicant, a CBE as a formal partner in the comprehensive approach may be a for-profit entity.

Cultural competence – Refers to the knowledge, interpersonal skills, behaviors, attitudes, and policies that allow health professions educators and practitioners to understand, appreciate, and respect cultural differences and similarities in cross-cultural situations. Cultural competency acknowledges these variances in customs, values, beliefs, and communication patterns by incorporating these variables in the assessment and treatment of individuals and in the training of all health professionals. Information and services are to be provided in the language, educational, and cultural context most appropriate for the individuals being served.

Diversity:

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

- b) Applicants should be committed to increasing diversity in health professions training programs and the health workforce. This commitment helps ensure, to the extent possible, that the workforce reflects the diversity of the nation. Training programs should develop the competencies and skills needed for intercultural understanding and expand cultural fluency, recognizing that bringing people of diverse backgrounds and experiences together, facilitates innovative and strategic practices that enhance the health of all people.

Economically Disadvantaged – Individuals are considered “**economically disadvantaged**” if they come from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

Educationally Disadvantaged – Individuals who come from a social, cultural, or educational environment that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program.

Educational Level – Educational categories whereby students are at one of the following levels: high school, undergraduate (including community college), graduate or professional, non-traditional/adult learner currently not enrolled in an educational program.

Enrollees – Participants in structured programs who have not completed the program by the June 30th deadline of the reporting cycle. Enrollees may also be those participants in unstructured programs.

Evidence-informed – Educational interventions which are based on sound scientific theory (pedagogical/educational science; behavioral science, etc.), but do not have sufficient empirical evidence to satisfy criteria for evidence-based interventions. Evidence-informed interventions, however, do have some empirical evidence in the form of process data or outcome monitoring data.

Formal Signed Agreement – A written agreement between the lead applicant and a partner that delineates the specific roles, responsibilities, and resources of the partner. The document must include the signatures of authorized individuals from the lead applicant and partner entity. It must be dated within twelve months of the HCOP application deadline and must be included in the HCOP application.

Funding Preference – The funding of a specific category or group of approved applications ahead of other categories or groups of applications. Applicants receiving the funding preference will be placed in a more competitive position among applications that can be funded.

Graduate – An individual who has successfully completed all the educational requirements for a specified academic program of study and awarded a degree in a designated profession.

Graduate Program in Behavioral and Mental Health – A graduate program in clinical psychology, clinical social work, professional counseling, or marriage and family therapy.

Health or Educational Entity – An organization, agency or combination thereof which has the provision of health or educational programs as one of its major functions.

Health Professions Academy – A designed curriculum for a *minimum of 25 students* per grade level that integrates HCOP designed and taught educational activities into existing school settings. These programs should offer students from disadvantaged backgrounds interested in health professions advanced math and science education, health professions exposure activities, and mentoring and counseling activities to increase their competitiveness to compete for and enter health and allied health professions programs. A Health Professions Academy should provide programming for 9-12th grade students and should be designed as multi-year intensive pipeline programs that follow students throughout secondary education. **NOTE:** A Health Professions Academy is designed to be multi-year programs and if students are offered stipends to participate in a Health Professions Academy program, each student may only receive *12 months* of stipend support.

Health Professional Shortage Area (HPSA) – a federal designation used to identify areas, populations, and facilities which have a shortage of either primary care, dental, and/or mental health providers as measured by the ratio of available discipline-specific providers to: the population of the area; a specific population group; or the number of those served by the facility. All federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)) and that meet the requirements of section 334 in PHSA, (related to charging for services,) shall be automatically designated as having such a shortage. More information on the HPSA criteria can be found at: <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>.

Health Research Training – Activities involving teaching students research principles, design and methodology to allow them the opportunity to apply such knowledge and develop skills through direct involvement in a research project.

Institution of Higher Education – An educational institution, in any state, or consortium of educational institutions which: 1) admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate; 2) is legally authorized within such state to provide a program of education beyond secondary education; 3) provides an educational program for which it awards a Bachelor's degree or higher, or provides not less than a two-year program (or its equivalent) which is acceptable for full credit toward such a degree; 4) is a public or other nonprofit institution; and 5) is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education.

Medically Underserved Community (MUC) – is a geographic location or population of individuals that is eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

Medically Underserved Populations (MUPs) – are federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services. MUPs are designated

based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> for additional information.

Non-profit – As applied to any private entity, no part of the net earnings of such entity accrues or may lawfully accrue to the benefit of any private shareholder or individual.

Post-Baccalaureate Program – must be a part of an overall comprehensive program and is a conditional admissions program. The purpose of these programs is to provide an avenue for certain students from disadvantaged backgrounds to gain admission into health and allied health professions schools. To be eligible for an HCOP-funded Post Baccalaureate program, a student must have an undergraduate degree with a science focus, and have applied and been denied admission to a health professions school. Each program must select a cohort of at least seven students for health professions schools and five for allied health programs, who – providing they meet the program’s requirements – will be guaranteed admission into the health professions school, or admission into another health professions or allied health professions school. Grant funds will provide stipends to the cohort for both summer sessions and during the academic year (not to exceed 12 months). Additionally, HCOP Post-Baccalaureate programs should include: an initial diagnostic summer session, post-baccalaureate level academic year, pre-matriculation summer session, academic counseling, tutoring, and psycho-social support.

Pre-Matriculation Program – A four to eight week summer program especially designed to prepare HCOP matriculants for the rigors of the first year professional school and to ease their transition into the health professions curriculum. A pre-matriculation program provides *6 hours of structured learning activities per day for a minimum of four weeks for a minimum of 10 students per educational level.*

Pre-professional student – a student trained in their junior/senior years of high school or undergraduate BHW-funded programs that help develop an interest in attending or prepare them for entrance into a health professions school.

Program Completer – An individual who has met or completed the didactic and/or clinical requirements of a structured educational program, including an HCOP summer program which does not confer a degree.

Program for the Training of Physician Assistants – An educational program that- (A) has as its objective the education of individuals who, upon completion of their studies in the program, will be qualified to provide primary care medical services with the supervision of a physician; and (B) is accredited by the Accreditation Review Commission on Education for the Physician Assistant.

Racial and Ethnic Categories – The basic racial and ethnic categories for federal statistics and program administrative reporting are defined as follows:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race. The term Spanish Origin can be used in addition to Hispanic or Latino.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Saturday Academies – Educational enrichment and career support activities conducted on the weekend during the academic year for participating students. These activities may include but are not limited to field trips to health professions schools or health care delivery facilities, group study sessions, preparation for pre-requisite examinations, shadowing, tutorial assistance, improving test taking skills, career clubs, volunteer efforts at health care delivery sites, etc. Must have a *minimum of 25 students* per educational level that provides 6 hours of structured learning activities per day for a *minimum of 20 Saturdays*.

School of Allied Health – a public or nonprofit private college, junior college, or university or hospital-based educational entity that-

- a. provides, or can provide, programs of education to enable individuals to become allied health professionals or to provide additional training for allied health professionals;
- b. provides training for not less than a total of twenty persons in the allied health curricula (except that this subparagraph shall not apply to any hospital-based educational entity);
- c. includes or is affiliated with a teaching hospital; and
- d. is accredited by a recognized body or bodies approved for such purposes by the Secretary of Education, or which provides to the Secretary satisfactory assurance by such accrediting body or bodies that reasonable progress is being made toward accreditation.

School of Chiropractic – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of chiropractic or an equivalent degree.

School of Dentistry – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of dentistry or an equivalent degree.

School of Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of medicine.

School of Optometry – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of optometry or an equivalent degree.

School of Osteopathic Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of osteopathy.

School of Pharmacy – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of pharmacy or an equivalent degree.

School of Podiatric Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of podiatric medicine or an equivalent degree.

School of Public Health – An accredited public or nonprofit private school in a State that provides training leading to a graduate degree in public health or an equivalent degree.

School of Veterinary Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of veterinary medicine or an equivalent degree.

Social Development/Enhancement – Non-academic activities such as counseling, interviewing skills, cross-cultural education, time management, and adjustment to educational and institutional environment designed to further students' competitiveness for eventual admission into a health or allied health professions school.

Structured Program – A formal training of a specified length with a specially designed curriculum or set of activities in which designated COE students participate to enhance their academic performance.

Sub-contract – A contract that assigns some of the obligations of the lead applicant to an entity that does not contribute monetary or in-kind resources to the grant.

Summer Program – A designed curriculum or set of activities of a *minimum of 25 students* per educational level that provides *6 hours* of structured learning activities per day for *a minimum of six weeks*.

IX. Tips for Writing a Strong Application

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

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at:

<http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.