

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

Bureau of Health Workforce  
Division of Health Careers and Financial Support

***Scholarships for Disadvantaged Students (SDS)***

**Announcement Type:** Initial: New  
**Funding Opportunity Number:** HRSA-16-069

**Catalog of Federal Domestic Assistance (CFDA) No. 93.925**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**Application Due Date: January 25, 2016**

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

**Release Date: November 25, 2015**

**Issuance Date: November 25, 2015**

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Authority: Section 737 of the Public Health Service Act (42 U.S.C. 293a)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), Division of Health Careers and Financial Support is accepting applications for the fiscal year (FY) 2016 Scholarships for Disadvantaged Students (SDS) program. The SDS program increases diversity in the health professions and nursing workforce by providing awards to eligible health professions schools for use in awarding scholarships to students from disadvantaged backgrounds who have financial need, including students who are members of racial and ethnic minority groups.

The SDS program aims to increase the: 1) number of graduates practicing in primary care, 2) enrollment and retention of full-time students from disadvantaged backgrounds including students who are members of racial and ethnic minority groups, and 3) number of graduates working in medically underserved communities (MUCs).

***Institutions must submit a separate application for each health profession discipline for which they seek funding. Institutions may not submit one application for multiple disciplines or programs. An institution may submit multiple applications, but will receive funding for no more than three health professions.***

Funding Opportunity Title:	Scholarships for Disadvantaged Students (SDS)
Funding Opportunity Number:	HRSA-16-069
Due Date for Applications:	January 25, 2016
Anticipated Total Annual Available Funding:	\$43,687,000
Estimated Number and Type of Award(s):	Approximately 99 awards
Estimated Award Amount:	Up to \$650,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2020 (4 years)
Eligible Applicants:	Eligible applicants are accredited schools of medicine, osteopathic medicine, dentistry, nursing (as defined in section 801 of the PHS Act), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants.  [See Section III. Eligibility Information of this funding opportunity announcement (FOA) for complete eligibility information.]

## **Application Guide**

All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this FOA to do otherwise. A short video for applicants explaining the Application Guide is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance**

There will be two technical assistance (TA) sessions for applicants for this FOA. The sessions will include important information for preparing an application and gives applicants an opportunity to ask questions. A recording of each session (including the question and answer portion) will be available one hour after each of the sessions and will be available through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: December 9, 2015

Time: 2:00 – 4:00 PM EST

Telephone Number: 877-917-2510

Pass code: 5386017

Play-back telephone number: 866-346-7116

Pass code: 2316

Adobe connect registration link: <https://hrsa.connectsolutions.com/sds-dec-2015/event/registration.html>

Date: January 6, 2016

Time: 2:00 – 4:00 PM EST

Telephone Number: 877-917-2510

Pass code: 5386017

Play-back telephone number: 800-925-2657

Pass code: 2216

Adobe connect registration link: <https://hrsaseminar.adobeconnect.com/sds-jan-2016/event/registration.html>

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the FY 2016 Bureau of Health Workforce (BHW) Scholarships for Disadvantaged Students (SDS) program. This program promotes diversity among the health professions and nursing workforce by providing awards to eligible health professions and nursing schools for use in awarding scholarships to students from disadvantaged backgrounds who have a demonstrated financial need and are enrolled full-time in health professions and nursing programs.

Participating schools are responsible for selecting scholarship recipients, making reasonable determinations of need, and providing scholarships that do not exceed the allowable costs (i.e., tuition, reasonable educational expenses and reasonable living expenses with a cap for the total scholarship award of \$30,000).

### **Program Requirements:**

Scholarships are awarded by the school to any full-time student who is an eligible individual as defined by statute. The definition of “eligible individual” means an individual who: (A) is from a disadvantaged background; (B) has a financial need for a scholarship; and (C) is enrolled, or accepted for enrollment, at an eligible health professions or nursing school as a full-time student in a program leading to a degree in a health profession or nursing. Colleges and universities receiving SDS funds must maintain and operate a program to recruit and retain students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.

Students receiving scholarship awards must be citizens or nationals of the United States, or lawful permanent residents of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia. A student who is in this country on a student or visitor's visa is not eligible.

Also, in providing scholarships under the SDS program, schools are required to give preference to students for whom the cost of attendance would constitute a severe financial hardship and to former recipients of scholarships under sections 736 [Scholarships for Students of Exceptional Financial Need] and 740(d)(2)(B) [Financial Assistance for Disadvantaged Health Professions Students] (as such sections existed on the day before the date of enactment of this section) of the Public Health Service Act.

The SDS program gives funding priority to health professions and nursing schools with certain percentages of: (1) full-time underrepresented minority (URM), students (2) graduates practicing in primary care, and (3) graduates working in medically underserved communities (MUCs). The table below provides the percentages and range of priority points.

Priority Type	Priority Points
<i>URMs.</i> (To be eligible for this priority, applicants must have a certain percentage of racial and ethnic minorities in their student population.)	2 points for 15-29.99 percent URM 3 points for 30-49.99 percent URM 4 points for 50 percent or more URM
<i>Graduating students practicing in primary care.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in primary care.)	2 points for 15-29.99 percent graduates entering PC 3 points for 30-49.99 percent graduates entering PC 4 points for 50 percent or more graduates entering PC
<i>Graduates working in MUCs.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in a medically underserved community.)	1 point for 10-29.99 percent serving in a MUC 2 points for 30-49.99 percent serving in a MUC 3 points for 50 percent or more serving in a MUC

## 2. Background

This program is authorized by the Public Health Service Act § 737 (42 U.S.C. 293a). The SDS program was established by the Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527). The program provides awards to eligible entities for use in awarding scholarships to full-time students from disadvantaged backgrounds, or those accepted for full-time enrollment. Colleges and universities receiving SDS funds must maintain and operate a program to recruit and retain students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.

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 populations and people from disadvantaged backgrounds access and receive quality health care. Greater diversity among health professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better patient-clinician communication. In addition, evidence suggests that minority health professionals are more likely to serve in areas with a high proportion of uninsured and underrepresented racial and ethnic groups.<sup>1</sup>

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<sup>1</sup> U.S. Department of Health and Human Services, 2006; In the Nation’s Compelling Interest: Ensuring Diversity in the Health Professions

Despite the strong evidence of the value of a diverse health care workforce, diversity among health professionals remains limited. For example, among dentists, only 9 percent of 181,000 dentists currently practicing in the United States are African American, Hispanic or American Indian.<sup>2</sup> This issue is also highlighted in the health workforce pipeline. Of the Medical Doctor (MD) degrees conferred in 2013, the distribution was as follows: African American/Black 5.46 percent; Hispanic 4.82 percent; American Indian/Alaskan Native 0.14 percent; Asian 20.08 percent; Native Hawaiian/Other Pacific Islander 0.03 percent.<sup>3</sup> The PharmD degrees in 2011 were comprised of: African American/Black 6.5 percent; Hispanic 4.2 percent; Native Hawaiian 1.6 percent; American Indian/Alaskan Native 0.5 percent.<sup>4</sup>

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; and behaviors like having children at an early age or substance abuse.<sup>5</sup> The SDS program works to identify and assist individuals who are more likely to experience one or more of the above determinants of educational attainment.

In order to ensure that limited Federal funds are used to the greatest advantage, the SDS program will direct funds to health care disciplines that are projected to experience shortages of health professionals in the future, including directing funds to awardees that will help meet the demand for behavioral health services.<sup>6</sup> The SDS program supports national efforts to diversify the health care workforce by funding health professions and nursing programs that demonstrate a commitment to educating students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups and connecting them with opportunities to serve in primary care and in underserved communities.

In FY 2012, the SDS program made 99 awards, and \$41.3 million was distributed to programs to provide students with scholarships with approximately 4,900 students receiving funds from the SDS program.

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<sup>2</sup> American Dental Association, 2011. Something to Smile About Careers in the Dental Profession.

[http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/minority\\_dentist\\_brochure.ashx](http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/minority_dentist_brochure.ashx)

<sup>3</sup> 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: White 59.29, Other 1.64%; Multiple race/ethnicity 6.56%; Unknown race/ethnicity 0.06%; non-U.S. citizen and non-permanent resident 1.93%.

<sup>4</sup> American Association of Colleges of Pharmacy 2011-12 Profile of Pharmacy Students.

[http://www.aacp.org/resources/research/institutionalresearch/Documents/Fall12\\_Introduction.pdf](http://www.aacp.org/resources/research/institutionalresearch/Documents/Fall12_Introduction.pdf)

<sup>5</sup> 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.

<sup>6</sup> Chapman, S., & Chan, K. (2015). *Behavioral Health Workforce: Summary of Literature and Data on Supply, Demand, and Need for Behavioral Health Services* From UCSF Health Workforce Research Center on Long-Term Care Research Report

## 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 2016 - 2019. Approximately \$43 million is expected to be available annually to fund an estimated 99 awards. Applicants may apply for a ceiling amount of up to \$650,000 per year. The average award amount likely to be awarded to an applicant is \$450,000. The actual amount available will not be determined until enactment of the final FY 2016 Federal budget. BHW is including funding levels for some disciplines to more closely mirror the health professional shortage needs across the country. Of this amount, 16 percent of the SDS funding will be designated for schools of nursing as required by the Public Health Service Act Section 740(a). In addition, 25 percent of SDS funding will be designated for graduate programs in behavioral and mental health practice.

This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is four years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

**While multiple applications from an institution are allowable, a maximum of three per institution may be funded.**

Student scholarship awards shall equal an amount no less than 50 percent of the student's annual tuition costs up to a maximum amount of \$30,000 to cover the cost of attendance. No student can be awarded SDS funds greater than \$30,000 per year. The scholarship may not exceed a recipient's cost of tuition expenses, other reasonable educational expenses and reasonable living expenses incurred in attendance at such school. The scholarship also may not exceed the student's financial need.

#### **Regional Information**

In making awards, geographic regions will be taken into consideration. We anticipate funding at least two (2) grant awards in each of the 10 HHS regions. See [Section VIII](#) for the breakout of the states, Territories, and jurisdictions included in each of the regions.

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



### **III. Eligibility Information**

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

Eligible applicants are **public or non-profit private** accredited schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply if all other eligibility requirements are met. A listing of the eligible program disciplines for which individual separate applications are required are as follows:

##### **Health Professions**

- doctor of allopathic medicine
- doctor of osteopathic medicine
- doctor of dentistry
- doctor of veterinary medicine
- doctor of optometry
- doctor of podiatry medicine
- doctor of pharmacy
- doctor of physical therapy
- doctor of chiropractic medicine

##### **Behavioral and Mental Health**

- graduate degree in clinical psychology
- graduate degree in clinical social work
- graduate degree in gerontological counseling
- graduate degree in marriage and family therapy
- graduate degree in mental health counseling
- graduate degree in rehabilitation counseling

##### **Public Health**

- graduate degree in health administration
- graduate degree in public health

##### **Allied Health**

- graduate degree in audiology
- baccalaureate and graduate degree in dental hygiene
- baccalaureate and graduate degrees in medical laboratory technology
- graduate degree in occupational therapy
- baccalaureate degree in radiologic technology
- baccalaureate and graduate degrees in dietetics
- graduate degree in speech pathology

##### **Nursing**

- associate, diploma, baccalaureate and graduate (including doctoral) degrees in nursing

**Physician Assistant**

- graduate degree in physician assistant studies

Applicants must also be carrying out a program to recruit and retain students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. Applicants must demonstrate that the program has achieved success based on the percentage of disadvantaged students who are enrolled full-time and have graduated from the school. **At least twenty percent of the school’s full-time enrolled students and graduates must be disadvantaged.**

Health professions and nursing schools must be accredited by the relevant accrediting body recognized by the U.S. Secretary of Education. In addition, each institution’s program that is applying for SDS participation (*e.g.*, pharmacy, baccalaureate nursing, dentistry, etc.) must also be accredited by the specialized accrediting body approved for the relevant health discipline, prior to submission of the SDS application.

Applicants must provide proof of accreditation by a recognized body or bodies approved for such purpose by the Secretary of Education as Attachment 1 to the application. Accreditation bodies recognized by the Secretary of Education include:

Allopathic Medicine	<ul style="list-style-type: none"> <li>• Liaison Committee on Medical Education sponsored by American Medical Association and Association of American Medical Colleges</li> </ul>
Osteopathic Medicine	<ul style="list-style-type: none"> <li>• American Osteopathic Association, Commission on Osteopathic College Accreditation</li> </ul>
Dentistry	<ul style="list-style-type: none"> <li>• American Dental Association, Commission on Dental Accreditation</li> </ul>
Veterinary Medicine	<ul style="list-style-type: none"> <li>• American Veterinary Medical Association, Council on Education</li> </ul>
Optometry	<ul style="list-style-type: none"> <li>• American Optometric Association, Accreditation Council on Optometric Education</li> </ul>
Podiatric Medicine	<ul style="list-style-type: none"> <li>• American Podiatric Medical Association, Council on Podiatric Medical Association</li> </ul>
Chiropractic	<ul style="list-style-type: none"> <li>• The Council on Chiropractic Education</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>• Accreditation Council for Pharmacy Education</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>• Council on Education for Public Health</li> <li>• Commission on Accreditation of Healthcare Management Education</li> </ul>

Allied Health	<ul style="list-style-type: none"> <li>American Speech-Language-Hearing Association, Council on Academic Accreditation in Audiology and Speech- Language Pathology</li> <li>American Occupational Therapy Association, Accreditation Council for Occupational Therapy Education</li> <li>American Dietetic Association, Commission on Accreditation for Dietetics Education</li> <li>American Physical Therapy Association, Commission on Accreditation in Physical Therapy Education</li> <li>Council on Rehabilitation Education</li> <li>Joint Review Committee on Education in Radiologic Technology</li> </ul>
Behavioral & Mental Health	<ul style="list-style-type: none"> <li>American Psychological Association, Committee on Accreditation</li> <li>Council on Social Work Education</li> <li>Council for Accreditation of Counseling and Related Education</li> <li>American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education</li> </ul>
Physician Assistants (PAs)	<ul style="list-style-type: none"> <li>Accreditation Review Commission on Education for PAs</li> </ul>
Nursing	<ul style="list-style-type: none"> <li>Commission on Collegiate Nursing Education</li> <li>Nursing Commission for Nursing Education Accreditation</li> </ul>

Additionally, a school must meet all eligibility requirements as listed below. All requirements refer to full-time students (using the school’s definition of full-time):

- At least 20 percent of the total enrollment (full-time enrolled) of the program during Academic Year (AY) 2014-2015 (7/1/14-6/30/15) must be students from disadvantaged backgrounds;

*and*

- At least 20 percent of the total graduates (who were full-time students) of the program during AY 2014-2015 must have been from disadvantaged backgrounds.

Newly established schools may apply for the SDS program as long as the school had students enrolled for the 7/1/14 - 6/30/15 academic year. Since newly established schools do not have data for program graduates, such schools may complete the “graduates” data on this application using data from the class year of its expected first graduating class in place of graduate data. For example, if the newly established school offers a 4-year program and you have students enrolled only in the first 2 years, you must use the second year data in providing the "graduates" information. In other words, the data for the second year and the data for the "graduates" will be the same.

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

**Note that institutions that fail to meet the 20 percent disadvantaged enrollment and 20 percent disadvantaged graduates are ineligible and will be unable to submit application materials through the Grants.gov system.**

**a. Eligible Participants**

Under the SDS program, scholarships are awarded by eligible entities to any full-time student who is an eligible individual as defined by the statute. The definition of “eligible individual” means an individual who: (A) is from a disadvantaged background; (B) has a financial need for a scholarship; and (C) is enrolled (or accepted for enrollment) at an eligible health professions or nursing school as a full-time student in a program leading to a degree in a health profession or nursing.

A student applicant must be a citizen or national of the United States, or a lawful permanent resident of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia. A student who is in this country on a student or visitor's visa is not eligible.

**Disadvantaged background** means an individual comes from an educationally/environmentally or economically disadvantaged background.

**Educationally/environmentally disadvantaged** means an individual comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession.

**Economically disadvantaged** means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services (HHS), for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually (see chart below).

**Low income family/household** is defined by the Secretary 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.

Parental income will be used to determine a student’s eligibility as economically disadvantaged in all cases except those where the student is considered independent by being at least 24 years old and has not been listed as a dependent on his or her parents’ income tax for 3 or more years. In those cases, the students' family income will be used instead of parental family income (for parental income and students' family income use the historical poverty income level, see below).

Documentation must be provided to the school for age and independent status. Schools may use whichever documentation they choose, such as the students' last 3 years income taxes or the parents' last 3 years income taxes or other sources of proof of independence.

For proof of age, some examples are a drivers' license, birth certificate, or passport. However, the school will be held accountable for the accuracy of the students' independent status.

2015 HRSA Poverty Guidelines (200 percent of HHS Poverty Guidelines)			
	Income Level**		
Size of parents' family*	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$23,540	\$29,440	\$27,100
2	31,860	39,840	36,660
3	40,180	50,240	46,220
4	48,500	60,640	55,780
5	56,820	71,040	65,340
6	65,140	81,440	74,900
7	73,460	91,840	84,460
8	81,780	102,240	94,020
For each additional person, add	\$8,320	\$10,400	\$9,560

\* Includes only dependents listed on federal income tax

forms. Some programs will use the student's family rather than his or her parents' family.

\*\* Adjusted gross income for calendar year 2014.

**SOURCE:** *Federal Register*, Vol. 80, No. 51, March 17, 2015, pp. 13879 - 13880

The following are provided as **examples** of an educationally/environmentally 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 comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance program, Medicaid, and/or public housing).
- 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 SAT scores, 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/Matching is not required for this program.

## 3. Other

### **Ceiling Amount**

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

### **Deadline**

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

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

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

NOTE: Multiple applications from an organization are allowable; however, only one application may be submitted per one health profession degree program (refer to section III.1). Institutions may not submit a single application for multiple health profession degree programs. No more than three awards will be given to an institution during a project period.

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through [Grants.gov](https://www.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).

Applicants should always supply an email address to Grants.gov when downloading an FOA or application package. As noted on the Grants.gov APPLICATION PACKAGE download page, as well as in the Grants.gov User Guide on pages 57-58, this allows us to email you in the event the FOA is changed and/or republished on Grants.gov before its

closing date. Responding to an earlier version of a modified announcement may result in a less competitive or ineligible application.

## 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 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 FOA to do otherwise.

See Section 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

### **Application Page Limit**

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

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

### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of [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](#).

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.
4. Identification of the Program Discipline (see listing in section III.1).

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

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

Use the following section headers for the narrative:

- PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1  
Please provide a brief statement of the purpose of the proposed project.

#### NEEDS ASSESSMENT

This section outlines the needs of your institution/organization. In this section, applicants must describe how the institution's ability to meet the needs of its disadvantaged students will be improved by the proposed project.

1. Provide a description of the applicant's commitment to the education of disadvantaged students, including underrepresented minorities. Applicants must describe:
  - How this commitment is evidenced in strategic planning and organizational policies, including collaborations with other institutions to enhance education pathway of disadvantaged students.
  - Current recruitment and retention activities for disadvantaged students in place. Applicants must describe:
    - Frequency, type, and variety, of current recruitment and retention activities.
    - How to connect SDS students to those services.
    - The applicant's provision of resources (staff, time, and funds) to the project and initiatives that promote and facilitate the matriculation of disadvantaged students.
    - Effectiveness of the current recruitment and retention activities.
    - Gaps in recruitment and retention activities that may be addressed by the SDS program.
  - Describe achievements and successes in educating disadvantaged students, including underrepresented minorities, in a way that eliminates barriers along the educational pipeline for disadvantaged students and assures graduates practice in primary care and serve in MUCs. Applicants must include:
    - A description of any programs available to identify academic shortcomings and remediation.
    - The number and percent of disadvantaged students and disadvantaged graduates. Must provide at least for the last 3 years trend data for retention
    - The number and percent of disadvantaged graduates for the last four years.
    - The number and percent of racial and ethnic minority disadvantaged students and graduates.
  - Financial assistance already provided to disadvantaged students, including:
    - Percentage of disadvantaged students already receiving financial assistance.
    - Average financial aid package amount received.
    - Gaps in financial assistance that will be addressed by the SDS program.
2. Provide a description of the applicant's commitment to increasing primary care practitioners. The applicant must describe:
  - Activities to support placing graduates in primary care settings, for example, including primary care in the program mission statement, etc.



- Clinical site placements in primary care including listing of actual clinical sites, number and percentage of students being placed in primary care settings.
  - The development and maintenance of partnerships with health providers in primary care for the purpose of providing and connecting SDS students with training/work experience in underserved communities.
  - Other activities showing commitment.
  - Gaps in activities that will be addressed by the SDS program.
3. Provide a description of the applicant's commitment to increasing graduates working in MUCs. The applicant must describe:
- Activities to support placing graduates in underserved communities or serving underserved populations, such as including MUC in mission statement, recruitment materials, and recruitment plans.
  - Clinical site placements in MUCs including listing of actual clinical sites, number and percentage of students being placed in MUCs.
  - Educational preparation of disadvantaged students including current activities/curricula to ensure adequate instruction regarding minority health issues in the curricula of the school.
  - Course work reflecting an institutional awareness of the special health needs of underrepresented minority populations.
  - Document the development and maintenance of partnerships with health providers in MUCs for the purpose of providing and connecting SDS students with training/work experience.
  - Number and percentage of graduates entering service in MUCs.
  - Other activities showing commitment.
  - Gaps in activities that will be addressed by the SDS program.
- **RESPONSE TO PROGRAM PURPOSE** -- *This section includes three sub-sections— (a) Methodology; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*
  - *(a) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (a).*

Applicants must describe the project objectives and how they will address Section I of the FOA, *Program Requirements*, as well as the applicant's stated needs.

The applicant must provide a detailed description of the proposed recruitment and retention activities for students of disadvantaged backgrounds, including members of racial and ethnic minority groups who enter into the health professions. Specifically, the applicant must:

- Discuss how the SDS program will address the gaps in recruitment and retention activities described above.
- Identify meaningful support and collaboration with key stakeholders such as one or more public or non-profit private, secondary education and undergraduate institutions of higher education (feeder schools).
- Propose linkages and collaborations with other institutions that help identify and recruit students into the program.

- Propose retention supports, e.g. mentoring, tutoring, counseling, and summer/bridge programs, study skills, note taking, test taking skills, as well as involvement of students, community health professionals, faculty, alumni, and past recipients.
- Describe staffing and amount of funding dedicated to the recruitment and retention programs.
- Discuss collaborations with others to better achieve goals.

The applicant must provide a proposed plan describing how your school will increase educational support and training opportunities for disadvantaged students, including URM students, and ensure that students graduate, enter primary care and serve in MUCs.

Specifically, the applicant must:

- Describe proposed activities that provide educational preparation and clinical services preparation.
- Describe current activities/curricula or proposed plans to ensure adequate instruction regarding minority health issues in the curricula of the school, including course work reflecting an institutional awareness of the special health needs of URM populations.
- Demonstrate opportunities for clinical training and employment upon graduation in underserved communities, including a description of partnerships with health clinics providing services in a MUC.

The applicant must provide a detailed description of the proposed SDS funding and disbursement strategies and processes. Specifically, the applicant must include the following items:

- Tracking and monitoring of graduates.
- Processes to identify and address individual students' barriers to ensure persistence in school.
- Processes to identify recruitment and retention challenges institution-wide and make improvements to the applicant's program.

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

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

- Provide a detailed description of how the proposed work will be accomplished and person(s) responsible as well as a staffing plan (See attachment #2);
- Describe the activities, timeframes, deliverables, and key partners required to address the Program Requirements in Section I of the funding opportunity announcement;
- State objectives and sub-objectives that are specific, measurable, achievable, realistic and time-framed;
- Explain how the work plan is appropriate for the program design and how the targets for key activities fit into the overall timeline of award implementation.

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

Applicants must 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 two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*
- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)*

A description of the applicant's plan to utilize both quantitative and qualitative data to inform Rapid Cycle Quality Improvement (RCQI) efforts to periodically review program progress and make small adjustments in order to optimize program output. The plan must demonstrate that RCQI efforts will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project. Additional information on RCQI is available at the following website: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide>. For example: Grantees might utilize RCQI to improve the current process or system used to allocate scholarship funds to students or to forecast the level of SDS funds required to meet student's educational needs so that SDS funds awarded to the institution are maximized.

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

Applicants must describe the systems and processes that will support the organization's 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 an annual basis:

- The number of URMs who have received SDS scholarships;
- The number of SDS-funded scholarship recipients who were successfully retained in their degree program from one year to the next;
- The retention and completion rate of the SDS recipients;

- The number of SDS-funded scholarship recipients who graduated from their degree program and indicated an intention to work or pursue training in primary care settings or MUCs;
- The number of SDS-funded scholarship recipients who began employment in primary care settings or in underserved communities upon graduation;
- The number of SDS-funded scholarship recipients who went on to practice in primary care settings or MUCs; and
- The number of SDS-funded scholarship recipients receiving training at health care facilities located in a MUC.

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

Applicants must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions the applicant will take to: 1) highlight key elements of their award projects, e.g., training methods or strategies, which have been effective in improving practices, and 2) obtain future sources of potential funding, as well as a timetable for becoming self-sufficient. The applicant must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

Applicants must describe their capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Applicants are required to provide information on the applicant organization's current mission and structure, organizational chart, relevant experience, and scope of current activities (a project organizational chart is requested in Section IV.2.v, Attachment 2). The applicant must describe how the organization has the ability to implement the proposed project and meet the program requirements and expectations. Applicants must provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services.

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u><b>Narrative Section</b></u>	<u><b>Review Criteria</b></u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose:	(2) Response to Program Purpose
(a) Work Plan	(a) Work Plan
(b) Methodology/Approach	(b) Methodology/Approach
(c) Resolution of Challenges	(c) Resolution of Challenges

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

**iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the [SF-424 Application Guide](#) differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, if applicable, the additional budget instructions provided below.

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

**iv. Budget Justification**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). Provide a narrative that explains the amounts requested for each line in the budget. SDS applicants may request costs for scholarship tuition, other reasonable educational expenses, and reasonable living expenses. All costs should be included in Section 6.h on the Sf-424A budget form. The amount of the scholarship to students must be at least half of the cost of tuition expenses and reasonable living expenses incurred in attendance at such school (with a cap of \$30,000 per student award per year). The scholarship may not exceed a recipient’s cost of tuition expenses, other reasonable educational expenses and reasonable living expenses incurred in attendance at such school. The budget justification should also specifically describe how each item will support the achievement of proposed objectives. The budget period is for **one (1) year**. However, the applicant **must** submit 1-year budgets for each of the subsequent budget periods within the requested project period at the time of application. In addition, the SDS program requires the following:

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

**v. Program Specific Forms**

As part of the application submitted through Grants.gov, applicants must also complete and electronically submit the SDS Program Specific Data Forms by the established and

published application due date. These SDS Tables are part of the Grants.gov application package. As indicated above, these tables are essential in determining both eligibility and award calculations. **Institutions that fail to complete these forms will be unable to show that they meet the 20 percent disadvantaged enrollment and 20 percent disadvantaged graduates requirement, will therefore be ineligible, and will be unable to submit application materials through Grants.gov.**

*vi. Attachments*

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Each attachment must be clearly labeled.

*Attachment 1: Accreditation Documentation (required)*

As detailed in Section III.1., include proof of program accreditation.

**Documentation of Accreditation**

Health professions and nursing schools must be accredited by the relevant accrediting body recognized by the Secretary of Education. In addition, each institution's program that is applying for SDS participation (*e.g.*, pharmacy, baccalaureate nursing, dentistry, etc.) must also be accredited by the specialized accrediting body approved for the relevant health discipline, prior to submission of the SDS application. Applicants must provide proof of accreditation as an attachment to the application. Acceptable forms of proof can be certificates or letters with dates that are in effect prior to the start of the budget/project period during which support will be received.

**If accreditation is pending or not yet granted:**

- Requests for letters of reasonable assurance made to the U.S. Department of Education to allow for processing time, should be submitted **at least 45 days prior to the HRSA application due date of January 25, 2016.**
- The letter of reasonable assurance, from or on behalf of the U.S. Department of Education, must be submitted along with the application stating that the program will meet the accreditation standards effective prior to the start of the budget/project period during which support will be received.
- The accrediting body must be identified by the U.S. Department of Education within the letter of reasonable assurance.
- Applicants will need to submit contact names, addresses, phone numbers, email addresses and all correspondence sent to the U.S. Department of Education.

*Attachment 2: Project Organizational Chart (required)*

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

*Attachment 3: Maintenance of Effort Documentation (required)*

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. This is a condition of the award that will be reflected in the Notice of Award and failure to comply with the terms and conditions on the award could impact the receipt of grant funding.

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

*Attachment 4: Request for Funding Priority (as applicable)*

To receive a funding priority, include a statement that the applicant is eligible for a funding priority and identify the priority. Include documentation of this qualification. See Section V.2.

*Attachment 5: Other relevant attachments (as applicable)*

Include here any other documents that are relevant to the application, including Letters of Support.

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

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

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

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

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

- 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. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this FOA is *January 25, 2016 at 11:59 P.M. Eastern Time*.

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

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

The SDS program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

#### **6. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of four years, at no more than \$650,000 per year in total costs (direct costs only; indirect cost are unallowable). 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.

Estimated funding (**up to \$650,000 per award**) may be requested only to provide scholarships for students. The amount of the scholarship to students must be at least half of the cost of tuition (with a cap of \$30,000 per student award per year). The scholarship may not exceed a recipient's cost of tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at such school, nor exceed the student's financial need.

There are no explicit requirements for the number or timing of disbursements of SDS funds to eligible students who have been designated as scholarship recipients. However, requirements for other programs and good practice strongly suggest that funds should not be disbursed in one lump sum. Instead, awards that are earmarked to pay for tuition should



be disbursed at the beginning of each period within the academic year (e.g., semester, trimester, quarter). Also, every student award should be disbursed prior to the end of each specific academic period, and in the case of graduating students, prior to the actual graduation date.

Disbursing funds in logical increments throughout the academic and calendar years helps students budget their resources. In addition, this approach protects the institution in case an SDS recipient drops below full-time student status due to academic failure, disability, or death. If a recipient becomes ineligible to receive funds, the school may award the money to another eligible student at that institution. However, if the school cannot award the funds to another eligible student, the school must return the funds to HHS.

Funds under this announcement may not be used for purposes specified in [SF-424 Application Guide](#).

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 may apply in FY 2016, as required by law.

## 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 details 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 SDS program has five review criteria:

*Criterion 1: PURPOSE AND NEED (30 points) – Corresponds to Section IV's Purpose and Need*

Reviewers will consider the degree to which the applicant:

- (4 points) Demonstrates its commitment to the education of disadvantaged students, including URM's. Reviewers will consider the:
  - Documentation of commitment in institutional policies, mission statements, and strategic planning, among others;
  - Strength and breadth of current recruitment and retention activities for disadvantaged students, including the provision of significant staffing and

- financial resources to promote and facilitate the matriculation of disadvantaged students; and
  - Evidence of effectiveness of the current recruitment and retention activities and whether there are any remaining gaps that SDS funds are necessary to close.
- (3 points) Demonstrates success in educating and graduating disadvantaged students. Reviewers will consider:
  - The variety and efficacy of current programming to identify and remediate academic shortcomings;
  - The success in recruiting disadvantaged students based on the total percentage of full-time enrollment during AY 2014-2015. Reviewers will consider the magnitude of the number and percentage of disadvantaged students; and
  - The success in graduating disadvantaged students based on the total percentage of full-time enrollment during AY 2014-2015. Reviewers will consider the magnitude of the number and percentage of disadvantaged students.
- (3 points) Demonstrates commitment to providing financial aid to disadvantaged students, including:
  - A significant percentage of disadvantaged students already receiving financial assistance from other sources; and
  - Remaining unmet financial assistance needs of students that can be addressed by the amount of funds available through the SDS program.
- (10 points) Demonstrates its commitment to increasing the number of primary care practitioners. Reviewers will consider:
  - Documentation of commitment in institutional policies, mission statements, and strategic planning, among others;
  - The percent of graduates (30 percent or more) entering service in primary care;
  - Strength and breadth of current primary care training and placement activities, including:
    - Whether the current curriculum will ensure students are prepared to deliver care in primary care settings upon graduation; and
    - The strength of partnerships with primary care health providers
- (10 points) Demonstrates its commitment to increasing graduates working in MUCs. Reviewers will consider:
  - Documentation of commitment in institutional policies, mission statements, and strategic planning, among others;
  - The percent of graduates (30 percent or more) entering service in MUCs; and
  - Strength and breadth of current training and placement activities, including:
    - Curriculum in place will ensure students are prepared to deliver culturally competent care upon graduation; and
    - The strength of partnerships with health providers in MUCs.

*Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points)*

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

Reviewers will consider the extent to which:

- (3 points) The applicant’s methodology reflects all the requirements and expectations of the SDS program. The applicant proposes activities that will address fully the project purpose, stated goals, program requirements, and expectations of the FOA;
- (3 points) The applicant’s proposed approach must address fully the needs and gaps highlighted by the applicant in the Purpose and Need section. The applicant also proposes appropriate and relevant tools and strategies for meeting stated needs;
- (3 points) The applicant’s educational support and training proposed plan is actionable, feasible, and robust including whether it is likely to result in significantly increased educational support and training opportunities for disadvantaged students;
- (3 points) The proposed plans will result in significant numbers of students graduating, entering primary care and serving in MUCs and graduates understand minority health issues and/or possess an awareness of the special health needs of underrepresented minority populations; and
- (3 points) The applicant provides an actionable, feasible, and strong recruitment and retention plan for students of disadvantaged backgrounds, including:
  - A robust and actionable plan to identify academic shortcomings early on and implement remediation before students leave school including dedicated resources to quickly support students.
  - A strong and effective proposed mentor program for assisting disadvantaged students, including participation from faculty, alumni, and past recipients.
  - Linkages and collaborations with other institutions that help identify and encourage students in pipeline programs as evidenced by letters of support (see Attachment 5).

*Criterion 2 (b): WORK PLAN (12 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (b) Work Plan*

Reviewers will consider:

- (3 points) The extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives;
- (3 points) The feasibility of successfully completing all proposed activities and timelines within the performance period;
- (3 points) The extent to which the applicant demonstrates an award implementation timeline that ensures that the applicant has resources and program staff to recruit and enroll students in Academic Year 2016-2017; and
- (3 points) The adequacy of the staffing plan to implement the proposed work plan. Reviewers will consider level of staffing and skill sets proposed.

*Criterion 2 (c): RESOLUTION OF CHALLENGES (3 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges*

Reviewers will consider 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.

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

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

Reviewers will consider the extent to which:

- (4 points) The applicant is able to ensure effective and timely reporting on the measurable outcomes being requested.
  - This includes both their internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding FOA Section IV.3(a) Impact. Specific criteria include: the strength and effectiveness of the method proposed to monitor and evaluate the project results;
- (4 points) The applicant's evaluation plan includes necessary components including:
  - descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported;
  - a description of how the organization will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes;
  - the feasibility and effectiveness of plans for dissemination of project results;
  - The degree to which the applicant's project results may be national in scope and project activities are replicable;
- (4 points) The applicant outlines a detailed strategy to assess project objectives and activities including a clear plan to track, collect, and report on both quantitative and qualitative evaluation measures on an annual basis;
- (8 points) The applicant describes the process to validate and monitor data collection, expected results, and challenges encountered and incorporates into program operations specific measures to ensure continuous quality improvement including the ability to utilize both quantitative and qualitative data to inform Rapid Cycle Quality Improvement (RCQI) efforts to periodically review program progress and make small adjustments in order to optimize program outcomes.

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

Reviewers will consider the quality of and extent to which:

- (5 points) The applicant describes a feasible and realistic plan for project sustainability after the period of federal funding ends; and
- (5 points) The applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (5 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities*

Reviewers will consider the extent to which:

- (2 points) The project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through the project narrative, as well as Attachment #2; and
- (3 points) The capabilities of the applicant organization, and the quality and availability of facilities and personnel are sufficient to fulfill the needs and requirements of the proposed project.

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

Reviewers will consider:

- (2 points) The reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of activities, and the anticipated results;
- (3 points) The extent to which key personnel have adequate time devoted to the project to achieve project objectives and the extent to which tuition, other reasonable educational expenses and other reasonable living expenses are supportive of the project objectives.

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

Please see Section 5.3 of HRSA’s [SF-424 Application Guide](#).

HRSA will use other factors other than merit criteria in selecting applications for federal award. For this program, HRSA will use funding priorities and two special considerations.

### **Funding Priorities (Priority Points)**

This program includes a funding priority. A funding priority is defined as the favorable adjustment of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. Program staff will assign priority points to all approved applications that meet the following criteria:

A school/program is given funding priority based on the following:

- 1) At least 15 percent of student full-time enrollment is URM during Academic Year (AY) 2014-2015.

2) At least 15 percent of graduates practicing in primary care during AY 2014-2015.

- For allopathic and osteopathic medicine: use graduate data from AY 2010-2011.
- For dentistry, dental hygiene, graduate nursing, physician assistants, and mental and behavioral health practitioners: use graduate data from AY 2013-2014.

Note: Priority in primary care is limited to allopathic and osteopathic medicine, dentistry, dental hygiene, graduate nursing, physician assistants and behavioral and mental health.

3) At least 10 percent of graduates are practicing in MUCs during AY 2014-2015.

- For allopathic and osteopathic medicine: use graduates from AY 2010-2011.
- For all other disciplines: use graduates from AY 2013-2014.

### Priority Points

Additional points will be given after the objective review for the following priorities:

Priority Type	Priority Points
<i>URMs.</i> (To be eligible for this priority, applicants must have a certain percentage of racial and ethnic minorities in their student population.)	2 points for 15-29.99 percent URM students 3 points for 30-49.99 percent URM students 4 points for 50 percent or more URM students
<i>Graduating students going into primary care.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in primary care.)	2 points for 15-29.99 percent graduates entering PC 3 points for 30-49.99 percent graduates entering PC 4 points for 50 percent or more graduates entering PC
<i>Graduates working in MUCs.</i> (To be eligible for this priority, applicants must have a certain percentage of their graduates enter service in a medically underserved community.)	1 point for 10-29.99 percent serving in a MUC 2 points for 30-49.99 percent serving in a MUC 3 points for 50 percent or more serving in a MUC

### Funding Special Consideration

A special consideration is defined as the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process. This program includes two special considerations. There is a special consideration for geographic distribution of funds. HRSA

anticipates funding at least two (2) grant awards in each of the 10 HHS regions (See Section VIII for more information). There is also a special consideration to address the shortage need for behavioral and mental health professionals. Approximately 25 percent of funds will be designated for graduate programs in behavioral and mental health. In order to support these considerations, some applications may be funded out of the rank order of recommended projects.

Please Note: HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205). The decision not to make an award or to make an award at a particular funding level is discretionary and is not subject to appeal to any HHS Operating Division or official or board.

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award (NoA) will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA's [SF-424 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 FOA 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 awardees' 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 via the Electronic Handbook (EHB) system on an annual basis. All BHW awardees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NoA.

The annual performance reports cover all activities between July 1 and June 30. 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 EHB system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide BHW with information required to close out an award 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, and how they were resolved.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Changes to the objectives from the initially approved award.

Further information will be provided in the NoA.

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

5) **Attribution.** HRSA requires awardees to use the following acknowledgement and disclaimer on all products produced by HRSA 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 award number and title for award amount (specify award number, title, total award amount and percentage financed with non-governmental 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.”*



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

## VII. Agency Contacts

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

Kim Ross  
Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 18-75 (office), 10SWH03 (mail drop)  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-2353  
Fax: (301) 443-6343  
Email: [kross@hrsa.gov](mailto:kross@hrsa.gov)

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

Denise Sorrell  
Senior Public Health Analyst  
Attn: Scholarships for Disadvantaged Students  
Bureau, HRSA  
Parklawn Building, Room 9-105  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-2909  
Fax: (301) 443-0846  
Email: [DSorrell@hrsa.gov](mailto:DSorrell@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto: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 EHB system. For assistance with submitting information in HRSA's EHB, contact the HRSA Contact Center, Monday-Friday,

8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

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

## **VIII. Other Information**

### **Technical Assistance**

There will be two technical assistance (TA) sessions for applicants for this FOA. The sessions will include important information for preparing an application and gives applicants an opportunity to ask questions. A recording of each session (including the question and answer portion) will be available one hour after each of the sessions and will be available through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: December 9, 2015

Time: 2:00 – 4:00 PM EST

Telephone Number: 877-917-2510

Pass code: 5386017

Play-back telephone number: 866-346-7116

Pass code: 2316

Adobe connect registration link: <https://hrsa.connectsolutions.com/sds-dec-2015/event/registration.html>

Date: January 6, 2016

Time: 2:00 – 4:00 PM EST

Telephone Number: 877-917-2510

Pass code: 5386017

Play-back telephone number: 800-925-2657

Pass code: 2216

Adobe connect registration link: <https://hrsaseminar.adobeconnect.com/sds-jan-2016/event/registration.html>

### **Regional Information**

The geographic breakout of the States, Territories, and jurisdictions included in each of the regions is below:

#### **Region 1: Boston**

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

#### **Region 2: New York**

New Jersey, New York, Puerto Rico, Virgin Islands

#### **Region 3: Philadelphia**

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

#### **Region 4: Atlanta**

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

**Region 5: Chicago**

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

**Region 6: Dallas**

Arkansas, Louisiana, New Mexico, Oklahoma, Texas

**Region 7: Kansas City**

Iowa, Kansas, Missouri, Nebraska

**Region 8: Denver**

Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

**Region 9: San Francisco**

Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Federated States of Micronesia, Marshall Islands, and Republic of Palau.

**Region 10: Seattle**

Alaska, Idaho, Oregon, Washington

**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 U. S. 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.

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

- (A) has received a bachelor's, master's, 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, doctor of osteopathic medicine, doctor of dentistry, doctor of veterinary medicine, doctor of optometry, doctor of podiatric medicine, doctor of pharmacy, or doctor of chiropractic; a graduate degree in public health, health administration, social work, or counseling; or a doctoral degree in clinical psychology.

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

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.

**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, marriage and family therapy, gerontological counseling, mental health counseling, or rehabilitation counseling.

**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. Please refer to Section 799B (6) of the Public Health Service (PHS) Act for the statutory definition that applies to this program.

**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.

**Primary Care** - The SDS program will use the definition of primary care provided by the Institute of Medicine: the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (IOM. 1996. *Primary care: America's health in a new era*. Washington, DC: National Academy Press).

**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.

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

**Rural** –An area defined as rural by the Federal Office of Rural Health Policy (FORHP). The FORHP accepts all non-metro counties, as designated by the White House Office of Management and Budget (OMB), as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes. These are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties

with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 70,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, FORHP has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people. More information can be found at: <http://www.hrsa.gov/ruralhealth/aboutus/definition.html>.

**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 20 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.

**Underrepresented Minority** - An individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. For purposes of this program, the term “racial and ethnic minority group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

## **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://bhw.hrsa.gov/grants/technicalassistance/index.html>