

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Health Workforce
Division of Nursing and Public Health

**Advanced Nursing Education Nurse Practitioner Residency
and Fellowship (ANE-NPRF) Program**

Funding Opportunity Number: HRSA-23-009

Funding Opportunity Type(s): New

Assistance Listings Number: 93.247

Application Due Date: April 11, 2023

Ensure your [SAM.gov](https://sam.gov) and [Grants.gov](https://grants.gov) registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: February 10, 2023

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C § 296j (Section 811 of the Public Health Service Act) and H.R. 2617, the Consolidated Appropriations Act of 2023.

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Advanced Nursing Education-Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program. The purpose of this program is to prepare new Advanced Practice Registered Nurses (APRNs)¹ to effectively provide primary care by supporting transition to practice through the establishment, expansion and/or enhancement of existing community-based Nurse Practitioner (NP) residency and fellowship training programs that are accredited or in the accreditation process. The program also focuses on the integration of behavioral health and/or maternal health into primary care by training new primary care providers (adult, family, adult gerontology, pediatric and women's health NPs), behavioral health providers (psychiatric/mental health NPs) and/or certified nurse midwives (CNMs) in community-based settings. The applicant must train these postgraduate APRNs who will serve in primary care settings with a focus on improving access to quality healthcare for rural, urban, and tribal underserved populations.

As provided in the Consolidated Appropriations Act of 2023, a funding preference will be applied to the first \$6,000,000 in funding for applications that establish, expand/enhance, or maintain community-based nurse practitioner residency and fellowship programs in Federally Qualified Health Centers, that are accredited or in the accreditation process for practicing postgraduate nurse practitioners in primary care or behavioral health. For the purposes of this NOFO, establish refers to NP residency or fellowship programs in the accreditation process.

Funding Opportunity Title:	ANE-Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program
Funding Opportunity Number:	HRSA-23-009
Due Date for Applications:	April 11, 2023
Anticipated FY 2023 Total Available Funding:	\$30,012,998
Estimated Number and Type of Award(s):	43 grants

¹ American Nurses Association. What is Nursing?: Advanced Practice Registered Nurse (APRN). Retrieved from 8/25/2022 from <https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/aprn/>

Estimated Annual Award Amount:	Up to \$700,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023, through June 30, 2027 (4 years)
Eligible Applicants:	<p>Eligible entities are accredited schools of nursing, nursing centers (nurse managed health clinics/centers), academic health centers, state or local governments and other nonprofit private or public entities determined appropriate by the HHS Secretary, such as Rural Health Clinics, Federally Qualified Health Centers or HRSA supported health centers.</p> <p>Domestic community-based organizations, tribes, and tribal organizations are also eligible to apply, if otherwise eligible.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA’s [SF-424 R&R Application Guide](#). Visit [HRSA’s How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s [open opportunities](#) website to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

The purpose of this program is to prepare new Advanced Practice Registered Nurses (APRNs) to effectively provide primary care by supporting the establishment, expansion and/or enhancement of existing community-based Nurse Practitioner (NP) residency and fellowship training programs that are accredited or in the accreditation process. The program also focuses on the integration of behavioral health and/or maternal health into primary care by training new primary care providers (adult, family, adult gerontology, pediatric and women's health NPs), behavioral health providers (psychiatric/mental health NPs) and/or Certified Nurse Midwives (CNMs) to transition from education completion to practice, in community-based settings. The applicant must train these postgraduate APRNs who will serve in primary care settings with a focus on improving access to quality healthcare for rural, urban, and tribal underserved populations.

Program Goals

1. Support expansion or enhancement of primary care NP residency programs.
2. Increase the number of new primary care, behavioral health and maternal health NPs serving in rural, urban, and tribal underserved community-based settings.
3. Integrate behavioral health and maternal health care into community-based primary care NP residency programs.

Program Objectives

- Support new primary care providers through the establishment, expansion, or enhancement of NP residency programs in community-based settings.
- Strengthen the clinical competency and readiness for practice of new primary care NPs through didactic and clinical training that equips participants with the skills and knowledge to provide care for the complex co-morbidities and multi-level chronic health and social needs of communities.
- Increase access to quality primary care providers through the placement of residency completers in rural, urban, and tribal underserved community-based settings.
- Expand academic practice partnerships to provide learning opportunities which integrate primary care, behavioral health and maternal health domains of practice. These partnerships should promote health equity, improve diversity of the workforce to address the needs of the populations they serve, and address workforce wellness and resiliency.

For more details, see [Program Requirements and Expectations](#).

2. Background

APRNs are often the primary care providers at the forefront of providing preventive care services to the public, treating and diagnosing illnesses, advising the public on health issues, and managing chronic diseases.² HRSA's National Center for Health Workforce Analysis (NCHWA) projects the demand for primary care professionals, including physicians, nurse practitioners, and physician assistants practicing in primary care specialties, will increase 13 percent between 2019 and 2030.³

There is also an increasing demand for behavioral health and maternal health services. In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that 21 percent of the U.S. adult population suffered from a mental illness and 21.4 percent of people aged 12 and over used an illicit drug in the previous year.⁴ The United States also has the highest maternal mortality rate of any developed country. Based on the most recent data from 2020, the maternal mortality rate in the U.S. is 23.8 deaths per 100,000 births.⁵ Compounding this issue of maternal mortality is the current shortage of maternal health providers, with a nationwide shortage of obstetricians-gynecologists (OB/GYNs) projected to increase to over 5,000 by 2030.³ Shortages in rural areas persist as well, with 50 percent of rural U.S. counties lacking an OB/GYN and 56 percent lacking a nurse midwife.⁶ Expanding the role of APRNs, such as NPs and CNMs, is anticipated to help meet this need for primary care, behavioral health and maternal health services. APRNs in primary care, behavioral health, and maternal health, particularly when working at the top of their scope of licensure, can help to address this gap.

Improving access to advance practice registered nurses is especially important in rural, urban, and tribal underserved areas. The lower concentration of APRNs in these communities contributes to the challenges of meeting the health needs of these populations, who have complex co-morbidities, multiple chronic health conditions, and behavioral health care needs requiring knowledgeable and skilled primary care providers. Providers trained in rural areas have an increased likelihood of practicing in rural communities and graduate nursing students who attended a program with a rural focus also seem to be more likely to practice in rural areas.⁷

² Filling Critical Gaps in Primary Healthcare: Advanced Practice Registered Nurses Meeting the Challenge | Yale School of Nursing. (2016). Yale.edu. <https://nursing.yale.edu/news/filling-critical-gaps-primary-healthcare-advanced-practice-registered-nurses-meeting-challenge>

³ Workforce Projections. (Accessed June 2022). Data.hrsa.gov. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

⁴ Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/newsroom/press-announcements/202110260320>; <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>

⁵ Hoyert, D. (2022, February 22). Maternal Mortality Rates in the United States, 2020. www.cdc.gov. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

⁶ U.S. Department of Health and Human Services, National Advisory Committee on Rural Health and Human Services, Maternal and Obstetric Care Challenges in Rural America: Policy Brief and Recommendations to the Secretary (May 2020) <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2020-maternal-obstetric-care-challenges.pdf>

⁷ Fatima, Y., Kazmi, S., King, S., Solomon, S. & Knight, S. (2018). Positive placement experience and future rural practice intentions: Findings from a repeated cross-sectional study. *Journal of Multidisciplinary Healthcare*, 11, 645-652.

Nurses are also well positioned to address issues related to social determinants of health for patients, families and communities, especially rural and underserved communities.⁸ A diverse nursing workforce is a high priority for addressing the nursing shortage, meeting the cultural needs of an increasingly diverse population and achieving health equity in the United States. Nurses with diverse backgrounds are more likely to work in underserved areas, providing healthcare to those who experience health disparities.⁹

Finally, burnout is an increasingly extensive problem for nurses, who encounter physical, mental, emotional, and ethical challenges in the course of their work. Before the COVID-19 pandemic, 35-54 percent of nurses reported symptoms of burnout;¹⁰ the pandemic not only exacerbated these issues but highlighted the shortcomings of historical efforts to address nurses' health and well-being.¹¹ Nurses' health and well-being influence the quality, safety, and cost of the care. Improving the well-being of nurses is essential to ensuring quality care to patients. It is vital to create safe, supportive, value-focused, and ethically grounded environments that address the physical and mental fatigue that nurses face in the course of their work.¹²

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the HRSA [Health Workforce Glossary](#). In addition, the following definitions apply to the ANE-NPRF Program for fiscal year 2023:

Awardee Cohort Collaboration – An activity between two or more awardees, which enhances or streamlines the project goal attainment or processes. Examples of awardee cohort collaboration activities include, but are not limited to, dissemination of progress and accomplishments, NP resident/fellow or preceptor/mentor/faculty recruitment and retention, curriculum development, resolution of project barriers/challenges, partnership building, etc.

Academic Practice Partnerships - Collaborative partnerships are formal and strategic relationships between entities established to advance their mutual interests related to practice, education, and research. Collaboration between academic and clinical partners leverages resources to maximize student learning; ensure safety of care delivery; and optimize patient outcomes.¹³ For the purposes of this NOFO, Academic

⁸Smith, G. R. (2007). Health Disparities: What Can Nursing Do? *Policy, Politics, & Nursing Practice*, 8(4), 285–291. <https://doi.org/10.1177/1527154408314600>

⁹ How Nurses Can Help Address the Health Disparities Problem. (n.d.). Eastern Michigan University Online. Retrieved June 16, 2022, from <https://online.emich.edu/articles/rnbsn/the-health-disparities-problem.aspx#:~:text=Workplace%20Diversity%3A%20A%20diverse%20nursing%20workforce>

¹⁰ Surgeon General of the United States. (2022). Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. <https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf>

¹¹ The National Academies of Sciences, Engineering, and Medicine (2021). *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>

¹² National Academies of Sciences, Engineering, and Medicine 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.

¹³ American Association of Colleges of Nursing. (2019). *Special Survey on Vacant Faculty Positions for Academic Year 2018-2019*. Washington, DC.

Practice Partnerships refers to formal collaboration between academic and clinical practice settings, to support participant recruitment, didactic and clinical training, post-completion employment assistance efforts, and other project activities.

Nurse Practitioner (NP) Residency/Fellowship Program - A NP residency/fellowship program is a voluntary post-graduate training program through which licensed and certified new advanced practice nurse graduates are provided additional didactic and clinical experiences alongside other healthcare providers, enhancing transition from education to practice. NP Residency/Fellowship programs aim to prepare novice NPs to practice as providers and support their professional transition to clinical practice, especially in specialized areas of practice such as primary care, rural health, etc. This form of mentored clinical education occurs within a structured learning environment, typically lasts 12 months long and diversifies the NP clinical preparation via varied clinical rotations, supervised hours, and didactic training. NP resident/fellow participants are offered an intensive practicum including financial support, within an institution or community-based health center. For the purpose of this NOFO, other APRNs such as nurse midwives can be trained within the NP Residency/Fellowship Projects.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$30,012,998 to be available annually to fund 43 recipients. You may apply for a ceiling amount of up to \$700,000 annually (reflecting direct and indirect costs) per year. Your request for each subsequent year of the period of performance cannot exceed your year 1 request.

As provided by the Consolidated Appropriations Act of 2023, a Funding Preference will be applied to the first \$6,000,000 in funding for applications that establish or expand/enhance community-based nurse practitioner residency and fellowship programs in Federally Qualified Health Centers, that are accredited or in the accreditation process for practicing postgraduate nurse practitioners in primary care or behavioral health.

The period of performance is July 1, 2023, through June 30, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for ANE-NPRF in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on Indirect Cost Rates

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

III. Eligibility Information

1. Eligible Applicants

Eligible entities are accredited schools of nursing, nursing centers (nurse managed health clinics/centers), academic health centers, state, or local governments and other nonprofit private or public entities determined appropriate by the HHS Secretary, such as Rural Health Clinics, FQHCs, or HRSA-supported health centers. Community-based organizations, tribes, and tribal organizations are also eligible to apply, if otherwise eligible. See [Section IV.2.vi.1](#) for further details.

Eligible applicants located in the 50 states of the U.S., the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, may apply for these funds. Individuals and foreign entities are not eligible for this HRSA award.

Nurse Practitioner Residency or Fellowship Program Accreditation

To be eligible for these grant funds, the NP residency/fellowship program must be accredited by a recognized, professional accrediting organization, or be in the process of accreditation. An accredited NP residency program is a program officially recognized as meeting all of the NP residency accreditation standards of practice by a national NP residency accrediting organization. NP residency/fellowship program accreditation process may include the following: completed program self-assessment with developed accreditation plan, submitted notice of intent to apply for accreditation, accreditation application, or the initial on-site full assessment by the accrediting organization. For the accreditation process, at a minimum, the applicant has completed the program self-

assessment and has developed an accreditation plan, submitted either a notice of intent to apply or an application to an accrediting organization.

The NP residency/fellowship program must maintain its accreditation throughout the period of performance. NP residency programs in the process of accreditation must make strides to obtain accreditation as stated in the application. Loss of active accreditation status or inability to adhere to plans to obtain accreditation as stated in the application, may be cause for HRSA to take compliance action, including termination, suspension, or reduction of recipient funding levels beyond the first period of performance year. See Section [IV.2.vi.1 Attachment 1](#) for further details.

Consortiums

For the purposes of this NOFO, a consortium is an association of at least two separately owned and governed, public or private nonprofit entities that confer degrees or provide practice support, formed to undertake an enterprise beyond the resources of any one member. A consortium has a clearly documented, legally binding agreement that must describe the resource support and roles/responsibilities of each entity. A consortium agreement is a formal agreement whereby a project is carried out by a recipient and one or more other organizations that are separate legal entities. Under the agreement, the recipient must perform a substantive role in the conduct of the planned project or program activity and not merely serve as a conduit of funds to another party or parties. Consortium agreements are considered subawards for purposes of the [HHS Grants Policy Statement](#). For the purposes of this NOFO, a consortium should consist of at least two independent organizations; must have the legal authority to apply, to receive and to operate the award; and each entity making up the consortium must meet the eligibility criteria outlined in [Section III.1](#) of the NOFO.

Consortiums may apply for these funds, if eligible. Each entity must meet the eligibility requirements for this NOFO. Accreditation or approval documentation is required for each entity. HRSA will make one award per consortium provided the lead applicant has the legal authority to apply for and to receive the award on behalf of the other consortium members.

Beneficiary (Participant) Eligibility Requirement

For the purpose of this NOFO, beneficiaries (participants) are the NP residents/fellows. An eligible beneficiary (participant) receiving support from grant funds under this program must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended. Individuals on temporary or student visas are not eligible to participate.

To be eligible to receive ANE-NPRF support, beneficiaries must meet all the following:

- Completed an advanced nursing education (nurse practitioner or nurse midwifery) degree or post-master's certificate program with a focus on primary care, behavioral health, or maternal health,
- Obtained a certification and license to practice no longer than 18 months before the start of the residency program,
- Accepted into and participating in a NP residency program, and
- Agree to be a full-time participant, provide information needed for the project and commit to completing the NP residency program; with an intent to serve rural, urban, and tribal underserved populations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section VI 4](#)

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 296b(b) (803(b) of the Public Health Service Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort (MOE) information and submit as [Attachment 6](#).

HRSA will enforce statutory MOE requirements through all available mechanisms.

Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov [application due date](#).

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive. Where required, applications received without the appropriate tables will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](https://www.grants.gov). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](https://www.grants.gov).

Form Alert: For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-009 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 R&R Application Guide](#). You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA [SF-424 R&R Application Guide](#) for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

HRSA will redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to ensure your application does not exceed the specified page limit.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-009 prior to the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachments 10-15: Other Relevant Documents](#).

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

Program Requirements and Expectations

Applicants funded under this funding opportunity will be required to implement the following:

1. Create Linkages

The applicant/awardee must establish linkages with relevant educational and health care entities to develop and implement the project.

- a. Develop or expand academic practice partnerships to recruit participants and provide didactic and clinical training opportunities which integrate primary care with behavioral health and/or maternal health. Partnerships should provide participants with direct experience working with rural, urban and tribal underserved

populations and prepare participants to efficiently address health equity and social determinants of health (SDOH) for the populations they serve. Applicants/ awardees are encouraged to partner with organizations that promote health equity, diversity of the workforce, and workforce wellness and resiliency.

- b. Develop or maintain an Advisory Council as part of the academic practice partnership. The Advisory Council membership should include organizational leaders (for all clinical and academic entities), community leaders/stakeholders, ANE-NPRF project team members, consultants, NP residency preceptors/mentors/faculty, and NP residents/fellows (optional). The Advisory Council activities include regular meetings to discuss program progress as part of an ongoing feedback mechanism for the rapid cycle quality improvement (RCQI).
- c. Produce a signed Memorandum of Understanding (MOU) or agreement for the academic practice partnership/consortium.
- d. Create linkages with Critical Shortage Facilities (CSFs), National Health Service Corps (NHSC)-approved sites and other eligible health care entities, to provide service obligation opportunities for NHSC Loan Repayment Program, Nurse Corps Scholarship Program, and Nurse Corps Loan Repayment Program recipients. Applicants/awardees are encouraged to take steps to become eligible CSFs or NHSC-approved sites and support service obligation fulfillment for eligible Nurse Corps and NHSC recipients.
- e. Participate in Awardee Cohort Collaboration efforts to provide support, promote best practices, and bolster project success.

2. Expand and/or Enhance NP Residency/Fellowship Programs

- a. Expand and/or enhance 12-month NP community-based residency/fellowship training programs for practicing post-graduate licensed and certified nurse practitioners and nurse midwives in primary care, behavioral health, and/or maternal health. The Awardee must have a standard operating procedure (SOP) in place to guide project activities, and support accomplishment of program goals, project objectives and program requirements. The SOP should provide guidance for the recruitment, training, retention, and termination of participants in the ANE-NPRF Program.

For the purposes of this NOFO, expand refers to increasing the number of NP residents/fellows trained, the number of partnerships formed, or extending care environment into rural or underserved locations, while enhance refers to adding specific content or experiences to current program such as, but not limited to, adding a behavioral health or maternal health specialty and specialized

- curriculum or experiences (examples: SDOH and health equity training, diversity training, provider wellness training, etc.).
- b. Conduct a post-graduate Primary Care, Behavioral Health or Maternal Health NP residency/fellowship program in an Integrated Community-Based Setting. Primary care focused programs must incorporate behavioral and maternal health care, and behavioral and maternal health focused programs must incorporate primary care domains of practice. The Residency/Fellowship program must begin no later than October 31 each of the four project years. Awardees must train a minimum of four participants each project year.
 - c. Provide resident/fellow support in the form of stipends to participants. Provision of financial support to participants using HRSA funds under this award is limited to 12 months for any one participant. However, awardees should provide adequate support to participants and exercise flexibility to aid successful program completion, such as accommodation for unforeseen life events (i. e. maternity leave, illness, bereavement, etc.). Financial support cannot be provided for a period exceeding a total of 12 months; awardees are expected to have policies in place to allow for limited breaks in participation due to unforeseen life events.
 - d. Offer innovative training and practice approaches such as virtual learning, web-based simulation, telehealth, etc., that ensure flexible options for training and practice. Funds may be used to develop or enhance technological or other innovative approaches, including simulation, training equipment, etc. The training programs are encouraged to incorporate technology (i.e., health informatics, and/or others that are compliant with the Health Insurance Portability and Accountability Act).
 - e. Adopt, implement, and demonstrate an organizational culture of wellness using evidence-based/evidence-informed strategies aimed at promoting wellness, enhancing resiliency, fostering retention, and preventing/reducing burnout in the nursing workforce (e.g., mindfulness and resilience training for participants as well as incorporation of burnout prevention/reduction activities and resources in practice).
 - f. Develop structured preceptor/mentor/faculty programs to support the recruitment, training, career development and retention of new and experienced nurse preceptors, mentors and faculty as program

collaborators, thereby enhancing their skills, competencies and capacity.^{14 15}

3. Recruit and Train Participants

- a. Utilize a standardized and structured outreach and marketing plan to enhance the recruitment of a well-qualified applicant pool, committed to serving in rural, urban, and tribal underserved settings.
- b. Develop plans to increase the diversity of NP/Nurse Midwife residents/fellows who can address the populations served. Such plans will contain strategies to recruit, train, and provide participant support (e.g., mentorship, peer support, etc.).
- c. Train participants enrolled full-time for an equivalent of 12 months in the residency/fellowship program. The applicant/awardee determines the full-time equivalency status.

Discontinuation of Participant Support

The awardee is responsible for monitoring the success of each NP participant. In monitoring the participants, awardees must agree to the following guidelines and cease providing participant support in the following circumstances:

- If a participant is unable to complete the residency/fellowship program;
 - If a participant withdraws from the residency/fellowship program or requests to terminate the ANE-NPRF support; or
 - If a participant fails to meet the predetermined academic/clinical standards of the recipient institution/partner site.
- d. Deliver interprofessional team-based, clinical training experiences along the practice continuum in integrated community-based settings. The interprofessional team-based clinical practice training model must incorporate clinical rotations from both routine to specialty clinics, which are provided by the clinical entity in the community setting.
 - e. Implement or enhance curriculum, including experiential learning opportunities, that addresses health equity and SDOH in training and practice, and provide opportunities for participants to promote health equity for the populations they serve (e.g., design health promotion programs to reduce disparities).

¹⁴ Development of structured preceptor/mentor/faculty programs is essential for NP Residency Programs. New NP graduates depend on preceptors/mentors/faculty as they transition into practice; however, preceptors report they have not received structured training about teaching and learning.

¹⁵ McNeil, B., & Konicki, A. J. (2021). Insights on the clinical teaching needs of nurse practitioner preceptors. *The Journal for Nurse Practitioners*, 17(1), 105-111.

- f. Provide assistance for post-residency/fellowship employment by connecting program completers with existing employment support resources, such as the HRSA [Health Workforce Connector](#). The most successful applicants have a written process for helping the resident/fellow completer find employment opportunities that provide primary care, behavioral health care and/or maternal health care services to rural, urban and tribal underserved populations.

Program-Specific Instructions

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

Applicants are expected to develop and upload (in Attachment 9) a disparities impact statement.

HRSA-Supported Health Centers - To help increase the number of residency programs, improve access to providers, and improve health outcomes for those who live in medically underserved communities (MUCs), applicants may wish to partner with HRSA-supported health centers to recruit, train and provide experiential learning experiences to participants. HRSA-supported health centers have significantly increased the number of providers working in interprofessional teams to provide primary care, mental and maternal health services. There are nearly 1,400 HRSA-supported health centers operating across the United States.

To find the location of the closest health center, utilize the locator tool (<https://www.findahealthcenter.hrsa.gov/>). Applicants can also collaborate with their state [Primary Care Associations \(PCAs\)](#) to facilitate partnership with HRSA-supported health centers.

Rural Health Clinics - To help increase the number of residency programs in rural areas, improve access to providers in rural communities and improve health outcomes for those who live in rural communities, applicants may wish to partner with Rural Health Clinics or other entities serving rural communities. Applicants can collaborate with HRSA-funded [State Offices of Rural Health \(SORH\)](#) through the Federal Office of Rural Health Policy to facilitate rural partnerships. Collaboration with other HRSA-funded programs leverages federal investments, to better address community and clinician needs especially in rural and underserved areas.

National Health Service Corps (NHSC) Loan Repayment Program - To reduce financial burdens, applicants/award recipients can connect eligible program completers with the [NHSC Loan Repayment Program](#). The NHSC plans to provide eligible participants who have completed a HRSA-funded Advanced Nursing Education Nurse Practitioner Residency Program with preference status when applying for NHSC LRP awards. Details concerning the preference status for HRSA-funded Advanced Nursing

Education Nurse Practitioner Residency Program completers will be announced in the appropriate NHSC LRP Application and Program Guidance.¹⁶

Nurse Corps Loan Repayment Program and Nurse Corps Scholarship Program –

To reduce financial burdens, applicants/award recipients can connect eligible program completers with the [Nurse Corps Loan Repayment Program](#) and the [Nurse Corps Scholarship Program](#). Nurse Corps Scholarship recipients may be able to complete their service obligation at eligible ANE-NPRF sites.

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See [Form Alert](#) in Section IV.1 of this NOFO. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

- A brief overview of the project as a whole.
- Specific, measurable objectives that the project will accomplish.
- 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.
- The funding preference(s) being requested.

¹⁶ Currently, the NHSC plans to provide eligible participants who have completed a HRSA-funded Advanced Nursing Education Nurse Practitioner Residency Program (ANE-NPR) Program and Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP) with priority status when applying for NHSC LRP awards. The ANE-NPRF NOFO is a result of combining the two previous NP Residency Programs [ANE-NPR HRSA-19-001 and ANE-NPRIP HRSA-20-118].

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget Justification Narrative	(5) Support Requested

ii. ***Project Narrative***

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

▪ **PURPOSE AND NEED** -- Corresponds to Section V's [Review Criterion 1](#)

This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that participants would ultimately serve. Gaps in the current health workforce and/or training curriculum should be the focus of this section. You must directly link the purpose and need of the project to the programmatic goals identified above and listed objectives. Use and cite demographic data whenever possible to support the information provided.

- Briefly describe the purpose of the proposed project.
- Outline the needs of the training program or institution as it relates to the proposed project, and the needs of the community in which the training program is located/communities to be served, include relevant barriers or gaps in accessing primary, behavioral care and/or maternal care.
- Describe and document the targeted discipline and its training needs and how the project will promote workforce wellness and resiliency and contribute to diversity within the nursing workforce. Include a discussion of the target population served by this segment of the health workforce.
- Describe the need for integrated primary care, behavioral health and maternal health NP residency/fellowship programs in the community, and how the project, through training and employment assistance support, will increase the supply, distribution and access to ready and qualified primary care, behavioral health and maternal health providers in community-based rural, urban and tribal underserved settings.
- Include a Disparities Impact Statement (DIS), which is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

▪ **RESPONSE TO PROGRAM PURPOSE** -- This section includes three sub-sections — (a) *Methodology/Approach*; (b) *Work Plan*; and (c) *Resolution of Challenges*—all of which correspond to Section V's Review Criteria 2 (a), (b), and (c).

▪ **METHODOLOGY/APPROACH** -- Corresponds to Section V's Review [Criterion 2 \(a\)](#)

Describe your objectives and proposed activities that will be used to address the needs of the program, identified in the Purpose and Need section. You must describe how the objectives and proposed activities link to each of the previously described requirements listed in [Section IV. Program Requirements and Expectations](#).

You must:

- Propose methods that you will use to address the needs as outlined in the

NOFO Purpose and Need section and to meet each of the ANE-NPRF Program requirements as previously outlined.

- Provide a detailed strategic plan to implement the NP residency/fellowship program with integrated care that provides primary care services in collaboration with behavioral health and/or maternal health care in community-based settings such as rural health clinics and FQHCs, including the curriculum information, exposure to the care environment and target population; and plans/evidence of how NP residents/fellows' training experiences may be tailored based on the ongoing feedback mechanism established through the partnership(s) and Advisory Council.
- Describe the plan for the recruitment, training and post residency employment assistance of NP residents/fellows, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minority populations.
- Outline the steps being taken to implement employment assistance strategies to place residency employment in rural, urban, and tribal underserved settings.
- Identify strategies, tools and/or activities to address the SDOH, health equity, workforce wellness and resiliency.
- Explain why your project is innovative and describe innovative training and practice approaches to be implemented as applicable.
- Provide a detailed plan to support preceptor/mentor/faculty recruitment, professional development, training and retention; and an emergency preparedness plan to ensure continuation of programmatic and training activities in case of a public health emergency; and a plan for dissemination of reports, products, and/or project outputs so project information is provided to key target audiences.

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

In response to this section, you will demonstrate how, through concrete steps, you plan to implement the proposed project in order to achieve the goals of the NOFO. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. Provide a brief narrative in addition to completing the SWP.

In addition to completing the SWP, Applicants should include a brief narrative including the elements outlined below.

The work plan (SWP and narrative) must:

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance, such as Creating Linkages, Participant Recruitment and Training, Rapid Cycle Quality Improvement (RCQI), etc.
- Describe the timeframes, deliverables, and key partners required during

the grant period of performance to address each of the needs described in the Purpose and Need section.

- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation.
- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's [Review Criterion 2 \(c\)](#)*
 - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges, and
 - Describe how you monitor progress towards program objectives and strategies to address challenges or obstacles. Challenges discussed should be specific to the proposed project and relate to either the overall goal(s) or objective(s) proposed within the work plan.
- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria 3 (a) and (b).*
- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's [Review Criterion\) 3 \(a\)](#)*

The evaluation and reporting plan 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.
 - Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of the funded activities.
- Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.
- Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.
- Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. Include a plan for RCQI for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the

implementation of necessary adjustment to planned activities to effect course corrections. You may choose to require RCQI as part of an activity to be included under some or all program objectives and submitted as under the Standardized Work Plan (SWP). Additional information on RCQI is available at the following website: https://www.healthworkforceta.org/wp-content/uploads/2016/06/RCQI_Resource_Guide.pdf.

- Describe your process to track participants after program completion/ graduation for up to one year, to include collection of participants' National Provider Identifier (NPI). Participants who receive HRSA funds as a result of this award must apply for an NPI for the purpose of collecting post-graduation employment demographics.
- **Performance Reporting Plan:** At the following link, you will find examples of required data forms: <http://bhw.hrsa.gov/grants/reporting/index.html>. Applicants must describe their systems and processes that will support their organization's collection of HRSA's performance management requirements through effective tracking of performance outcomes. Include a description of 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. Describe your capacity to collect and report data such as, but not limited to the following, on an annual basis:
 - The number and characteristics of residents/fellows who are trained, and residents/fellows who complete the ANE-NPRF Program, including demographic data such as race, ethnicity, and sex
 - The NPI for each NP resident/fellow
 - Number of patient encounters NP residents/fellows have in a medically underserved communities (MUC), rural areas, and/or community-based settings
 - Employment information for residents/fellows at graduation and one-year post graduation, including location, setting, and type of employment
 - Characteristics of faculty and staff development programs and activities, including the number and disciplines of faculty and staff trained
 - Characteristics of curriculum development and enhancement, including topic of course and the number and disciplines of students trained

- The characteristics of clinical training sites, including site type, location, and populations served
- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's [Review Criterion 3 \(b\)](#)*
 - Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to: (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient.
 - Demonstrate a commitment to support, to the extent possible, the activities implemented through this funding opportunity beyond the period of federal funding.
 - Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
 - Utilize evidence-based tools, such as a program sustainability tool, to assess for sustainability readiness by Project Year 3 to identify gaps in sufficient time to address them.
 - 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 Criteria 4](#)*

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. (A project organizational chart is requested in Section IV.2. v., [Attachment 3](#)). In addition:

 - Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v., [Attachment 3](#)).
 - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.

- Provide a summary of the capacity of your organization to carry out the project describing how the organizational structure, including the capability and commitment of administration, management and governing board, is appropriate for the implementation, operations, and oversight necessary to implement integrated services and curriculum enhancements.
- Provide evidence of transformative learning and active recruitment, retention, and continuing professional development, that demonstrates commitment to health equity and SDOH, and promoting workforce diversity, wellness and resiliency.
- Describe all community support or other resources involved in the proposed project, as applicable; provide a letter of support from each partner organization or department, internal and external, involved in your proposed project; include letters of support as [Attachment 8](#).

Staffing Plan

Project Director Qualification: Identify one Project Director (PD). The Project Director for the proposed project must be a master's or doctoral level RN with demonstrated competence, appropriate academic preparation, clinical expertise, and experience as an educator.

Applicants must identify appropriate personnel to carry out the ANE-NPRF project. HRSA believes an effective ANE-NPRF Program may generally include but is not limited to many of the following personnel (or similar roles).

- Project Coordinator is the point of contact for the day-to-day operations of the project and will be responsible for implementing, overseeing, managing, coordinating, and tracking project activities and participants, and will serve as a liaison between project partners. The project coordinator collaborates with the academic practice team to assess the clinical entity's capacity for the project, serves as the educational liaison with the academic practice administration, collaborates with other key personnel and the preceptors/mentors/faculty, and coordinates the activities for the participants. The project coordinator will also be responsible for data collection and ensuring timely reporting of data to HRSA.
- Evaluation Coordinator who uses best practice instruments to capture meaningful and key data (i.e., the results of the program, typically describing changes in people or systems), and reports findings to the ANE-NPRF Advisory Council (via Fact Sheets, reports, slide presentations, etc.) and HRSA (via Technical Assistance calls, HRSA reports, etc.).

- Clinical Liaison Lead (CLL) from the clinical organization in a community-based setting that serves as the coordinator for the clinical activities of the NP residents/fellows and facilitates information exchange between the clinical entity and the academic advanced nursing education partner; ensures preceptors/mentors/faculty function as program partners.

The staffing plan and job descriptions for key faculty/staff must be included in [Attachment 2 - Staffing Plan and Job Descriptions for Key Personnel](#). In this plan, describe proposed number and discipline of preceptors/mentors/faculty to be a part of the NP residency/fellowship project.

However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form that can be accessed in the Application Package under “Mandatory.” Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

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

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual’s experience and qualifications make them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

- Section C (*optional*) **Peer-reviewed publications or manuscripts in press (in chronological order)**. You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional*) **Other Support**. List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the [SF-424 R&R Application Guide](#) will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Subawards/Subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the R&R Subaward Budget Attachment(s) Form.

The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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

In addition, the ANE-NPRF requires the following:

- Applicants cannot request more than \$700,000 per year in total project costs (both direct and indirect costs).

- Dedicate a minimum of 60 percent of the total award funds for participant support. Participant stipend support refers to participant compensation.
- Must train a minimum of four participants per project year.
- The participant stipend support from HRSA funds must be no more than 70 percent of the geographical market compensation for a comparable specialty for residents/fellows. Award recipients must provide the remaining 30 percent of the NP resident/fellow compensation. To supplement the participant stipend support cost, the proposed project may use organizational funds from other non-federal sources to cover the remaining 30 percent of the NP resident/fellow compensation. The non-federal source must be identified in the application. The applicant must also supply the geographical market rate for NP Resident/Fellow stipend (or salary) compensation for their region in the application. Applicants are strongly encouraged to ensure that total participant support (HRSA-funds plus non-federal funds) is competitive to the geographic region.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Effective January 2023, the salary rate limitation is \$212,100. Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

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

iv. *Budget Justification Narrative*

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

The budget justification narrative must describe all line-item federal funds (including subawards), and matching non-federal funds proposed for this project. Please note: all budget justification narratives count against the page limit. In addition, the ANE-NPRF requires the following:

Participant/Trainee Support Costs: List the participant support costs (including training costs, books, and fees), stipends (compensation), fringe benefits, health insurance, travel, subsistence, other, and the number of participants. List the number of participants to be trained, including the cost for training over the four-year period of performance. Ensure that your budget breakdown separates these participant costs,

and includes a separate sub-total entitled “Total Participant/Trainee Support Costs” which includes the summation of all participant costs. Ensure that the total participant cost is at least 60 percent of the total award funds (direct and indirect costs) per year, and support cost per participant does not exceed 70 percent of the comparable geographical market compensation. Include in the budget narrative information about the geographical market compensation for NPs through stipends.

Consultant Services: If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant and their credentials, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

Standardized Work Plan (SWP) Form

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Corresponds to Section V’s [Review Criterion 2 \(b\)](#). The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in [Section IV.2.ii. Project Narrative](#).

The SWP Form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP Form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP Form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP Form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the “Other Priority Linkage” if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP Form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA electronic handbook (EHB) once award is made, in order to review and finalize the completed SWP.**

v. Program-Specific Forms

As part of the application submitted through Grants.gov, applicants must also complete and electronically submit the ANE Program Specific Data Forms. Samples of the ANE Program Specific Data Forms (Tables) are included in **Appendix A** of this NOFO for your reference. **The Tables must be completed electronically and submitted as part of the official electronic application package.** The data in the ANE Program Specific Data Forms (Tables) are essential in projecting the number of participants to be trained (Table 2), and in making award funding preference determinations (Table 1) in accordance with the legislative statute. Applicants must adhere to the Table instructions to ensure that the data provided are accurate and complete. Table 2 must be completed

by all applicants, while Table 1 should be completed by applicants as applicable. **Data entered for this NOFO is to be entered for NPs and CNMs only. Leave blank the columns/boxes that pertain to other APRNs.** These tables are not included in the application page count.

Applicant organizations must adhere to the Table instructions to ensure that the data provided are accurate and complete. Applicant organizations are encouraged to consult with Program Staff for technical assistance prior to submitting the grant application. Refer to HRSA's [SF-424 R&R Application Guide](#) for instructions on the document submission process for Grants.gov.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: (Required) Accreditation/Approval (Not scored during the objective review)

Applicants must submit appropriate accreditation or approval documentation to be deemed eligible. See [Section III.1](#). Applicants whose academic or clinical/community-based organization accreditation/approval status cannot be verified will be considered nonresponsive and deemed ineligible under this funding notice. **Applicants must also include accreditation/approval document(s) for at least one key partner.** Example, a School of Nursing applicant partnering with a clinical/community-based organization, must submit the NP residency/fellowship accreditation, the School of Nursing accreditation and approval for the key clinical/community-based organization partner to be supported under this announcement. Applicants must submit documentation that:

- (1) Demonstrates continuing accreditation/approval from the relevant accrediting/approval body and are not on probation,
- (2) Includes the name of the accrediting/approval,
- (3) Includes the date of initial accreditation/approval, and
- (4) Includes the date of the next expected accrediting/approval body review (or expiration date of current accreditation/approval/).

Applicants on provisional accreditation/approval status must provide proof of this status. The applicant is responsible for verifying that the project partners maintain current accreditation/approval throughout the period of performance.

For Consortiums, accreditation or approval documentation is required for each entity.

Nurse Practitioner Residency or Fellowship Program Accreditation

To be eligible for these grant funds, the NP residency/fellowship program must be accredited by a recognized, professional NP residency/fellowship accrediting organization, or be in the process of accreditation, see [Section III.1](#). Applicants must submit documentation of NP residency/fellowship program accreditation, or if in the process of getting accredited, provide a summary document describing actions being taken towards accreditation with a timeline in table format.

Schools of Nursing/Nursing Program Accreditation

Schools of nursing/nursing academic programs affiliated with the project must be accredited by a state agency or a recognized body or bodies approved for such purpose by the Secretary of the U.S. Department of Education.

Substantive Change Notification - Accredited nursing programs that modify (for example, a change to a BSN-DNP program) or add a nursing specialty that requires substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change from the accrediting agency.

Newly Established Programs of Nursing Accreditation

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal or graduation date of students of the first entering class in such a program. The Letter of Reasonable Assurance from the U.S. Department of Education must be submitted with the application.

Clinical Facilities Approval Documentation

Accreditation or approval is required to ensure that clinical organizations in community-based settings are dedicated to ongoing and continuous compliance with the highest standard of quality health care.

Clinical/Community-based organizations applying under this NOFO must provide documentation of accreditation by a national, regional, or state accrediting agency or body, such as FQHC designation, The Joint Commission, Accreditation Association for Ambulatory Health Care, Inc., Primary Care Medical Home (PCMH) Certification, etc.

Attachment 2: (Required) Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1 of the [SF-424 R&R Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: (Required) Project Organizational Chart

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

Attachment 4: (Required) Evaluation Plan

Provide an evaluation plan that indicates 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. Evaluation plan must identify and discuss how their current and/or projected organizational infrastructure will enable them to engage in evaluation activities and determine the effectiveness of their projects. Also, the applicants should describe in their evaluation plan how they will demonstrate that preceptors/mentors/faculty, and NP residents/fellows will utilize the collaborative care team environments to put into practice interprofessional education and practice principles and address health equity and SDOH.

Attachment 5: (Required) Letters of Agreement, Memoranda of Understanding (MOU), and/or Description(s) of Proposed/Existing Contracts (Project-Specific)

Provide any documents that describe working relationships between your organization and other entities such as your key partners, cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated; and include the name and address of partner(s) and timeframe of agreement. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 6: (Required) Maintenance of Effort (MOE) Documentation (Not scored during the objective review)

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

NON-FEDERAL EXPENDITURES	
<p style="text-align: center;">FY 2022 (Actual)</p> <p>Actual FY 2022 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$_____</p>	<p style="text-align: center;">FY 2023 (Estimated)</p> <p>Estimated FY 2023 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$_____</p>

Attachment 7: (As applicable) Request for Funding Preference (Not scored during the objective review)

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include appropriate supporting documentation of this qualification. See [Section V.2](#), Funding Preference.

Attachment 8: (Required) Letters of Support

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

Attachment 9: (Required) Disparities Impact Statement

A Disparities Impact Statement (DIS) is an instrument used to measure and describe how training will support trainees’ capacity to meet the needs of underserved populations.

Please note that **elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections**. Please include any relevant information from those sections into this attachment.

- 1) The efforts your organization will make to prepare trainees to address the social determinants of health, including but not limited to access barriers to health services, and health literacy.
 - For example: after considering data about the percentage of non-English-speaking residents of the local geographical area, design training related to overcoming language barriers to service utilization.
- 2) The strategies your organization will engage to improve trainee cultural competence to meet the needs of underserved communities by providing training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
 - For example: In order to improve cultural and linguistic competence, our trainings will utilize the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include a focus on:
 - a. Diverse cultural health practices
 - b. Preferred languages/language translation services
 - c. Training and integration of CLAS Standards, health literacy and other communication needs of the disparity sub-populations identified
- 3) Measure and report where graduates (completers of training programs) are 1 year following completion and how many of them align demographically with the community and/or disparity sub-populations they are serving, such as graduates/program completers from rural areas now practicing in a rural area.

Project activities must comply with the non-discrimination requirements described in [Section VI](#).

Attachments 10-15: (As applicable) Other Relevant Documents – Tables, Charts, etc.

For applications that include subawards or funds expenditures on contracts, include an attachment with a description on how your organization will ensure proper documentation of funds.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

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

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **April 11, 2023, at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least 3 **calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov in HRSA's [SF-424 R&R Application Guide, Section 8.2.5](#) for additional information.

5. Intergovernmental Review

The ANE-NPRF Program is not subject to the provisions of [Executive Order 12372](#), as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to four years, at no more than \$700,000 per year (inclusive of direct and indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. The policies, procedures, and financial controls serve as centralized and standardized guides on how to accomplish project activities and requirements, including the methodology, work plan, evaluation, capacity, sustainability, accounts, and tracking information. The awardee should have policies that guide the recruitment, training, retention, and termination of participants for the ANE-NPRF Program, including how to address unforeseen life events and allowing for limited breaks in participation. The Awardee could document policies, procedures, and financial controls in the SOP.

It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 R&R Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Five review criteria are used to review and rank ANE-NPRF applications. Below are descriptions of the review criteria and their scoring points.

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

Reviewers will consider the extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality and extent to which it addresses:

- The health care needs of the communities to be served and health disparities impacting the population or communities served.
- The need for integrated primary care, behavioral health and maternal health NP residency/fellowship programs in the community, and how the project through training and employment assistance support will increase the supply, distribution and access to qualified primary care, behavioral health and maternal health providers in community-based rural, urban and tribal underserved settings.
- How training will address the social determinants of health, prepare trainees to provide culturally competent care, and track graduates' alignment with the communities they serve demographically and geographically.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (50 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan, and Sub-section (c) Resolution of Challenges

Criterion 2 (a): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV’s [Response to Program Purpose Sub-section \(a\) Methodology/Approach](#)

Reviewers will consider:

- The extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section; including the specific requirements outlined in the Methodology section.
- The strength of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs.
- The extent to which the application provides a logical description of proposed activities and describes why the project is innovative and the context for why it is innovative.
- The extent to which the project includes the plan and strategies to address health disparities, SDOH, low health literacy, health equity, and culturally and linguistically appropriate care and services of population served.

Criterion 2 (b): WORK PLAN (25 points) – Corresponds to Section IV’s [Response to Program Purpose Sub-section \(b\) Work Plan](#)

Reviewers will consider the strength of the detailed work plan (narrative detail and SWP) provided that demonstrates experience and ability to implement the project within the proposed scope; and appropriateness for the program design. Reviewers will also consider the quality and effectiveness of application workplan in:

- Providing a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served.
- Describing the activities or steps to be used to achieve each of the objectives proposed during the entire period of such as Creating Linkages, Participant Recruitment, Training, RCQI, etc.
- Describing the timeframes, deliverables, and key partners required during the grant period of performance.
- Identifying meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

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

Reviewers will consider the quality and extent to which the application:

- 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.
- Discusses likely challenges and anticipated major barriers in the design and implementation of the activities described in the work plan and approaches that will be used to resolve such challenges.
- Describes how progress will be monitored towards program objectives and strategies to address challenges or obstacles.

Criterion 3: IMPACT (15 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

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

Reviewers will consider the quality of your evaluation plan and the extent to which:

- The application describes an effective plan that includes measurable outcomes for data to be collected and reported. This includes both an internal program performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a). Specific criteria include:
 - The strength and effectiveness of the method proposed to monitor and evaluate the project results.
 - Evidence that the evaluative measures will be able to assess:
 - 1) to what extent the program objectives have been met.
 - 2) to what extent these can be attributed to the project.
- The application incorporates data collected into program operations to ensure continuous quality improvement.
- The evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes.

- The application anticipates obstacles to the evaluation and proposes how to address those obstacles.
- The feasibility and effectiveness of plans for dissemination of project results is described.
- The extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Criterion 3 (b): PROJECT SUSTAINABILITY (5 points) – Corresponds to Section IV's [Impact Sub-section \(b\) Project Sustainability](#)

Reviewers will consider the extent to which the application:

- Describes a solid, reasonable and feasible plan for project sustainability after the period of federal funding ends; Including specific actions that will be taken to:
 - Assess the capacity for sustainability, utilizing evidence-based tools, such as a program sustainability tool, to assess for sustainability readiness by Project Year 3.
 - Maintain key elements of the grant projects, e.g., training methods or strategies beyond the period of performance.
 - Obtain future sources of potential funding.
 - Maintain NP residency accreditation.
- 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 (10 points) – Corresponds to Section IV's [Organizational Information, Resources, and Capabilities](#)

Reviewers will consider:

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through the project narrative, as well as through the attachments.
- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's [Budget Justification Narrative](#) and SF-424 R&R budget forms

Reviewers will consider:

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The effectiveness of the budget to clearly show which activities in the line items are supported each year, and the budget justification narrative to fully explain each line item and any significant changes from one year to the next.
- The extent to which key personnel have adequate time devoted to the project to ensure commitment is reasonable.
- The extent to which participant costs, stipends, fringe benefits, subsistence and other participant support are reasonable, (Note: Applicant must train a minimum of four participants per year).
- The extent to which the application follows the program-specific budget guidelines under [Section IV](#) and the [SF-424 R&R Application Guide](#), including the allowable indirect cost.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide for more details](#). In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

Funding Preferences

This program provides a funding preference for some applicants as authorized under Section 805 of the Public Health Service Act (42 U.S.C. § 296j). Applicants will receive funding preference for projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a

funding preference will receive full and equitable consideration during the review process.

Applicants need to demonstrate that they meet the criteria for one of the preferences; by submitting the required NP resident/fellow data in Program Specific Tables (Appendix A) and providing supporting documentation in [Attachment 7 – Request for Funding Preference](#).

HRSA staff will review all eligible ANE-NPRF applications for this funding notice to calculate the median rate of NP residency completers/graduates from the previous reporting year who are currently employed in rural or underserved settings or in state or local health departments. HRSA will award the funding preference to those applicants that have a rate higher than the median rate. HRSA staff will determine the funding preference and will apply it to any qualified applicant that demonstrates they meet the criteria for one of the three available preferences.

Qualification(s) to meet the funding preference(s): Preference shall be given to applicants with projects that meet at least **one** of the following:

Qualification 1: Rural Funding Preference: Applicants who qualify for the rural funding preference must demonstrate that their project will substantially benefit rural populations by providing evidence to show a high rate for program completers employed in rural practice settings serving rural populations. Eligibility confirmation can be obtained by inserting the address of the practice site for one of the program completers into HRSA's [Rural Health Grants Eligibility Analyzer](#) or "[Am I Rural?](#)" Applicants must include a copy of the output (one page is sufficient) from the Analyzer with the application in [Attachment 7- Request for Funding Preference](#). Note that the output included in the attachment should include relevant funding preference eligibility information and must not exceed three pages. Program completer information also can be obtained from the applicant key partner. If the preference is met by information from a key partner, documentation establishing the partnership must also be included in [Attachment 5](#).

Qualification 2: Underserved Funding Preference: Applicants who qualify for the underserved funding preference must demonstrate that their project will substantially benefit underserved populations by providing evidence to show a high rate for employment of NP residency program completers in Medically Underserved Areas/Populations (MUAs/MUPs) practice settings serving underserved populations. Eligibility confirmation can be obtained by inserting the address of the practice site for one of the NP residency program completers in the [Find Shortage Areas – MUA Find](#) tool. Applicants must include a copy of the output (one page is sufficient) from MUA Find in [Attachment 7- Request for Funding Preference](#). Note that the output included in the attachment should include relevant funding preference eligibility information and must not exceed three pages. Program completer information also can be obtained from the applicant key partner. If the preference is met by information from a key partner, documentation establishing the partnership must also be included in [Attachment 5](#).

Qualification 3: Public Health Nursing Needs Funding Preference: Applicants who qualify for the funding preference to help meet public health nursing needs in State and local health departments must demonstrate that their project will substantially help meet public health nursing needs by providing evidence to show a high rate for NP residency program completers/graduates employed in State or local health department practice settings serving communities in need (one page is sufficient). Eligibility confirmation can be obtained by providing documentation that shows that NP residency program completers are working in a state or local health department. Applicants must include a copy of the documentation in [Attachment 7- Request for Funding Preference](#). Note that the documentation included in the attachment should include relevant funding preference eligibility information and must not exceed three pages. Program completer information also can be obtained from the applicant key partner. If the preference is met by information from a key partner, documentation establishing the partnership must also be included in [Attachment 5](#).

As stated previously, applicants must meet only **one qualification** to receive the preference. Applicants may submit information pertaining to more than one qualification if so desired. Applicants whose projects are in FQHCs or that have a FQHC key partner can also request for funding preferences, as applicable.

Funding Special Considerations and Other Factors

A special consideration is 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 an FQHC Funding Preference as a special consideration as authorized by H.R. 2617, the Further Consolidated Appropriations Act of 2023, which makes available \$6,000,000 to eligible applicants that will establish, expand, enhance or maintain¹⁷ community-based nurse practitioner residency and fellowship programs in Federally Qualified Health Centers, that are accredited or in the accreditation process, for practicing postgraduate nurse practitioners in primary care or behavioral health.

Either the applicant or a key partner who qualifies for the FQHC funding preference must demonstrate that their project will be carried out in an FQHC by providing evidence that their project site is certified/designated as an FQHC. Eligibility confirmation can be obtained by providing documentation that shows FQHC certification or designation. Applicants must include a copy of the certification documentation (or other documentation showing FQHC designation) in [Attachment 7- Request for Funding Preference](#). Note that the documentation included in the attachment should include relevant funding preference eligibility information and must not exceed three pages. FQHC certification/designation information can also be obtained from the applicant key partner. If the preference is met by information from a key partner, documentation

¹⁷ Subject to the Maintenance of Effort provision on p.8
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establishing the partnership must also be included in [Attachment 5](#). HRSA staff will determine the special consideration and will award the FQHC funding preference to those applicants that provide FQHC certification/designation. The authorized amount of \$6,000,000 will be made available to fund qualified applicants who meet the special consideration criteria first before expending the remaining funding amount to other qualified applicants.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2023. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a NoA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See [HHS Provider Obligations](#) and [HHS Nondiscrimination Notice](#).

Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. See [Fact Sheet on Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient \(LEP\) Persons](#) and [LEP.gov \(Limited English Proficiency\)](#).

- For further guidance on providing culturally and linguistically appropriate services, recipients should review the [National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#).

- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making their services accessible to them. See [Discrimination on the Basis of Disability](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS funded health and education programs must be administered in an environment free of sexual harassment. See <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>; and [OCR: Revised Sexual Harassment Guidance](#).
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. See [HHS: Conscience Protections](#); and [HHS: Religious Freedom](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

[Executive Order on Worker Organizing and Empowerment](#)

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients

under awards, and it is the recipient’s responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322\(d\)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government’s copyright license and data rights.

Health Information Technology (IT) Interoperability Requirements

Recipients and subrecipients of ANE-NPRF funding who are implementing, acquiring, or upgrading health IT¹⁸, are required to adhere to the requirements below.

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.

¹⁸ Health information technology is defined in Section 3000 of the PHS Act. HHS has substantially adopted and codified that definition at 45 CFR 170.102. The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

<p>Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act</p>	<p>Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.</p>
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If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

Human Subjects Protection

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (<https://www.cdc.gov/grants/additional-requirements/ar-36.html>).

3. Reporting

Award recipients must comply with Section 6 of HRSA’s [SF-424 R&R Application Guide](#) and the following reporting and review activities:

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

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

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

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA.

- 2) **Performance Reports**. The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

The annual performance report will address all academic year activities from July 1 to June 30 and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 calendar days after the period of performance ends.

- 3) **Final Program Report**. A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at <https://grants.hrsa.gov/webexternal/home.asp>.

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

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

Further information will be provided in the NOA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.
- 5) **Uniform Data System (UDS) Report.** The UDS is an integrated reporting system used to collect data on program activities to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. All awardees are required to submit a UDS annually, the start date for report submission will be communicated by HRSA. The Universal Report provides data on patients, services, staffing, and financing across all Health Center Program recipients.
- 6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

William Weisenberg
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: 301.443.8056
Email: [wweißenberg@HRSA.gov](mailto:wweisenberg@HRSA.gov)

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

Debra Parchen
Nurse Consultant/Project Officer, Division of Nursing and Public Health
Attn: ANE-NPRF
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N74A
Rockville, MD 20857 Phone: (301) 443-2597
Email: dparchen@hrsa.gov
Program Email: ANE-NPRF@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A - ANE Program Specific Data Forms (Tables)

Sample Table 1 - Graduate Data – Rural, Underserved, Public Health Practice Settings and Health Professional Shortage Areas (HPSAs) (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))

PLEASE NOTE: The ANE-NPRF Program is an Advanced Nursing Education Nurse Practitioner Residency Program.

OMB Number 0915-0375
Expiration date November 30, 2024

Public Burden Statement: HRSA uses the data from the ANE Program-Specific Data Collection Forms/Tables as part of the process for determining the award amount, ensuring compliance with programmatic and grant requirements, and to provide information to the public and Congress. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0375 and it is valid until 11/30/2024. This information collection is required to obtain or retain a benefit (Section 811 of the Public Health Service Act). Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Graduate Data from 7/01/2020 to 6/30/2021

Fields marked with an asterisk (*) are required

ADVANCED NURSING EDUCATION						
* Current Fiscal Year: (Select the fiscal year date that is provided in the current ANE Funding Opportunity Announcement cover page)						<input type="text"/>
Table 1: Graduate Data - Rural, Underserved, Public Health Practice Settings and Health Professional Shortage Areas (HPSAs) (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))						
Graduate Data from 07/01/2019 - 06/30/2020						
Practice Settings	Nurse Practitioner	Nurse Midwife	Clinical Nurse Specialist	Nurse Anesthetist	Additional Specialty (see NOFO Table 1 Instructions)	Total
Statutory Funding Preference						
1a. Total Number of Graduates Employed in Rural Settings						
1b. Total Number of Graduates Employed in Medically Underserved Communities						
1c. Total Number of Graduates Employed in State or Local Health Departments						
2. Total Number of Graduates Employed in these Funding Preference Settings [Rows 1a + 1b + 1c = Row 2]						
3. Total Number of Graduates						
4. Percentage of Graduates Employed in these Funding Preference Settings [Row 2 divided by Row 3, multiplied by 100]						
Special Consideration						
5a. Total Number of Graduates Employed in Health Professional Shortage Areas (HPSAs)						
5b. Total Number of Graduates Employed in the Additional Settings specified in the NOFO (Refer to Table 1, Row 5b Instructions in the NOFO)						
6. Total Number of Graduates Employed in these Special Consideration Settings [Rows 5a + 5b = Row 6]						
7. Total Number of Graduates (Same number as in Row 3)						
8. Percentage of Graduates Employed in these Special Consideration Settings [Row 6 divided by Row 7, multiplied by 100]						

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Instructions for Completing Table 1: Graduate Data - Rural, Underserved, Public Health Practice Settings and HPSA Data - Graduate Data from 7/01/2021 to 6/30/2022.

For all programs, refer to the program Notice of Funding Opportunity (NOFO) Sections V., VI. and 2. Funding Preferences for specific instructions.

All applicants requesting a Funding Preference as outlined in the NOFO, must complete Table 1. In order to be eligible for the **Statutory Funding Preference**, applicants must complete Table 1. **NP residency completers/graduates are to be counted only once in Table 1.**

Data on Table 1 should reflect graduate totals for nurse practitioners (NPs) and certified nurse-midwives (CNMs) who completed the NP residency program involved in the proposed project between 07/01/2021 and 06/30/2022. Ensure to enter the correct specialty under the correct column. For example, **CNMs should not be entered in the NP column, or vice versa. Additionally, the “Additional Specialty” Column should only be completed if specified in the NOFO.** Note, the following Specialties do not apply to the ANE-NPRF Program: CNS, NAT and Additional Specialty. Complete Table 1, as appropriate, providing data on the cumulative number of graduates/completers from your institution (whether previously supported with HRSA grant funds or not), who obtained employment and spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or medically underserved populations, state or local health departments, health professional shortage areas, and other specified settings as outlined in the NOFO, in the previous NP residency program year.

The system will automatically calculate the Total for each row and the percentage of graduates/completers employed in these Settings.

Statutory Funding Preference

In Table 1 Rows 1a, 1b and 1c, enter the “**Total Number of Graduates Employed**” for **Rural Settings** (Row 1a), **Medically Underserved Communities** (Row 1b) and **State or Local Health Departments** (Row 1c) by Specialty, as applicable. The data in each row (Rows 1a, 1b, 1c) is a subset of “**Total Number of Graduates**” (Row 3).

In Row 2, the sum for “**Total Number of Graduates Employed in these Funding Preference Settings**” will be automatically calculated by the system from numbers entered for Rows 1a, 1b, and 1c.

In Row 3, enter “**Total Number of Graduates**” (whether supported with HRSA grant funds or not) who completed the degree requirements and graduated from your institution in the previous academic year (e.g., between 7/01/2021 and 06/30/2022) in the appropriate column. This number will be system populated into Special Consideration Row 6.

In Row 4, the “**Percentage of Graduates Employed in these Settings**” will be automatically calculated. “**Percentage of Graduates Employed in these Settings**” equals the “**Total Number of Graduates Employed in these Settings**” (from 07/01/2021 – 06/30/2022) divided by “**Total Number of Graduates**” (from 07/01/2021 – 06/30/2022) multiplied by 100, or Row 2 divided by Row 3 multiplied by 100. Row 4 is a component of determining if the **Statutory Funding Preference** is met (refer to the Notice of Funding Opportunity for further details and criteria).

Sample Table 2 - Projected Traineeship Data for Master’s, Post Master’s Certificate, Doctoral, and Post-Graduate Residency Programs (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))

PLEASE NOTE: The ANE-NPRF Program is the Advanced Nursing Education Nurse Practitioner Residency Programs.

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Public Burden Statement: HRSA uses the data from the ANE Program-Specific Data Collection Forms/Tables as part of the process for determining the award amount, ensuring compliance with programmatic and grant requirements, and to provide information to the public and Congress. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0375 and it is valid until 11/30/2024. This information collection is required to obtain or retain a benefit (Section 811 of the Public Health Service Act). Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Projected Traineeship Support Data

Table 2: Projected Traineeship Data for Master’s, Post Master’s Certificate, Doctoral, and Post-Graduate Residency Programs (Used by Advanced Nursing Education Workforce Program (ANEW), Nurse Anesthetist Traineeship Program (NAT), Advanced Nursing Education Nurse Practitioner Residency Programs and Advanced Nursing Education Sexual Assault Nurse Examiners Program (ANE-SANE))												
Projected Traineeship Support Data												
Traineeship Data	Budget Year	Nurse Practitioner		Nurse Midwife		Clinical Nurse Specialist		Nurse Anesthetist		Additional Specialty (See NOFO Instructions Table 2)		Total
		FT	PT	FT	PT	FT	PT	FT	PT	FT	PT	
Total # of Master’s Degree Participants/ Trainees Projected to Receive Traineeship Support by Budget Year	1											
	2											
	3											
	4											
	5											
Total # of Doctoral Degree Participants/ Trainees Projected to Receive Traineeship Support by Budget Year	1											
	2											
	3											
	4											
	5											
Total # Post-Master’s Certificate Participants/ Trainees Projected to Receive Traineeship Support by Budget Year	1											
	2											
	3											
	4											
	5											
Additional Degree/Certificate	1											
	2											
	3											
	4											
	5											
Total												

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Instructions for Completing Table 2: Projected Traineeship Data for Master’s, Post Master’s Certificate, Doctoral and Post-Graduate Residency Programs.

For all programs, refer to the program Notice of Funding Opportunity for specific instructions.

All applicants must complete Table 2.

The system will automatically calculate the Total for each row and column.

Participants/Trainees to be supported are to be counted only once in a given budget year and for a specific specialty or degree/certificate. Enter only the number of projected NP residents/fellows for your proposed project to be trained for each budget year. Leave the other columns/boxes blank that do not apply to your proposed number of NP resident/fellow completers.

Only complete for the applicable budget years, such as budget years one through four.

Enter the **“Total Number of Master’s, Post-Master’s Certificate, Doctoral Degree, and Post-Graduate Residency Participants/Trainees Projected to Receive Traineeship Support”** in Budget Years 1, 2, 3, and 4 as appropriate by their enrollment status (FT or PT) and their specialty role. **Data entered for this NOFO is to be entered for Nurse Practitioners and CNMs only. Leave blank the columns/boxes that pertain to other APRNs.**

Appendix B: Resources

- **Training Resources**

- **Area Health Education Centers (AHEC)** - Improves access to health care through academic-community partnerships. These partnerships: Increase diversity among health workers, broaden the distribution of the health workforce, improve health care quality, and improve health care in rural and other high-need areas.
<https://bhw.hrsa.gov/funding/apply-grant#health-careers>
- **National Health Service Corps Loan Repayment Program (NHSC LRP)** - Provides loan repayment assistance for health professionals in an eligible discipline, with qualified student loan debt for education that leads to the health professions degree. In exchange, the recipient serves at least two years at an NHSC-approved site in a Health Professional Shortage Area (HPSA).
<https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program>
- **Nurse Corps Scholarship Program (Nurse Corps SP)** - More than 2,300 Nurse Corps clinicians provide care to 2.4 million underserved patients in our nation.¹⁹ Nurse Corps Scholarship participants can now receive service credit for an APRN/NP postgraduate residency/fellowship training if the training occurs at an eligible CSF.
<https://bhw.hrsa.gov/funding/apply-scholarship/nurse-corps>
Nurse Corps Loan Repayment Program (Nurse Corps LRP): Serves to alleviate the critical shortage of nurses in healthcare facilities. The Nurse Corps LRP pays up to 85% of unpaid nursing education debt for eligible loans leading to a degree in nursing, such as Nurse Practitioners, in exchange for serving at least two years full-time at a Critical Shortage Facility (CSF). Program gives funding preference to those who need the most help financially.
<https://bhw.hrsa.gov/funding/apply-loan-repayment/nurse-corps>
- **Regional Public Health Training Centers (PHTC)** - Provide specialized training for public health students and workers. The training focuses on: Technical, Scientific and Leadership skills. Public health workers and students can use their resources to expand their careers. <https://bhw.hrsa.gov/funding/regional-public-health-training-centers>

- **Linkage Resources**

- **HRSA Health Center Program** – Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services to the nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans. Health centers integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care. By emphasizing coordinated care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology, health centers reduce health disparities.<https://bphc.hrsa.gov/about-health-centers/what-health-center>
 - **Find a Health Center** - <https://findahealthcenter.hrsa.gov/>
- **HRSA Health Workforce Connector** - Features career and training opportunities, customized profiles, powerful filters and virtual job fairs. The HRSA’s Health Workforce

¹⁹ HRSA Health Workforce: Growth of the Nurse Corps Workforce. Retrieved from <https://bhw.hrsa.gov/about-us/nurse-corps-growth>.

Connector provides a place for NHSC-approved sites, Nurse Corps-affiliated sites, NP Residency sites, to post job and training opportunities. Qualified clinicians and trainees can also find career and training opportunities by location, discipline, or other criteria, while the sites can recruit qualified candidates. <https://connector.hrsa.gov/connector/>

- **National Association of Rural Health Clinics** - The only national organization dedicated exclusively to improving the delivery of quality, cost-effective health care in rural underserved areas through the Rural Health Clinics (RHC) Program. Resource for clinical training and employment opportunities. <https://www.narhc.org/narhc/default.asp>
- **National Organization of State Offices of Rural Health (NOSORH)** -Enhances the capacity of SORH by supporting the development of state and community rural health leaders; creating and facilitating state, regional and national partnerships that foster information sharing and spur rural health-related programs/activities; and enhancing access to quality healthcare services in rural communities. <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>
- **Primary Care Associations (PCAs)** - Provide training and technical assistance to health centers to support the provision of comprehensive, high quality primary healthcare and improve the health of individuals and communities, through increasing access to comprehensive primary care; fostering a workforce to address current and emerging needs; etc. PCAs can help health centers and look-alikes develop strategies to recruit and retain staff, and can assist organizations develop partnerships with health centers. <https://bphc.hrsa.gov/technical-assistance/strategic-partnerships/primary-care-associations>
- **State Offices of Rural Health (SORH) Program** - All 50 states have a SORH. Most SORHs can be found within a state health department. Universities or non-profit organizations run some SORHs. Each SORH's activities depend on the needs in their state. SORHs may help with the following:
 - Keeping providers aware of new health care activities
 - Offering technical assistance for funding and health care improvement; and
 - Helping to recruit and retain rural health care workers. <https://www.hrsa.gov/rural-health/grants/rural-hospitals/sorh>
- **Other Program Resources**
 - **Federal Office of Rural Health Policy (FORHP)** - Part of HRSA, FORHP has department-wide responsibility for analyzing the possible effects of policy on the 57 million residents of rural communities and provides grant funding at the state and local levels to improve access, quality and financing for rural health care. <https://www.hrsa.gov/about/organization/bureaus/forhp>
 - **HRSA Data Warehouse** – Provides data at your fingertips about HPSAs, Rural Health Clinics, health centers, HRSA NP residency programs, fact sheets, and much more. Data spreadsheets can be downloaded for further study. Dashboards provide various displays of desired data. The Map Tool allows for exploration of a variety of map-related applications, prints, and developer resources. <https://data.hrsa.gov/>
 - **Indian Health Service** – DHHS Agency that raises the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. <https://www.ihs.gov>
 - **NP Residency Accreditation Organizations**
 - American Nurses Credentialing Corporation Practice Transition Accreditation Program <https://www.nursingworld.org/organizational-programs/accreditation/>
 - Consortium for Advanced Practice Providers (formerly the National

- Nurse Practitioner Residency and Fellowship Training Consortium).
<https://www.nppostgradtraining.com/>
- Commission on Collegiate Nursing Education.
<https://www.aacnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines>
 - **Rural Health Information Hub – Rural Workforce Issues** - The RHHub is a guide to improving health for rural residents. RHHub's topic and state guides have key resources and information in one location. Provides access to publications, maps and websites; news and events; funding; organizations; and more.
<https://www.ruralhealthinfo.org/topics>

Appendix C: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Application for Federal Assistance (SF-424 R&R - Box 18)	SFLLL (Disclosure of Lobbying Activities)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 R&R - Box 21)	Cover Letter Attachment	<i>My attachment = ___ pages</i>
RESEARCH & RELATED Senior/Key Person Profile)	Biographical Sketch	<i>My attachment = ___ pages</i>
Project/Performance Site Location(s)	Additional Location(s)	<i>My attachment = ___ pages</i>
RESEARCH & RELATED BUDGET – A. Senior/Key Person	Additional Senior Key Persons	<i>My attachment = ___ pages</i>
RESEARCH & RELATED BUDGET – C. Equipment Description	Additional Equipment	<i>My attachment = ___ pages</i>
RESEARCH & RELATED BUDGET – L. Budget Related	Budget Justification	<i>My attachment = ___ pages</i>
RESEARCH & RELATED Other Project Information	8. Project Narrative	<i>My attachment = ___ pages</i>
RESEARCH & RELATED Other Project Information	9. Bibliography & References Cited	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
RESEARCH & RELATED Other Project Information	10. Facilities & Other Resources	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	11. Equipment	<i>My attachment = ____ pages</i>
RESEARCH & RELATED Other Project Information	12. Other Attachments	<i>My attachment = ____ pages</i>
SWP	Attachment 1: Accreditation/Approval	<i>My attachment = ____ pages</i>
ANE Program Specific Form	Attachment 2: Staffing Plan/Job Descriptions	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 3: Project Organizational Chart	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 4: Evaluation Plan	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 5: Letters of Agreement, MOU, etc.	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 6: Maintenance of Effort	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 7 Funding Preference	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 8: Letters of Support	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 9: Disparities Impact Statement	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 10	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 11	<i>My attachment = ____ pages</i>
Attachments Form	Attachment 12	<i>My attachment = ____ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 13	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-23-009 is 60 pages		My total = ___ pages