

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Health Workforce

Division of Nursing and Public Health

Advanced Nursing Education Workforce (ANEW) Program

Funding Opportunity Number: HRSA-23-014

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.247

Application Due Date: April 7, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

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

Issuance Date: February 14, 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)

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 Workforce (ANEW) Program. The purpose of the Advanced Nursing Education Workforce (ANEW) Program is to increase the number of primary care nurse practitioners, clinical nurse specialists, and certified nurse midwives trained and prepared to provide primary care services, mental health and substance use disorder care, and/or maternal health care. Grants will support the training and graduation of advanced practice registered nursing (APRN) students/trainees in these disciplines. Awardees will provide tuition and other eligible supports to trainees, build academic-clinical partnerships to facilitate clinical training, and continue to develop and sustain clinical faculty and preceptors as needed. Applicants are strongly encouraged to recruit students/trainees and faculty from diverse populations. Funding preference will be given to eligible entities that train APRNs students to practice in underserved and rural communities or state and local health departments.

Funding Opportunity Title:	Advanced Nursing Education Workforce (ANEW) Program
Funding Opportunity Number:	HRSA-23-014
Due Date for Applications:	April 7, 2023.
FY 2023 Total Available Funding:	\$34,828,907
Estimated Number and Type of Award(s):	Approximately 53 grants
Estimated Annual Award Amount:	Up to \$650,000 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)

<p>Eligible Applicants:</p>	<p>Eligible applicants are schools of nursing, nursing centers, academic health centers, state, or local governments, and other private or public nonprofit entities determined appropriate by the Secretary, such as HRSA-supported health centers or Rural Health Clinics.</p> <p>Domestic community-based organizations, tribes and tribal organizations are also eligible to apply, if otherwise eligible.</p> <p>Under an academic-clinical partnership, either partner can apply under this NOFO provided they meet all other eligibility requirements.</p> <p>Individuals and for-profit entities are not eligible applicants under this NOFO.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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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 the Advanced Nursing Education Workforce (ANEW) Program is to increase the number of primary care nurse practitioners, clinical nurse specialists, and certified nurse midwives trained and prepared to provide primary care services, mental health and substance use disorder care, and/or maternal health care. Grants will support the training and graduation of advanced practice registered nursing (APRN) students/trainees in these disciplines. Awardees will provide tuition and other eligible supports to trainees, build academic-clinical partnerships to facilitate clinical training, and continue to develop and sustain clinical faculty and preceptors as needed.

Applicants are strongly encouraged to recruit students/trainees and faculty from diverse populations. Funding preference will be given to eligible entities that train APRNs students to practice in underserved and rural communities or state and local health departments.

Program Goals

Increase the number of nurse practitioners (NPs), clinical nurse specialists (CNSs) and certified nurse midwives (CNMs) trained to serve rural, urban, and tribal underserved populations.

Increase the diversity of the nursing workforce to better address the needs of the populations they serve by recruiting and supporting students and faculty, including those from diverse populations such as students and faculty from disadvantaged backgrounds and underrepresented minorities in the nursing profession.

Build/expand academic-clinical partnerships to create experiential learning opportunities that prepares trainees to efficiently address health equity and Social Determinants of Health (SDOH) for rural, urban, and tribal underserved populations.

2. Background

The ANEW Program is authorized by 42 U.S.C § 296j (Section 811 of the Public Health Service Act).

The demand for primary care services has increased largely due to both a growing and aging population.¹ 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 16 percent between 2020 and 2035.² There is also a projected shortage of 35,260 full-time equivalent (FTE) primary care physicians in 2035. In addition to primary

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland.

² Workforce Projections. (Accessed January 2023). Data.hrsa.gov. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

care, there is also an increasing demand for behavioral health and maternal health providers. According to NCHWA, a shortage of 14,260 FTE adult psychiatrists is projected in 2035.² Currently, the nationwide shortage of obstetricians-gynecologists (OB/GYNs) is projected to be 5,790 by 2035.² APRNs are anticipated to help meet this growing need for primary care, behavioral health and maternal health services, and can address this gap because they are often the primary care providers at the forefront of providing preventive care services to the public. However, the supply of APRNs is affected by nursing school faculty and clinical preceptor shortages, which threaten the training of needed APRNs.³

Improving access to primary care providers, like APRNs, is especially important in rural and underserved areas. APRNs are well positioned to improve health equity, especially for patients and families in rural and underserved communities where health inequities are widespread.⁴ 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 US.⁵ The current health care workforce does not reflect the nation's diversity; people of color represent more than 25 percent of the total population, but only 15.8 percent of APRNs.⁶ The National Nursing Workforce Study revealed that in 2021 only 12.6 percent of APRNs were male and only 7 percent were black.⁶ Nurses with diverse backgrounds may be more sensitive to the issues of inequities, and are more likely to work in underserved areas, providing health care to those who experience health disparities.⁷

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$34,828,907 to be available annually to fund approximately 53 recipients. You may apply for a ceiling amount of up to \$650,000 annually (reflecting direct and indirect costs) per year. Your request for each year of the

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

⁵ American Association of Colleges of Nursing. (2020). Fact Sheet: Enhancing Diversity in the Nursing Workforce. Washington, DC. <https://www.aacnnursing.org/Portals/42/News/Factsheets/Enhancing-Diversity-Factsheet.pdf>

⁶ Smiley, R. A., Ruttinger, C., Oliveira, C. M., Hudson, L. R., Allgeyer, R., Reneau, K. A., Silvestre, J. H., & Alexander, M. (2021). The 2020 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 12(1), S1–S96. [https://doi.org/10.1016/S2155-8256\(21\)00027-2](https://doi.org/10.1016/S2155-8256(21)00027-2)

⁷ 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>

period of performance cannot exceed your year one request.

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 the ANEW Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

Student Traineeships

Awardees must dedicate a minimum of 70 percent of the total award funds for student traineeship support.

Awardees may make traineeship awards of up to \$25,000 per year per full-time student and \$15,000 per year per part-time student. Part-time students can only be supported in their final 12 months of traineeship.

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.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include accredited schools of nursing, nursing centers, academic health centers, state, or local governments, and other public or private nonprofit entities determined appropriate by the Secretary, such as HRSA-supported health centers or Rural Health Clinics.

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. Domestic community-based organizations, tribes and tribal organizations are also eligible to apply, if otherwise eligible.

Under an academic-clinical partnership, either partner can apply under this NOFO, however both partners cannot be award recipients.

Individuals and for-profit entities are not eligible applicants under this NOFO.

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 IV.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 (Section 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 information and submit as [Attachment 5](#).

HRSA will enforce statutory MOE requirements through all available mechanisms.

Beneficiary Eligibility Requirement

A trainee 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 for ANEW traineeship support, the student/trainee must meet all the following:

- Be a licensed registered nurse (RN);
- Be eligible to work in the United States;
- Be enrolled full- or part-time in an advanced nursing education program to become certified as an NP, CNS, or CNM. Specialties supported include primary care NPs/CNS (adult, family, adult gerontology, pediatric and women’s health), behavioral health NPs (psychiatric/mental health) and certified nurse midwives; and

- Maintain the predetermined academic standards of the recipient institution.

Multiple Applications

Multiple applications from an organization with the same [Unique Entity Identifier](#) (UEI) are allowed if the applications propose separate and distinct projects.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive. **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](#) 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](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

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-23-014 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 **65 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.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vii [Attachments](#).

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-014, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding 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 and validated by Grants.gov under HRSA-23-014 before 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 [Attachment 9: Other Relevant Documents](#).

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\) website](#).

Program Requirements and Expectations

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

- Implement an advanced nurse education student traineeship program to support the training of primary care nurse practitioner, clinical nurse specialist, and/or certified nurse midwife trainees. Awardees must dedicate a minimum of 70 percent of the total award funds to direct student traineeship support.
- Recruit, train, support, and graduate students, including students from diverse backgrounds, in advanced practice registered nursing who become primary care nurse practitioners, clinical nurse specialists, and/or certified nurse midwives providing primary care services, mental health and substance use disorder care, and/or maternal health care.
- Establish or enhance innovative academic-clinical partnerships that facilitate immersive, clinical training experiences (e.g., 3-6 months) for trainees in community based settings with the goal of preparing them to provide high quality, culturally competent care. Such training experiences must include a focus on reducing health disparities, addressing social determinants of health, and meet the needs of underserved populations. Examples of community-based settings to train and provide experiential learning experiences to participants include HRSA-supported health centers and Rural Health Clinics or other entities serving rural communities. 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. Applicants can collaborate with State Offices of Rural Health (SORHs) through the [Federal Office of Rural Health Policy](#), to facilitate rural partnerships

- Produce a signed Memorandum of Understanding outlining partnership/s agreement/s between the academic site and the community-based training setting(s). If not provided at time of application submission the memorandum of understanding will be required following issuance of award see [Attachment 4](#) for further details settings;
- Develop structured faculty and preceptor programs to support the recruitment, training, career development, and retention of new and experienced nurse faculty and preceptors to support trainees' clinical training; Funding also can support recruitment and development of faculty and preceptors (including preceptors in community-based settings) to facilitate experiential learning opportunities for trainees. Applicants are strongly encouraged to recruit faculty and preceptors from diverse populations.
- Regularly report to HRSA the increase in the numbers of primary care nurse practitioners, clinical nurse specialists, and/or certified nurse midwives that are (1) in training and (2) graduated as a result of grant funding; and
- Follow-up with graduates to collect post-graduation employment demographics for a minimum of 1 year after graduation. Regularly report to HRSA the number of grant program-funded graduates providing primary care services, mental health and substance use disorder care, and/or maternal health care. Trainees who receive HRSA funds from the ANEW program must apply for and obtain a National Provider Identifier (NPI) number as a condition of their traineeship support. Awardees must collect and report the NPI numbers of nursing students who receive traineeship funds and follow-up with graduates to collect post-graduation employment demographics for a minimum of 1 year after graduation.

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 1) a disparities impact statement.

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; and
- If applicable, the funding preference being requested.

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) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources, and Capabilities	(4) Organizational Information, Resources, and Capabilities
Budget and Budget 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\(a\) 1](#)

Briefly describe the purpose of the proposed project. Outline the needs of the training program. Describe and document the targeted discipline and associated training needs. Include a discussion of the target population served by this segment of the health workforce, as well as the social determinants of health and health disparities impacting the population or communities served. Use and cite demographic data whenever possible to support the information provided. This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve.

Applicants must:

- Describe the need for primary care nurse practitioners, primary care clinical nurse specialists, and/or certified nurse midwives, including advanced practice nurse from diverse populations, in providing primary care services, mental health and substance use disorder care, and/or maternal health care.
 - Describe the need for training primary care nurse practitioners, clinical nurse specialists, and certified nurse midwives in community-based settings, particularly settings that address health inequities, social determinants of health, and/or the needs of underserved populations.
 - Discuss any relevant barriers or gaps.
 - BHW Program Specific Data Form: Applicants must complete the BHW Program Specific Data Form located in Appendix B and include it in Attachment 8.
- **RESPONSE TO PROGRAM PURPOSE** -- This section includes three sub-sections — (a) *Work Plan*; (b) *Methodology/Approach*; and (c) *Resolution of Challenges*—all of which correspond to Section V's Review Criteria 2 (a), (b), and (c).
- **(a) WORK PLAN** -- Corresponds to Section V's [Review Criterion 2 \(a\)](#)
In response to this section, applicants will demonstrate how, through concrete steps, they 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.
 - 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, including:
 - How many full-time and how many half-time trainees do you expect to train in each year of the performance period, by discipline.
 - Where do you intend to conduct community-based clinical training, by discipline.
 - How do you intend to staff the faculty and preceptor roles necessary to deliver the proposed training.
 - How do you intend to support trainees in securing employment.
 - Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.
- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's [Review Criterion 2 \(b\)](#)*

Describe your objectives and proposed activities and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination.

Include a description of any innovative methods that you will use to address the stated needs.

Specifically, applicants must describe the following:

- Recruiting student participants, including from diverse backgrounds
- Detailing how the project will provide funds to trainees, including a disbursement plan for provision of traineeship support;
- Ensuring appropriate oversight of funds;
- Establishing academic-clinical partnerships to provide community-based clinical training experiences, including opportunities to address health disparities, social determinants of health and/or needs of underserved communities; and
- Mechanisms to identify, recruit, train, develop, support, and evaluate preceptors and faculty.

- *(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/implementing your methodology, and approaches that you will use to resolve such challenges.

Applicants must discuss the following:

- Plans to ensure the quality of clinical placements and experiences, and that the clinical placements and experiences support curricular and APRN competencies.
 - Plans for resolving challenges with preceptors and with academic-clinical partnerships to ensure all students receive quality guidance.
 - Plans to overcome barriers to obtaining a robust student/faculty/preceptor population, including from diverse communities.
- *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 \(a\)](#)*

Describe the plan for the program performance achievement including evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. 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 the systems and processes that will support your organization's collection of HRSA's performance management requirements through effective tracking of performance outcomes, including 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, including the collection and reporting of NPI numbers for individuals participating in the Program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>.

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 your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' NPI. (Note: Trainees who receive HRSA funds as a result of this award must apply for and obtain an NPI for the purpose of collecting post-graduation employment demographics).

Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting 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 in 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.

Performance Reporting Measures:

You must describe your capacity to collect and report data including, but not limited to, the following on an annual basis:

- The number and characteristics of all students in the training program, including age, sex, race, ethnicity, disadvantaged background, and rural background
 - The National Provider Identifier number for each trainee
 - The primary profession and discipline of the trainees
 - Type of social support and academic support services used by the trainees
 - Employment information for trainees at graduation and one-year post graduation, including location, setting, and type of employment
 - The number and types of clinical sites (e.g., FQHCs, rural health clinics) and settings (e.g., Health Professional Shortage Areas (HPSAs), rural, underserved, etc.)
 - Number and profession/disciplines of interprofessional trainees at clinical sites of faculty development activities, including content areas of structured and unstructured trainings
- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's [Review Criterion 3 \(b\)](#)*

Propose a 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. 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. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's [Review Criterion\(a\) 4](#)*

Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart (requested in Section IV.2.vii, [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 to avoid audit findings.

Staffing Plan

The staffing plan and job descriptions for key faculty/staff must be included in [Attachment 2](#) (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile (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.

Project Director: The Project Director for the proposed project must at a minimum be a licensed Registered Nurse, with a master's or doctoral level degree. HRSA encourages applicants to select Project Directors with demonstrated competence (e.g., student/faculty/preceptor recruitment; community partnerships, program design), appropriate academic preparation, clinical (APRN) expertise, and experience as an educator. NOTE: There may only be one Project Director for the ANEW project.

Project Coordinator: The ANEW project should include a Project Coordinator role that can be supported with grant funds or in-kind funds. The Project Coordinator is the point of contact for day-to-day operations of the project and will be responsible for implementing, overseeing, managing, coordinating, and tracking project activities and trainees, and will serve as a liaison between project partners. The Project Coordinator will also be responsible for data collection and ensuring timely reporting of data to HRSA.

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 experience related to student or faculty recruitment, building clinical partnerships, and/or designing new training programs.

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 *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 ANEW program requires the following:

- Applicants may request a maximum annual budget of \$650,000 per year. Annual budget includes traineeship funding and academic-practice program infrastructure funding.
- Dedicate a minimum of 70 percent of the total award funds for traineeship support.
 - Allowable costs for traineeship awards may include:
 - Tuition, books;
 - Books and fees of the program of advanced nurse education with respect to which the traineeship is provided (inclusive of health insurance); and
 - Reasonable living expenses (stipend) of the individual during the period for which the traineeship is provided.
- Make traineeship awards of up to \$25,000 per year per full-time student and \$15,000 per year per part-time student. Part-time students can only be supported in their final 12 months of traineeship.

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 ANEW program requires the following:

Participant/Trainee Support Costs: For applicants with trainee support costs, provide a breakdown of costs for tuition, fees, health insurance, stipends (reasonable living expenses), travel, other allowable expenses, as well as providing the number of trainees. Ensure that your budget breakdown separates these trainee costs. Includes a separate sub-total entitled “Total Participant/Trainee Support Costs” which includes the summation of all trainee costs. Ensure that the total trainee cost are at least 70 percent of the total award

funds, and support cost per trainee is up to \$25,000 per year per full-time student and \$15,000 per year per part-time student. Part-time students supported can only be in their last 12 months of traineeship. Include the cost for training over the four-year project period.

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

Disbursement Plan: Include a Disbursement Plan for the traineeship awards to be made to students from the ANEW grant funds. The plan must be included in the budget justification narrative at the time of application and should include a planned schedule of disbursement for student awards for the entire project period. The schedule should document the frequency of disbursement (e.g., annually at the start of the academic year or by semester at the start of each semester). Identify in the staffing plan and the budget narrative the Point of Contact within the applicant organization for trainee questions about disbursement and traineeship support information (for example, direct deposit or tax questions). For each planned trainee for which support is being requested, list the student's nursing specialty and the traineeship amount itemized by tuition/fees/health insurance, stipends (reasonable living expenses), travel, and other allowable expenses.

For example, Student A (full time in family NP program) is allotted to receive:

Tuition and Fees \$11,250.00

Reasonable Living Expenses \$11,250.00

Textbooks/e-books \$ 2,500.00

Total \$25,000.00

v. **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(a).

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.**

vi. 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. Sample of the ANE Program Specific Data Forms (Tables) are included in [Appendix A](#) and the BHW Program Specific Form in [Appendix B](#) 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, and in making award funding preference determinations in accordance with the authorizing statute. Applicants must adhere to the Table instructions to ensure that the data provided are accurate and complete. These tables are not included in the application page count.

Refer to HRSA's [SF-424 R&R Application Guide](#) for instructions on the document submission process for Grants.gov

vii. 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)

Each applicant must submit their own 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 accreditation/approval for the key clinical/community-based site partner (as part of the academic-community based partnership) as well as the applicant's accreditation/approval 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) the name of the accrediting/ authorizing body, (3) the date of initial accreditation/approval/, and (4) the date of the next expected accrediting/approval body review (or expiration date of current accreditation/approval). Applicants on

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

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

To ensure that clinical organizations in a community-based setting are dedicated to ongoing and continuous compliance with the highest standard of quality health care accreditation/approval to provide health care is required. Clinical/Community-based organizations applying under this NOFO (as part of an academic-clinical partnership) must provide documentation of accreditation/approval by a national, regional, or state accrediting agency or body, such as the Joint Commission on Accreditation Association for Ambulatory Health Care, Inc.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping 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) Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. 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 5: (Required) Maintenance of Effort Documentation

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>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>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 6: (As Applicable) Request for Funding Preference or Special Consideration

To receive a funding preference or special consideration, include a statement that you are eligible for a funding preference or special consideration and identify the preference. Include documentation of this qualification. See [Section V.2.](#)

Attachment 7: (As Applicable) 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, staff, space, equipment, etc.).

Attachment 8: (Required) BHW Program Specific Data Form

The BHW Program Specific Data Form is found in Appendix B.

Attachments 9–15: (As Applicable) Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Also include here any other document that is relevant to the application and that provide further details about the proposal (e.g., Tables, Charts - Gantt or PERT charts, flow charts). 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 (<https://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 7, 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 ANEW 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 4 years, at no more than \$650,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- Subsidies or paid release time for project faculty
- Payment of temporary personnel replacement costs for the time faculty/ preceptors/participants are away from usual worksite during involvement in project activities
- Foreign travel
- Accreditation, credentialing, licensing, certification exam/licensing fees, and franchise fees and expenses
- Preadmission costs, including college entrance exam costs
- Construction and Major Renovation

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. 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.

Grant regulations prohibit the use of grant funds for 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 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 the ANEW 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 need for primary care NPs, primary care CNSs, and CNM, including advanced practice nurse from diverse populations, in providing primary care services, mental health and substance use disorder care, and/or maternal health care.
- The need for training primary care nurse practitioners, clinical nurse specialists, and certified nurse midwives in community-based settings, particularly settings that address health inequities, social determinants of health, and/or the needs of underserved populations.
- Any relevant barriers or gaps.

- Describes 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) Work Plan, Sub-section (b) Methodology/Approach and Sub-section (c) Resolution of Challenges

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

Reviewers will consider:

- The strength of the submitted detailed work plan (narrative detail and SWP) that demonstrates experience and ability to implement, the project within the proposed scope, and appropriateness for the program design.
- The extent to which the application provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of trainees.
- The extent to which the application describes of the timeframes, deliverables, and key partners required during the grant period of performance including:
 - How many full-time and how many half-time trainees are expected to be trained in each year of the performance period, by discipline.
 - Where community-based clinical training will occur, by discipline.
 - How the program will provide the faculty and preceptor roles necessary to deliver the proposed training.
 - How trainees will be supported in securing employment.
- The extent to which the application identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's [Response to Program Purpose Sub-section \(b\) 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 quality of the plans for:

- Recruiting student participants, including from diverse backgrounds.
- Detailing how the project will provide funds to trainees, including a reasonable disbursement plan for provision of traineeship support.
- Ensuring appropriate oversight of funds.

- Establishing academic-clinical partnerships to provide community-based clinical training experiences, including opportunities to address health disparities, social determinants of health and/or needs of underserved communities.
- Mechanisms to identify, recruit, develop, and evaluate preceptors and faculty.
- Regularly reporting to HRSA on the number of HRSA grant-supported students (1) in training and (2) graduated and one-year post-graduation employment.

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

The Reviewers will consider:

- The strength of the plans to ensure the quality of clinical placements and experiences, and that the clinical placements and experiences support curricular and APRN competencies.
- The strength of the plans for resolving challenges with preceptors and with academic-clinical partnerships to ensure all students receive quality guidance.
- The strength of plans for resolving challenges to obtaining a culturally competent student/faculty/preceptor population that address the needs of the community served.

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 extent to which the application effectively describes how the measurable outcomes being requested will be achieved and reported. This includes both 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 including tracking of trainees after program completion/graduation for up to 1 year:
 - 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, and 2) to what extent these can be attributed to the project.
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected

outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes.

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

Reviewers will consider extent to which the application:

Describes a solid plan for project sustainability after the period of federal funding ends.

- Articulates challenges to be encountered in sustaining the program and describes logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/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 and Budget Justification Narrative](#) and SF-424 R&R budget forms.

The Reviewers will consider:

- The number of students expected to be trained for the resources requested
- The reasonableness of the proposed budget breakdown for each year of the period of performance in relation to trainee support and other proposed costs.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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. For this program, HRSA will use Statutory Funding Preference and Special Consideration.

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. 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 preference qualifications.

Applicants need to demonstrate that they meet the criteria for one of the preferences; by submitting the required data in Program Specific Tables (Appendix A) and providing supporting documentation in [Attachment 6](#). HRSA staff will review all applications for this funding notice and calculate the median rate of graduates from the previous academic 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 preference qualifications.

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: Substantially benefit rural populations:

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 placing graduates/program completers in rural practice settings serving rural populations. Eligibility confirmation can be obtained by inserting the address of the practice site for at least one of the graduates/program completers into HRSA's [Rural Health Grants Eligibility Analyzer](#) or "[Am I Rural?](#)". Applicants must include a copy of the output from the Analyzer with the application in [Attachment 6](#) (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's key partner, documentation establishing the partnership must also be included in [Attachment 4](#).

Qualification 2: Substantially benefit underserved populations:

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 placing graduates/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 at least one of the graduates/program completers in the [Find Shortage Areas - MUA Find](#) tool. Applicants must include a copy of the output from MUA Find in [Attachment 6](#) (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's key partner, documentation establishing the partnership must also be included in [Attachment 4](#).

Qualification 3: Help meet public health nursing needs in state or local health departments:

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 placing graduates/program completers in State or local health department practice settings serving communities in need. Eligibility confirmation can be obtained by providing documentation that shows that graduates/program completers are working in a state or local health department. Applicants must include a copy of the documentation in [Attachment 6](#) (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's key partner, documentation establishing the partnership must also be included in [Attachment 4](#).

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.

Funding Special Considerations and Other Factors

This program includes special consideration as authorized by PHS Act Section 811(h)(2) which requires that HRSA give a Special Consideration for eligible applicants that agree to expend the award to train advanced education nurses who will practice in Health Professional Shortage Areas (HPSAs) designated under 42 U.S.C. § 254(e) (PHS Act Section 332). 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.

Per the statutory language, to receive the special consideration applicants must agree to expend the award to train advanced education nurses who will practice in Health Professional Shortage Areas designated under PHS Act section 332. To operationalize this language, HRSA has determined applicants must show that they have a history of training advanced education nurses who are employed and practice in Health Professional Shortage Areas. Either the applicant or a key partner who qualify for the special consideration need to demonstrate that they meet the criteria for special consideration by submitting the required data in Program Specific Tables (Appendix A) and providing supporting documentation in [Attachment 6](#). HRSA staff will review all applications for this funding notice and calculate the median rate of graduates from the previous academic year who are currently employed in a HPSA. HRSA will award the special consideration to those applicants that have a rate higher than the median rate. HRSA staff will determine the special consideration and will apply it to any qualified applicant that demonstrates they meet the criteria Eligibility confirmation can be obtained by inserting the address of the practice site for at least one of the graduates/program completers in the HRSA [HPSA Find](#) tool. Applicants must include a copy of the output from the HRSA [HPSA Find](#) in [Attachment 6](#) (*Request for Funding Preference or Special Consideration* Note that the documentation included in the attachment should include relevant special consideration eligibility information and must not exceed three pages.

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 \(FAPIS\)](#). 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 [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIS 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 an 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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an [HHS Assurance of Compliance form \(HHS 690\)](#) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- 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>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Please 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.

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) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), 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:

Will 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:

Michael McCalla, MSHA
Lead ANEW Public Health Analyst
Attn: Advance Nursing Education Workforce (ANEW)
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N94C
Rockville, MD 20857
Phone: (301) 443-0856
ANEW@hrsa.gov

Michael Clark, MBA, RN,
Nurse Consultant, Project Officer
Attn: Advance Nursing Education Workforce (ANEW)
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 11N94C
Rockville, MD 20857
Phone: (301) 594-4203
ANEW@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: Sample ANE Program Specific Data Forms (Table 1 & 2)

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))

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]						

OMB Number 0915-0375

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) 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.

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 program/degree requirements 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.** Complete Table 1, as appropriate, providing data on the cumulative number of graduates from your institution (whether supported with HRSA grant Funds or not) in the previous academic year, 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.

If the applicant organization is a health facility or other entity (as outlined in the Notice of Funding Opportunity), the data that should be entered in Table 1 is to be obtained from the applicant’s academic partner.

The system will automatically calculate the Total for each row and the percentage of Graduates 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 degree requirements and graduated from your institution in the previous academic year between 7/01/2021 and 06/30/2021 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).

Special Consideration

In Row 5a, enter **“Total Number of Graduates Employed in Health Professional Shortage Areas (HPSAs)”** (whether supported with HRSA grant funds or not) who completed degree requirements and graduated from your institution in the previous academic year between 7/01/2021 and 06/30/2021 in the appropriate column. This number will be system populated into Special Consideration Row 6

In Row 7, **“Total Number of Graduates”** This number will be system populated from the number in Row 3.

In Row 8, the **“Percentage of Graduates Employed in these Special Consideration Settings”** will be automatically calculated.

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))

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.

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												

OMB Number 0915-0375

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 Section IV.2.vi. [Program-Specific Forms](#) 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.

Only complete for the applicable budget years. For example, complete only Budget Years 1 and 2 for a two-year funding announcement. In other words, if the application is for a two-year funding announcement, leave Table 2 boxes blank for Budget Years 3, 4 and 5.

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, 4 and 5 as appropriate by their enrollment status (FT or PT) and their specialty role.

Appendix B: BHW Program Specific Data Form

Program Specific Data Forms

Fields marked with an asterisk (*) are required

Fields marked with an asterisk (**) are optional

Note: When it comes to reporting the data from academic partners, the applicant may (1) each partner into the system separately and have the system aggregate the data for them or (2) create their own spreadsheet (or other means) to summarize the information, then input it into the system.

**Automatically tabulated

Select Degree /Certificates for Trainees/Students (drop-down with multiple options Allowed)			
A. STUDENTS/TRAINEEES BY GENDER (DEGREE/CERTIFICATION: _____)			
*STUDENTS/TRAINEEES IN YOUR PROGRAM FOR THE THREE PREVIOUS CONSECUTIVE ACADEMIC YEARS AND THEIR GENDER			
Students/Trainees By Gender			
Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Students/Trainees Enrolled for Academic Year [INSERT YEAR]
a. Female			
b. Male			
c. Not Provided			
**Subtotal			
B. STUDENTS/TRAINEEES BY RACE AND ETHNICITY (DEGREE/CERTIFICATION: _____)			
*STUDENTS/TRAINEEES IN YOUR PROGRAM FOR THE THREE PREVIOUS CONSECUTIVE ACADEMIC YEARS AND THEIR RACIAL/ETHNIC BACKGROUNDS			
1. Hispanic or Latino Students/Trainees			
Did your program have students/trainees of "Hispanic or Latino Ethnicity"?		Yes No	
Hispanic or Latino Students/Trainees by Race	Number of Hispanic or Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Hispanic or Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]	Number of Hispanic or Latino Students/Trainees Enrolled for Academic Year [INSERT YEAR]
a. American Indian/ Alaskan Native			
b. Black or African American			

Appendix C: 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://bhwh.hrsa.gov/funding/apply-grant#health-careers>
- **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://bhwh.hrsa.gov/funding/regional-public-health-training-centers>

- **Partnership 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/>

- **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>
- **HRSA Health Workforce Connector** - Features career and training opportunities and customized profiles. 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 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/>
- **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/>
- **HRSA Health Workforce Glossary** - Glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the HRSA [Health Workforce Glossary](#).
- **Indian Health Service (IHS)** – Agency within the Department of Health and Human Services (HHS), is responsible for providing federal health services to American Indians and Alaska Natives, with a mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The IHS provides a comprehensive health service delivery system for American Indians and Alaska Natives.
<https://www.ihs.gov>
- **Rural Health Information Hub** – Rural Workforce Issues - The RHIfhub is a guide to improving health for rural residents. RHIfhub'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 D: 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 (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
ANE Program Specific Form	Attachment 1: Accreditation/Approval	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Organizational Chart	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 5: MOE	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 6: Request for Funding Preference (As Applicable)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 7: Letters of Support (As Applicable)	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 8: BHW Program Specific Form	<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 9: Other Relevant Documents (As Applicable)	<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>
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>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<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-23-014 is 65 pages		My total = ___ pages