

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

***Advanced Nursing Education
Nurse Practitioner Residency (ANE-NPR) Program***

Funding Opportunity Number: HRSA-19-001

Funding Opportunity Type: Initial, New

Catalog of Federal Domestic Assistance (CFDA) Number 93.247

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: March 4, 2019

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: December 11, 2018

Debra A. Parchen, MSN, RN
Nurse Consultant / Project Officer
Telephone: (301) 443-2597
Fax: (301) 443-0791
Email: ANE-NPR@hrsa.gov

Authority: Section 811 of the Public Health Service Act (42 U.S.C. 296j)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Advanced Nursing Education-Nurse Practitioner Residency (ANE-NPR) Program. The purpose of this program is to prepare new nurse practitioners (NPs) in primary care practice in community-based settings through clinical and academic focused 12-month Nurse Practitioner Residency (NPR) programs with a preference for those projects that benefit rural or underserved populations. For this program, NP specialties that have a primary care focus may include: Family, Adult Family, Adult-Gerontology, Pediatric, Women’s Health Care, Nurse Midwife, Psychiatric-Mental Health, and Psychiatric-Mental Health Family. This FY 2019 ANE-NPR Program Notice of Funding Opportunity (NOFO) seeks to increase primary care providers in community-based settings.

Funding Opportunity Title:	Advanced Nursing Education NPR (ANE-NPR) Program
Funding Opportunity Number:	HRSA-19-001
Due Date for Applications:	March 4, 2019
Total Annual Available FY 2019 Funding:	\$20,000,000
Estimated Number and Type of Award(s):	Approximately 20 grant(s) with a maximum of 8 awards under Track 1 and a maximum of 20 under Track 2
Estimated Award Amount:	Track 1 - Development and Start-Up: Up to \$500,000 in year one; up to 1,000,000 in years 2, 3 and 4. Track 2 - Enhancement and/or Expansion: Up to \$1,000,000 per year All are subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2023 Four (4) years

Eligible Applicants:	<p>Eligible applicants are schools of nursing, nurse managed health clinics/centers, academic health centers, state or local governments and other private or public nonprofit entities determined appropriate by the Secretary. Consortia of public or private nonprofit entities that confer degrees, or provide practice support to RNs for NP education in primary care or other such private or public nonprofit entities are eligible to apply under this funding opportunity. For purposes of this NOFO, a consortium should consist of at least three independent organizations that meet the above qualifications.</p> <p>For-profit entities are not eligible 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 HRSA's [SF-424 R&R Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the (FY) 2019 Advanced Nursing Education Nurse Practitioner Residency (ANE-NPR) Program.

Program Purpose

The purpose of this program is to prepare new nurse practitioners (NPs) in primary care for practice in community-based settings through clinical and academic focused 12-month Nurse Practitioner Residency (NPR) programs, with a preference for those projects that benefit rural or underserved populations.

Program Goals

The ANE-NPR Program Notice of Funding Opportunity (NOFO) seeks to increase primary care providers in community-based settings. This program has been structured in a way so that training programs are encouraged to support the placement of participants in rural and underserved settings and also find ways to assist NP graduates to remain in these settings.

Program Objectives

The ANE-NPR Program offers two tracks based upon applicant readiness. You may submit a proposal as:

- 1) **Track 1 - Development and Start-Up:** an applicant that needs up to a 12 month start-up period to develop and implement an ANE-NPR Program by no later than the start of year two; or
- 2) **Track 2 - Enhancement and/or Expansion:** an applicant that is ready to launch an active ANE-NPR Program with participants, or that has the ability to enhance and/or expand their existing NPR Program, particularly in rural or underserved areas.

Program Priorities

Applicants are required to address their use and adoption of telehealth and other health care technology, as applicable, which increase readiness to practice and prepare advanced NPs in primary care to expand access to high quality care where it's most needed.

Applicants are encouraged to select and address one of the priorities below which include the United States Department of Health and Human Services (HHS) and the Health Resources and Services Administration (HRSA) priorities as they relate to the following:

- *Combatting the opioid crisis/Mental Health*
- *Value-based care delivery and quality improvement initiatives*
- *Transforming the workforce –targeting the need*
- *Telehealth*

- *Childhood obesity*
- *Maternal Mortality*

* If your application discusses opioids as a priority, HRSA has a number of investments targeting opioid use disorder and substance use disorder across its Bureaus and Offices that you may be able to leverage. For information on HRSA-supported resources, TA, and training, visit here: <https://www.hrsa.gov/opioids>.

2. Background

Under the Public Health Service (PHS) Act section 811(a), HRSA is authorized to support projects that support the enhancement of advanced nursing education and practice.

The demand for primary care services has increased largely due to both a growing population and an aging population. HRSA's National Center for Health Workforce Analysis projects the demand for primary care physicians will increase by 38,320 full time employees (FTEs) constituting a 17 percent increase (from 224,780 FTEs in 2013 to 263,100 FTEs in 2025).¹ This projected demand in primary care services would result in a shortage of 23,640 physicians needed to provide primary care.² Expanding the role of advance practice registered nurses is anticipated to help meet this need for primary care services.

Improving access to primary care providers, like doctors and advance practice registered nurses, is especially important in rural and underserved areas. Rural areas also have proportionally fewer providers in occupations that require more education and training.³ In addition, these areas often face significant health challenges and health disparities.⁴ Addressing the gap in primary care providers for rural and underserved populations is of the utmost importance for the health of the Nation. Nurses, specifically NPs in primary care, can help to address this gap, especially when they are working at the top of the scope of licensure.⁵

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. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-national-projections2013-2025.pdf>.

² Id.

³ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Distribution of U.S. Health Care Providers Residing in Rural and Urban areas.

Rockville, Maryland: U.S. Department of Health and Human Services, 2014. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/nchwafactsheet.pdf>.

⁴ Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Vuong, A. M., Kash, B. A., Schulze, A., & Helduser, J. W. (2015). Rural Healthy People 2020: New Decade, Same Challenges. *The Journal of Rural Health*, 31, 326–333. doi:10.1111/jrh.12116

⁵ Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey (2014). Retrieved from <https://members.aamc.org/eweb/upload/13-225%20WC%20Report%20%20update.pdf>

The National Academy of Sciences recommends establishing ways to develop and finance nursing residency programs, which provide a bridge to practice.⁶ NPs are expected to carry a full provider patient load upon graduation and after obtaining licensure/certification. Providing care for rural and underserved populations involves complexities and can be challenging for a new NP transitioning to practice in a rural and underserved setting.^{7,8} Information from the health care field notes that NP's are often overwhelmed and unable to carry the expected full patient care load upon acquiring their first employment, especially with these populations.⁹ The ANE-NPR Program facilitates the development of rigorous primary care clinical practice residencies to increase and fortify clinical knowledge and skills and provides an advantageous transition to practice. NPRs will allow for the additional opportunity to increase and fine tune health care skills with the presence and guidance of a preceptor. Further, a residency with an academic affiliation will enable the development and standardization of curricula and competencies.¹⁰

For states requiring a transition to practice period, the NPR Program may meet this requirement (assuming it meets all the documented requirements outlined in this NOFO, i.e., community-based academic partnership providing primary care, with a preference for those serving rural and/or underserved populations) based on the preceptorships and oversight provided during the residency rotation.

The lower concentration of NPs in rural and underserved areas contributes to the challenges of meeting the health needs of these populations, who have complex healthcare needs requiring primary care providers who are knowledgeable and skilled.¹¹ Published research suggests that medical students who have clinical experiences in rural settings tend to remain to care for these populations.¹² Although more limited research on nursing is available, post-graduation rural employment by nursing students seems to be linked to life experiences in and connections to small communities as well as exposure to rural practice settings during training.¹³ Graduate nursing students who

⁶ National Academies of Sciences, Engineering, and Medicine. (2016). Assessing Progress on the Institute of Medicine Report: The Future of Nursing. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21838>.

⁷ Flinter, M., & Hart, A. M. (2017). Thematic elements of the postgraduate NP residency year and transition to the primary care provider role in a Federally Qualified Health Center. *Journal of Nursing Education and Practice*, 7(1), 95-106.

⁸ Rieselbach, R. E., Crouse, B. J., & Frohna, J. G. (2010). Health centers: Addressing the workforce crisis for the underserved. *Annals of Internal Medicine*, 152, 118-22.

⁹ Flinter, M., & Bamrick, K. (2017). *Training the next generation: Residency and fellowship programs for nurse practitioners in Community Health Centers*. Retrieved from <https://www.weitzmaninstitute.org/sites/default/files/NPRResidencyBook/NPRResidencyBook.pdf>

¹⁰ Harper, D., McGuinness, T., Johnson, J. (2017). Clinical residency training: Is it essential to the Doctor of Nursing Practice for nurse practitioner preparation? *Nursing Outlook*, 65(1), pp. 50-57. doi: 10.1016/j.outlook.2016.08.004

¹¹ Flinter, M., & Bamrick, K. (2017). *Training the next generation: Residency and fellowship programs for nurse practitioners in Community Health Centers*. Retrieved from <https://www.weitzmaninstitute.org/sites/default/files/NPRResidencyBook/NPRResidencyBook.pdf>

¹² Farmer, J., Kenny, A., McKinstry, C., & Huysmans, R. D. (2015). A scoping review of the association between rural medical education and rural practice location. <https://doi.org/10.1186/s12960-015-0017-3>

¹³ Bushy A, Leipter BD. Factors that influence students in choosing rural nursing practice: a pilot study. *Rural Remote Health*. 2005 Apr-Jun;5(2):387. Epub 2005 Apr 19.

attended a program with a rural focus seem to be more likely to practice in rural areas.¹⁴ As such, assuring the required skill set and addressing the maldistribution of clinicians can be addressed through a NPR Program.

Program Definitions

The [Health Workforce Glossary](#) contains general definitions for terms used throughout the Bureau of Health Workforce NOFOs. In addition, the following definitions apply to the ANE-NPR Program for Fiscal Year 2019.

Consortium – An association or agreement of at least three separately owned and governed, public or private nonprofit entities that confer degrees or provide practice support, formed to undertake an enterprise beyond the resources of any one member. A consortium has a clearly documented, binding agreement of resource support and roles/responsibilities. Consortia are able to align resources and strategies, achieve economies of scale and efficiency, and address challenges more effectively as a group than as single entities. For the purposes of this program, the consortium applicant is the entity that meets the program's eligibility criteria in Section III.1 of the NOFO, and has the legal authority to apply and to receive the award.¹⁵

Infrastructure – The basic operational costs needed to manage the NPR program.

Maldistribution – Shortages of health care providers in some locations, such as rural and underserved areas, with other locations having a sufficient or an excess number of health care providers.

Meaningful Use of Technology – Meaningful Use is defined by the use of certified Electronic Health Record (EHR) technology in a meaningful manner (for example electronic prescribing); ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care; and that in using certified EHR technology the provider must submit to the Secretary of Health & Human Services (HHS) information on quality of care and other measures. Examples include, but are not limited to, telehealth, health informatics, and/or others that are in compliance with Health Information Portability and Accountability Act.

Residency – A training program that provides an individual or group of individuals (known as "residents") with post-graduate advanced clinical training.

Resident – A licensed NP who is enrolled with a government or private payer so that direct billing is possible for their own patient visits.

Sustainability – The ability to be sustained, supported, upheld, or confirmed. Projects under this Program will demonstrate sustainability by continuing their 12-month NPR Program without federal funding support.

¹⁴ Wood D. Effects of educational focus on a graduate nurse's initial choice of practice area. J Prof Nurs. 1998 Jul-Aug;14(4):214-9.

¹⁵ 2 CFR 25.200.

Telehealth – The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications

Underserved – Refers to a population not receiving adequate health care, for example, due to inability to pay or barriers to health care access.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$20,000,000 to be available annually to fund approximately 20 recipients. HRSA anticipates funding a maximum of 8 recipients under Track 1 and a maximum of 20 recipients under Track 2.

Track 1 - Development and Start-Up applicants

- **Year 1:** applicants may apply for a ceiling amount up to \$500,000 total cost (includes both direct and indirect).
- **Years 2 – 4:** applicants may apply for a ceiling amount of up to \$100,000 total cost per year for each NP resident support. You are expected to train no less than four NP residents each year in years 2, 3 and 4.

Track 2 - Enhancement and/or Expansion applicants may apply for a ceiling amount of up to \$100,000 total cost per year for each NP resident supported, not to exceed \$1,000,000 total cost (includes both direct and indirect, costs) per year. You are expected to train no less than four NP residents each year of the project.

The period of performance is July 1, 2019 through June 30, 2023 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for ANE-NPR in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are schools of nursing, nurse managed health clinics/centers, academic health centers, state or local governments and other private or public nonprofit entities determined appropriate by the Secretary.

Consortiums may apply for these funds, if otherwise eligible. HRSA's will make one award per consortium to a lead entity for the consortium provided it is an eligible entity and has the legal authority to apply for and to receive the award on behalf of the other consortium members.

Domestic faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible.

In addition to the 50 states, only eligible applicants in 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.

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

Eligible NP Resident Participants

To be eligible for the ANE-NPR Program the NP must meet all of the following:

- Be a licensed RN within 18 months of graduate school completion from a Primary Care NP Program (see list outlined in the Executive Summary) and NP certification;
- Be a citizen of the United States, a non-citizen national, or a foreign national who possesses a visa permitting permanent residence in the United States (i.e., individuals on temporary or student visas are not eligible to receive ANE-NPR Program support); and
- Agree to be a full-time participant in the ANE-NPR Program.

Appointment of NP Residents and Length of Support¹⁶

- NPs in primary care who agree to commit to a full time residency program in a community-based entity qualify for an appointment as an ANE NP resident.
- An NP resident may be appointed at the beginning of any residency period, including a summer session, which falls within the budget period. All NP residents must be full-time in the residency program. Financial support is limited to 12 months for any one NP resident. A Statement of Appointment form that is compliant with the provisions of this NOFO (and all applicable programmatic and grant requirements) must be signed by the Project Director and NP resident, and must be maintained by the recipient institution for a period of at least three years after submission of the final expenditure

¹⁶Flinter, M., & Bamrick, K. (2017). Training the next generation: Residency and fellowship programs for nurse practitioners in Community Health Centers. See pages 103 & 114. Retrieved from <https://www.weitzmaninstitute.org/sites/default/files/NPResidencyBook/NPResidencyBook.pdf>

- report, primarily for auditing and data collection purposes.
- NP residents must agree to provide the recipient institution with the following:
 - The necessary information to complete the required Statement of Appointment form. The NP resident should receive a copy of the completed form. As an example, the Statement of Appointment form may be accessed via the following link:
<http://grants.nih.gov/training/phs2271.pdf>. NOTE: The form should not be submitted to HRSA, but must be kept by the award recipient for formal record keeping for at least three years;
 - Data regarding professional activity following completion of the ANE-NPR Program; and
 - A National Provider Identifier (NPI) number.
 - Note that an entity may not transfer the NP resident unless HRSA approves the transfer, which will be done only in exceptional circumstances to another entity receiving funds under this award.

Termination of Nurse Practitioner Residents

The recipient institution is responsible for monitoring the success of each NP resident. Termination of an NP resident from being a recipient of the ANE-NPR Program funds applies if the NP resident:

- is unable to complete the residency program supported by the ANE-NPR award;
- withdraws from the recipient institution prior to the scheduled completion of the ANE-NPR Program;
- fails to meet the predetermined academic standards of the recipient institution; or
- requests to terminate the ANE-NPR Program support.

The ANE-NPR Program awardee should have standard operating procedures in place for the recruitment, training, retention, rescheduling, and termination of participants for the ANE-NPR Program. If a portion of the ANE-NPR Program training needs to be repeated, scheduling this activity to occur immediately following the conclusion of the award recipient cohort's ANE-NPR Program is strongly encouraged and guidelines on this process should be incorporated into the standard operating procedures. Guidelines on how to recoup costs obligated in the case of termination of participants should also be included in the standard operating procedures.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$500,000 for budget year one of the Track 1- Development and Start-Up applicants and \$1,000,000 annually for all other applicants as non-responsive and will not consider it for funding under this notice.

Accreditation

HRSA will consider any application that fails to include the required accreditation documentation in [Attachment 1](#) non-responsive and will not consider it for funding under this notice.

Deadline

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

Maintenance of Effort (MoE)

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Section 803(b) of the Public Health Service Act. Complete the MOE information and submit as Attachment 5.

Multiple Applications

Multiple applications from an organization are not allowable. Eligible applicants can submit only one application per organization, campus, clinical facility, or consortium; multiple applications from a single organization, campus, clinical facility, or consortium are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. A clinical facility is defined as a healthcare facility, whether part of a system or not, which has its own grounds containing its own leadership (chief nursing officer, chief medical officer, chief executive officer, etc.). Independent organizations are those entities that have unique DUNS numbers.

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

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://www.grants.gov) using the SF-424 Research and Related (R&R) workspace application package associated with this NOFO following the directions provided at <https://www.grants.gov/applicants/apply-for-grants.html>.

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions"

on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limit. Biographical Sketches **do** count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 11: Other Relevant Documents.

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

Program-Specific Instructions

Program Requirements

Applicants must provide advanced practice registered nurses (APRN) with support for training and practice that leads to master's and/or doctoral degrees, or advanced practice competence while preparing nurses to serve as NPs in primary care in community-based settings. The ANE-NPR project must consist of a partnership between a community-based entity and an advanced nursing education academic entity to provide curriculum, didactic training, clinical coordination, and oversight of NP resident training, preceptor development, faculty practice, and partnership liaison.

Specifically indicate in your Project Abstract the track you are applying for when you submit your application.

Program Requirements for Track 1 - Development and Start-Up

- a. Applicants must develop and implement a primary care ANE-NPR Program that supports postgraduate training programs for new NPs who are licensed and credentialed with professional liability insurance coverage.
- b. This ANE-NPR Program must begin actively training participants no later than July 1, 2020 (year two of the ANE-NPR project start date). HRSA may reduce funding levels, or withhold future funding beyond the first year, if the program is unable to fully succeed in achieving this requirement.

Program Requirements for Track 2 - Enhancement and/or Expansion

- a. Applicants must intend to enhance and expand their existing NP residency program in community-based primary care settings, and must currently implement an ANE-NPR Program in primary care that supports postgraduate training programs for new NPs who are licensed and credentialed with professional insurance coverage.
- b. This ANE-NPR Program must begin actively training participants no later than October 31, 2019 (the second quarter of the ANE-NPR project start date). HRSA may reduce funding levels, or withhold future funding beyond the first year, if you are unable to fully succeed in achieving this requirement.

Program Requirements for All Applicants

Applicants must demonstrate to HRSA that their ANE-NPR Program will be able to carry out the following activities:

1. Conduct a Primary Care NP-Residency Program:

- a. The program must establish linkages, as required by PHS Act section 802(d), with relevant educational and health care entities for the project. For

- this program, applicants must have in place or establish an academic clinical partnership to develop and implement the ANE-NPR Program in a primary care community-based setting. (See requirement 5 for more information)
- b. This partnership must include an ongoing feedback mechanism with rapid cycle quality improvement (RCQI) for continual process improvement. This process should include establishing an academic clinical partnership Advisory Council and a schedule of reoccurring meetings (e.g., at least quarterly) as part of a multifaceted feedback loop for RCQI, to generally include, but not limited to the following: Health Education Specialist (HES), Health Education Coordinator (HEC), Health Information Technology Coordinator (HITC), evaluation coordinator, and academic dean (or equivalent), consultants and faculty, as well as any other relevant participants.
 - c. The program must provide NP resident support in the form of salaries to full-time residents who are licensed and certified NPs receiving at least 12 continual months of immersive clinical and didactic training at a primary care community-based entity. Please note: Grant fund support for NP resident must not exceed 70% of geographical market rate for a comparable NP Primary Care specialty salary.

2. Recruit Participants:

- a. Applicants must document the utilization of standardized (See resource National NPR and Fellowship Training <https://www.nppostgradtraining.com/for-available-standardized-guidelines>) outreach, recruitment and retention plans to engage state licensed and certified NPs in the specialty areas of primary care focus (as outlined in the Executive Summary) at the time of starting the program; and who begin the program no later than 18 months after receiving their graduate degree and NP certification.
- b. Applicants must document a targeted pool of NPs by geographic area (region, state, county or local area), and how they will recruit NPs from this pool who have demonstrated a desire to practice in community-based settings, particularly in rural and/or underserved settings, upon program completion.

3. Train Participants:

- a. Applicants must provide interprofessional team-based, clinical, and didactic training experiences along the practice continuum in primary care community-based settings. This **Interdisciplinary team-based clinical practice training model** must incorporate clinical rotations from both routine to specialty clinics. Primary care delivery through team-based care models has been demonstrated to lead to greater provider satisfaction, increased access to care and improved outcomes.¹⁷
- b. These awards include a preference for projects that benefit rural or underserved populations. The most competitive applicant training programs

¹⁷ Bodenheimer, T., Gboro, A., Willard-Grace & R. Grumbach. (2014). The Ten building blocks of high-performing primary care. *Annals of Family Medicine*, 12(2), 166-171.

should include preceptor development and NP primary care competencies with a rural or underserved population-specific curriculum, such as those focused on HRSA priority topics including mental health, and/or substance use disorders, and value-based care delivery and quality improvement initiatives, childhood obesity, and maternal mortality. These are vulnerable populations who have major identified healthcare needs.

- c. The training programs are encouraged to incorporate telehealth and meaningful use of technology (i.e., health informatics, and/or others that are in compliance with Health Insurance Portability and Accountability Act).

4. Create Linkages:

- a. Each academic clinical partnership must have a signed Memorandum of Understanding (MOU), which outlines specific aspects of the partnership: name of partnership lead organization (primary applicant), name and address of partner(s) and timeframe of agreement. The MOU must also document the mutual benefit of the academic practice partnership, telehealth collaboration, agreement to participate in RCQI meetings and carry out related activities, and strategize for sustainability, curriculum development, and other types of support to be provided by members of the partnership (placement of NP graduates, curriculum development, etc.) (See Section iv Attachment 3 - Budget Justification).
- b. Consortiums (as applicable) must have a binding relationship and signed agreement (**Attachment 8**) between/among the community-based entity members and the academic partner, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.
- c. If the applicant determines the need, **funds may be used to secure technical assistance for ANE-NPR Program expert consultation.** Helpful resources for technical assistance ANE-NPR Program consultation are listed below:
 - American Nurses Credentialing Corporation Practice Transition Accreditation Program
<https://www.nursingworld.org/organizational-programs/accreditation/ptap/>
 - National NPR and Fellowship Training
<https://www.nppostgradtraining.com/>

5. Employment Assistance Post Residency – Applicants must explain how they plan to implement employment assistance strategies to connect residency program participants to primary care employment, especially in rural and/or underserved areas.

- a. Recruit, train, develop, support, and evaluate preceptors as program collaborators to enhance NP resident, preceptor, and clinical staff professional development.
- b. Connect program graduates with the HRSA Health Workforce Connector (<https://connector.hrsa.gov/connector/>) and other existing employment support resources so they can obtain primary care employment with rural

and/or underserved populations, preferably community-based clinical settings.

6. **Participate in Cohort Collaboration** - To provide support and ensure project success, collaborate (face-to-face and/or virtually) at a minimum of at least quarterly in the first project year and at least twice annually during the period of performance with other ANE-NPR Program award recipients and participate in HRSA-driven program evaluations during and upon completion of the period of performance.
7. **Designate Project Staff** - Applicants must identify appropriate personnel to carry out the ANE-NPR project. HRSA believes an effective ANE-NPR Program may generally include, but are not limited to many of the following personnel (or similar roles).
 - a. **Health Education Specialist (HES)** who collaborates with the academic-clinical team to assess the community-based entity's capacity for the NPR program and infrastructure prior to the development of the ANE-NPR Program; curriculum development including population-based topics; provides professional development activities of preceptors and other clinical staff based upon needs assessments.
 - b. **Health Education Coordinator (HEC)** who is the point of contact for day-to-day operations, and the educational liaison with clinical administration, preceptors, residents and academe; collaborates with HES and HITC on curriculum development; and conducts monthly meetings with each resident.
 - c. **Health Information Technology Coordinator (HITC)** who has experience in telehealth, health informatics, and Health Information Portability and Accountability Act compliance and that assures successful health information technology models are incorporated in the community health center clinical activities to which the new NPRs have been accustomed from previous academic practice training experiences; supports and facilitates telehealth initiatives.
 - d. **Evaluation Coordinator** who uses best practice instruments to capture meaningful and key data (i.e., the results of the program, typically describing changes in people or systems), and reports findings to Advisory Council.
 - e. **Clinical Liaison Lead (CLL)** from the community-based entity that serves as the counterpart to academic dean and facilitates information exchange between the primary care NPR Program and the academic advanced nursing education partner; ensures preceptors function as program partners.

Residency Location

All clinical training in the residency programs will be expected to take place in community-based settings, with a preference for those that provide primary care for rural and underserved populations. Community-based entities are strongly encouraged to provide employment opportunity assistance for NP residents upon completion of the ANE-NPR Program.

Most competitive applicants build a pipeline of preceptors for the ANE-NPR Program using nursing staff at primary care delivery sites in rural and underserved areas such as Community Health Centers and Rural Health Clinics. Additionally, current or former HRSA scholars that have been trained or have demonstrated a commitment to work with rural or underserved populations should be considered.¹⁸ The following are links to some HRSA programs that may be resources for building a primary care NP resident pipeline:

- Nurse Corps Scholarship Program:
<https://bhw.hrsa.gov/loansscholarships/nursecorps/scholarship>
- National Health Service Corps Scholarship Program
<https://www.nhsc.hrsa.gov/scholarships/index.html>
- Native Hawaiian Health Scholarship Program
<http://www.nhhsp.org/>

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

i. Project Abstract

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

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
3. Which of the HHS and HRSA clinical priorities will be addressed by the project, if applicable.
4. 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.
5. The track for which you are applying:
 - a. **Track 1 - Development and Start-Up** or
 - b. **Track 2 - Enhancement and/or Expansion**
6. A summary of the proposed projects and the number of NPs in primary care that will be trained to work in community-based settings, and

¹⁸ NURSE Corps or NHSC Scholars could be beneficiaries of the ANE-NPR program, in that they would defer their service obligation in order to receive further training through the ANE-NPR program. Once the one year post graduation training has been completed, they would complete their service obligation in a designated facility. NURSE Corps and NHSC loan repayment participants that are currently fulfilling service obligations could serve as preceptors for the ANE-NPR Program. Since participants are already employed at the site, they are on the site's payroll (i.e. such as at a community health center) and would be treated the same as any non-HRSA participant.

NURSE Corps and NHSC loan repayment alumni could also serve as preceptors for the ANE-NPR program. Since they would have already completed their service obligations, they would have first-hand experience working with rural or underserved populations—thus a benefit to the site and to the community being served.

if applicable, with persons in rural, and/or medically-underserved communities.

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

ii. **Project Narrative**

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

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

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

First, briefly describe the purpose of the proposed project. Outline the needs of the community and the proposed training program. The applicant must describe and document: 1) the need for the NP training by discipline; 2) the training plan and 3) the employment placement plan post residency program. The applicant should include a discussion of the target population to be served by this segment of the health workforce, as well as the socio-cultural determinants of health and health disparities impacting the population or communities. Use and cite demographic data whenever possible to support the information provided.

Applicants must:

- Discuss why, in both qualitative and quantitative terms, the applicant institution or organization needs these funds, and how the proposed project activities will strengthen the applicant's ability to increase the distribution and readiness of primary care NPs in community-based settings.
- Describe the community that will benefit from the improved distribution, and readiness to practice primary care NPs to include the following: the demographics of the population, the health status of the community, health literacy, social determinants of health, rural and/or underserved status, and other elements in support of your proposal.
- Describe the need for primary care NPR Programs in the benefiting community, including a description of the catchment area where the proposed NP residents will be employed following completion of the ANE-NPR Program (**Attachment 9**).
- Discuss any relevant barriers or measurable gaps for this population.
- Document how the project addresses telehealth and other health care technology training models, and related HHS and HRSA priorities (See Purpose section).
- Describe your organization's current staffing to include the number and discipline of primary care preceptors.

- Include the proposed number for each of the four project years of NPs in primary care who have been targeted to participate in the ANE-NPR Program as residents, the demographics of those NPs and data describing where those participants are currently employed and/or the school of nursing from which they recently graduated. See *Section iv. Budget Justification Narrative* (NPR Support Costs – Sample Disbursement Plan).
 - Describe the number of NPs in primary care who have been targeted to participate as preceptors in the NPR Program, or who have at least two years of experience, the demographics of those NPs and data describing where those potential preceptors are currently employed, if not with the applicant organization.
 - Discuss the applicant organization’s willingness to, or past performance in, collaborating with a group of fellow HHS grant recipients.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V’s Review Criteria #2 (a), (b), and (c).*

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

You must provide a detailed work plan that describes in detail how you will implement a project of the proposed scope (a sample work plan can be found here: <http://bhwh.hrsa.gov/grants/technicalassistance/workplantemplate.docx>).

Track 1 - Development and Start-Up applicants must:

- Succinctly describe their current status, within the work plan, for development and/or start-up an NPR Program in primary care within the first year of award; with active participants in the program no later than July 1, 2020.
- Include descriptions of current resources and partners, and/or plans to acquire and put in place all the necessary requirements during the startup time frame.
- Clearly describe goals and timelines in the work plan that will assure an active program with NP resident participants in up to one year.
- Clearly describe in detail all roles and responsibilities, to include who is responsible for each component of the startup.

All applicants must:

- Provide a detailed description of the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance summarized in a table format with numbered goals/objectives/sub-objectives, activities and corresponding timeframe in quarter periods, and responsible person(s).

- Provide a comprehensive overview of the NPR Program and documentation of commitment and plans to develop an NP resident and preceptor curriculum; list models that have been reviewed for this project.
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of this application and, further, the extent to which these contributors reflect the populations and communities served.
- Describe, where applicable, plans to secure and work with a NP residency expert with experience in implementing and overseeing NP residency programs. This consultant will assist in the development, implementation, and evaluation of launching the NPR Program.
- Describe how you will utilize the standardized training requirements in the development and execution of your proposed project. See the following references for further information on standardized training:
 - National Nurse Practitioner Residency and Fellowship Training Consortium:
<https://www.nppostgradtraining.com/Accreditation/Standards>
 - American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP)[™]:
<https://www.nursingworld.org/organizational-programs/accreditation/>
- Describe the evidence based plan for determining quantifiable NP resident and preceptor level of practice readiness.

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

You must 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 with efforts to involve patients, families, and communities, if applicable. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. Explain why your project is innovative and provide the context for why it is innovative.

Specifically, applicants must describe:

- An academic clinical partnership between one or more community-based entities, preferably in rural and/or underserved settings, and a school of nursing that will enhance the didactic and clinical training of NPs in primary care in the residency program.
- A feedback cycle (via flowchart or otherwise) illustrating communication and collaboration plans, checks, and balances between the academic institution and community-based entity.

- Mechanisms to identify, recruit, train, develop, support, and evaluate preceptors to enhance clinical and didactic NPR Program training.
- The number and disciplines of NP residents (see specialty list outlined in the Executive Summary) targeted to be trained each of the four project years.
- An overview of preceptor development curriculum for this application and project activities related to the preceptor development that includes, but is not limited to:
 - a standardized preceptor orientation process;
 - preceptor professional development activities (e.g. in-services, skills sessions, group journal discussions, and online resources).
- How the project supports the development of a health workforce that reflects and responds to the populations served.
- Mechanisms for recruiting and supporting NPs who are dedicated to serving in primary care with rural and/or underserved populations in their residency experiences and post-residency employment.
- Employment needs for NPs by geographic area and assistance/support for residency completers to find jobs in rural and/or underserved settings, demonstrated through past performance and/or current plan.
- A plan describing how the NPs who complete the proposed NPR Program will be assisted with finding employment in community based settings, preferably in rural and/or underserved catchment areas.
- The procedures (selected in collaboration with the partner) for the recruitment, training, and retention of participants in the NPR Program, which includes the process for NP resident termination and/or rescheduling of training developed.

Submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);

- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes/Impact (i.e., the results of a program, typically describing a change in people or systems).

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

In this section information should include, but is not limited to, the following:

Track 1- Development and Start-Up Applicants:

- Succinctly describe the plan for addressing barriers to recruitment, training, retention, and employment of NP residents, preceptors, and faculty that reflect the communities you are proposing to serve, and whether that will impact development and/or starting up a NPR Program focused in primary care in up to one year's time; with active participants in the program no later than 1 July 2020.
- Clearly identify proposed resolutions to each challenge described above.

All Applicants:

- Describe the plan to ensure that the NP resident experiences support curricular and NP competencies focused in primary care.
 - Include a plan to ensure the high quality of NPR Program curricula and experiences.
 - Describe a plan for resolving challenges and working with preceptors, clinic staff, and within academic-practice partnership to ensure all NP residents receive quality guidance.
 - Identify barriers to obtaining a NP resident population that reflects the communities served, and
 - Identify barriers in the service area; challenges to implementing the work plan; or obstacles for implementing the program performance evaluation plan, which utilizes meaningful outcome measures (i.e., the results of the program, typically describing changes in people or systems), and the solutions to resolve these challenges.
- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*

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

You must describe a plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting the goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.

In the Attachments Section IV. 2. vi., **Attachment 3** you must attach a complete staffing plan and job descriptions for key personnel. Biosketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form.) You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

You must also describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Describe the data collection strategy to accurately collect, manage, analyze, store, and report data in a timely manner (e.g., NP residents, preceptors, academic/clinical faculty and staff, training programs and curricula, data management software, etc.) and explain how the data will be used to inform program development and service delivery. Document your process to follow-up with NP residents after NPR Program completion for up to one year, such as by collecting participants' National Provider Identifiers (NPI). (Note: NP residents who receive funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting employment demographics after the conclusion of the NPR Program. HRSA anticipates being able to gather NPI data as part of regular performance reporting).

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work in NPR program(s). You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.

Performance Evaluation Plan: You must describe your plan for a program performance evaluation. This plan should monitor ongoing processes and progress toward meeting award goals and objectives. The evaluation plan should include descriptions of the inputs from your logic model (e.g., evaluation of key staff, organizational support, collaborative partners, budget, and other resources), key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. Key staff should be included in **Attachment 3**.

The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess:

- The extent to which program objectives have been met;
- The results of the program, typically describing changes in people or systems;
- That these accomplishments can be attributed to the activities of the proposed project; and
- Dissemination strategies for project outcome and/or outputs.

Performance Reporting Plan: You must describe the systems and processes that will support your organization's annual collection of HRSA's performance measurement requirements for this program. At the following link, you will find examples of required data forms: <http://bhw.hrsa.gov/grants/reporting/index.html>. Please include a description of how you will effectively track performance outcomes, including how you will collect and manage these data in a way that allows for accurate and timely reporting of performance outcomes to HRSA.

All award recipients are required to collect and report the number of individuals who have been directly and indirectly impacted by the award, including, but not limited to: number of currently enrolled individuals or participants, graduates/completers, and attrition; the gender, age, race, and ethnicity of all individuals; the disadvantaged background status of all individuals, and the rural or underserved residential background of all individuals.

Award recipients are required to track the number and profession/discipline of individuals who have participated in HRSA-sponsored curriculum, clinical or experiential training, residencies, faculty development, and/or continuing education as part of the grant. You will also be required to follow-up with graduates/completers one year after residency program completion and report information about their actual practice setting(s). This information is collected through the HRSA performance measurement system.

In order to evaluate the initial and long term impact of the NPR programs, applicants must describe their capacity to collect and report data such as, but not limited to the following, on an annual basis:

- The characteristics of clinical training sites/community entities;
- The number and characteristics of preceptors who train, residents who are trained and who complete training, and residents who left the ANE-NPR Program;
- The number of NP residents working or who have accepted a position at a site in a rural/underserved community, and employment at your site, upon completion of the residency and each year afterward for the remainder of the grant period;
- Training program characteristics;

- The NP primary care discipline(s) of the residents and preceptors;
- The National Provider Identifier for each NP resident;
- Characteristics of faculty and staff development programs and activities, curriculum development, continuing education activities, and interprofessional team-based, clinical and didactic training experiences;
- Number and disciplines of other interprofessional trainees who participated in team-based care alongside NP residents;
- Number of patient encounters NP residents have in a medically underserved communities (MUC), rural areas, and/or primary care settings;
- Number of patients treated by NP residents; and
- ANE-NPR Program accreditation status. Further information about the NPR Program Accreditation Standards is available at <https://www.nppostgradtraining.com/Accreditation/Standards>.

You must describe any potential obstacles and how those obstacles will be resolved for the following areas:

- Implementing the program performance evaluation,
- Meeting HRSA's performance measurement requirements,
- Participating in a HRSA-driven program evaluation,
- Developing, planning, implementing, and evaluating interprofessional team-based, clinical and didactic training, and
- Assisting ANE-NPR Program completers in obtaining employment in rural and/or underserved areas.

Dissemination Plan: The evaluation and reporting plan should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be generalizable, and the degree to which the project activities are replicable. Dissemination plans should include academic-practice partners when possible which enhance access to high quality, culturally competent health care through academic-community partnerships.

- Dissemination plans may include, but are not limited to, manuscript press release, research summary document, media coverage, flyers, posters, brochures, research briefs, policy briefs, study newsletters, local events, seminars, or conferences.

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

You must provide a clear plan for project sustainability after the period of federal funding ends, the documentation should include discussions 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;

- (c) provide a timetable for becoming self-sufficient;
- (d) expand your relationships between community-based entities, academic institutions, and other interprofessional partners providing primary care in community-based entities, particularly to rural and underserved populations; and
- (e) address future ANE-NPR Program training and placement needs.

Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

Applicants should provide a timetable for becoming self-sufficient. The academic clinical partnership awardee should document a plan that explains, by the start of project year four, that it has the resources and structure in place to conduct an NPR Program. An example of a sustainable project includes having a developed NPR Program ready for successive implementation cycles with a population-specific integrated curriculum that addresses the needs of the rural and/or underserved, standard operating procedures outlining processes, identified roles, an interdisciplinary team approach, and employs a meaningful use of technology.

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

Track 1 - Development and Start-Up applicants must:

Succinctly describe your current status for development or starting up an NP residency program focused in primary care in up to one year's time; with active participants in the program no later than 1 July 2020. Include your current resources and partners, networking contacts, and/or your plans to acquire all the necessary requirements during the startup time frame. All roles and responsibilities must be described in detail, to include who is responsible for each component of the startup.

All applicants must address and provide the following information:

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's/consortium's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. A project organizational chart is requested in **Attachment 4**.

Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the

communities served are routinely assessed and improved. Describe all community support or other resources involved in the proposed project, including significant letters of support.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 3** (Staffing Plan and Job Descriptions for Key Personnel). In this plan, describe proposed number and discipline of preceptors to be a part of the NP residency project. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed **TWO pages** in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Section D (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the

overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

Please provide the following information as indicated below:

- **Project Director Qualification:** The Project Director (PD) for the proposed project must be a master's or doctorally prepared RN with demonstrated competence (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise, and experience as an educator. **NOTE: there may only be one PD for the ANE-NPR project.**
- **Consultant(s):** In the **Budget Justification**, provide the qualifications and nature/scope of the work to be provided by each consultant who has agreed to serve on the project. Include a biographical sketch (no more than 1 page) for each consultant; upload in the SF-424 R&R Senior/Key Person Profile form. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise and the scope of work, for at least the first project year, and provide a rationale for this need.
- **Capabilities of the Applicant Organization:** Provide a summary of the capacity of your organization to carry out the project. Include descriptions of how care of rural and/or underserved populations is woven throughout curricula and clinical training.
- **Institutional Resources:** Describe available institutional resources, including teaching facilities, clinical resources, libraries, computer resources and other resources appropriate to implement effectively the proposed project.
- **Description of Community-based Health Clinic(s):** Describe the community-based entity/ies where the ANE-NPR Program will take place, including the type of clinical departments, number of preceptors, and population(s) served.
- **Community Support:** Describe all community support or other resources involved in the proposed project, as applicable. Include significant letters of support via **Attachment 8A**.
- **Linkages:** Describe established and/or planned linkages with relevant educational and interprofessional educational programs, and health care entities. List any HRSA funded projects in which partners have participated.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested

iii. Budget

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

All applicants must provide a plan and budget reflective of the number of NP residents that will be trained per year. For example, if you are applying for the ceiling amount of \$1,000,000, your plan and budget should reflect training for 10 NP residents (see table below).

Budget Overview

Tracks	Funding Year 1	Funding Years 2, 3, 4	# NP Residents Trained
Track 1 Development and Start-Up	\$500,000 for launching the ANE-NPR Program	\$100,000/NP resident up to 1,000,000 in Years 2, 3, 4	For Years 2, 3 and 4: No less than 4 NP residents each year; no more than 10 NP residents each year;
Track 2 Enhancement and/or Expansion	\$100,000/NP resident up to \$1,000,000		No less than 4 NP residents each year; no more than 10 NP residents each year

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

In addition, the ANE-NPR Program requires the following, which corresponds to Section V's Review Criterion #5:

Track 1 - Development and Start-Up:

If the applicant selects the **Development and Start-Up track**, the budget may include at the start of the project a curricular development/infrastructure building period of up to one year. By the start of project year two, the budget must reflect a commitment of a minimum of four residents to be active in the project.

All applicants:

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal year, as required by law.

Applicants shall reference **Section VI.3 6.** Funding Restrictions and the SF-424 R&R Application Guide to ensure appropriateness of proposed budget.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the ANE-NPR Program requires the following:

The estimated number of resident participants for which support is being requested over the four year period of performance. Please list the costs itemized by salary and fringe. In addition, list the nursing specialty of the NP resident. Ensure that the grant fund support per full-time NP resident does not exceed 70% of the geographical market compensation. **Please Note: The total number of NP residents for which support is being requested must be consistently reported in the Budget (SF-424 R&R Budget Forms for in Section B).**

Program-Specific Forms

As part of the application submitted through Grants.gov, applicants must also complete and submit the ANE Program-Specific Data Form (ANE Table 1) as Attachment 7. Refer to Attachment 7 below for more specific information.

vi. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Clinical Facility and School of Nursing Accreditation Documentation and Program Approval Documents-Required

Clinical Facilities Accreditation

To ensure that community-based entities are organizations dedicated to ongoing and continuous compliance with the highest standard of quality health care requires accreditation/approval/recognition to provide health care. Community-based entities applying under this NOFO must provide documentation of accreditation by a national, regional, or state accrediting agency or body, such as the Joint Commission on Accreditation Association for Ambulatory Health Care, Inc., or provide documentation of certification/licensure by federal/state/local government supported agency.

This information must be clearly documented, to include the period of time covered by the accreditation or recognition document, in Attachment 1 submitted with this application. In addition to the required clinical facility's accreditation/recognition document, clinical facilities applying to this funding announcement and partnering with academic Schools of Nursing must also include the academic accreditation for each nursing program to be supported under this announcement, as described above.

Academic Schools of Nursing Accreditation

All nursing programs that are applying under this notice and/or associated with the project must be accredited for the purpose of nursing education. Schools of nursing providing primary care NP education programs affiliated with the proposed project must be accredited by a national nurse education accrediting agency or state approval agency recognized by the Secretary of the U.S. Department of Education for the purposes of nursing education. These agencies include the Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN), and the National League for Nursing's Commission for Nursing Education Accreditation (CNEA). Applicants must submit **an official letter of accreditation** as proof of accreditation specifically stating that accreditation has been granted and the period of time covered by the accreditation.

Accreditation for Newly Established Programs of Nursing – A new graduate program of nursing should reference the U.S. Department of Education Accreditation in the United States is accessible at <https://www2.ed.gov/admins/finaid/accred/index.html>.

The applicant must submit the request for a letter of assurance, along with attached copies of the letter from the recognized body and any supporting documentation regarding the accreditation or approval of the nursing program, to:

United States Department of Education
Office of Postsecondary Education
Accreditation Group
400 Maryland Avenue, SW #270-12
Washington, DC 20202
Telephone: (202) 453-7615
Attn: Cathy Sheffield, Email to: Cathy.Sheffield@ed.gov

To allow for processing time submit to the United States Department of Education at least 45 days prior to the HRSA application due date. The applicant **must** include a letter of reasonable assurance from the Department of Education with the HRSA program application.

1. Substantive Change Notification

Accredited nursing programs that modify (for example, change from a baccalaureate program to a doctoral of nursing practice program) or add a nursing specialty (for example, Psychiatric Mental Health NP Program) that require substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change from the accrediting agency.

2. Approval of New Nursing Programs

Applicants must provide documentation of all approvals (as defined in the Definitions section of this notice of funding opportunity) needed to enroll students into a new master's or doctoral program. This includes approval from the State Board of Nursing, as appropriate. This must be documented by evidence, such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing.

Attachment 2: Work Plan

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

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (See Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Provide the qualifications and nature/scope of the work to be provided by each consultant slated to serve on the project. Provide job descriptions as appropriate.

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

Attachment 4: Project Organizational Chart

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

All applicants must include two organizational charts, one depicting the project organization during the startup period, and one depicting the remainder of the period of performance, demonstrating the roles, responsibilities, and functions of each member of the partnership. This chart should include community stakeholders, providers, preceptors, faculty, and residents and describe communication pathways to help inform the development of curriculum, training, and evaluation methodology.

Attachment 5: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: Maintenance of Effort Documentation (MOE)

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

Attachment 7: Request for Funding Preference

If requesting a Funding Preference, include information and data supporting your request for the Funding Preference as requested in **Section V.2**. In addition, include in this Attachment the completed ANE Program-Specific Data Form (ANE Table 1) included as Appendix A of this NOFO. Consistent with the program purpose, this table reflects the applicant's plans for resident support and the academic partner's past performance in producing graduates/completers who go

on to work in areas with rural, underserved, and public health nursing needs. The Table is essential in determining the funding preference. **The academic partner is responsible for providing data on students and graduates of their NP education programs from the previous year, July 1, 2017 to June 30, 2018.** This Table is to be filled out and submitted along with the other required application documents.

Attachment 8: A. Letters of Support or B. Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

A. Letters of Support

Provide a letter of support for each organization/consortium or department involved in your proposed project. Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter. Letters of support must be from someone who holds the authority to speak for the organization/consortium 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.).

Include here any other documents that are relevant to the application, including letters of support. Letters of support **must** be signed and dated. All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section (see Section IV.2). Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

A meaningful letter of support states what will be provided to the applicant if the application is funded (such as dollars, space, equipment, personnel/staff, and placement of residents for clinical learning experiences, preceptors, and employment for future NP residents). Include relevant letters of support from the Dean of the School of Nursing, University Officials, Chief Nursing Officers, and Chief Executive Officers and relevant letters from key collaborating organizations, clinical sites/community-based health centers, and consultants.

Note: Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

B. Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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. Documents must be signed and dated by the Project Director of the proposed

grant and at least one member of the senior leadership team from all parties involved and must not be dated earlier than six (6) months prior to the close of this funding opportunity. Senior leadership may include, but is not limited to, Dean, Chief Nursing Officer, Chief Medical Officer, Department Chair, President, Department Director, etc.

Memoranda of Understanding, consortium (see definition) documentation if appropriate, and/or Letters of Agreement (LoA) must be signed by all network member Chief Executive Officers, Board Chairs or tribal authorities to signify their formal commitment as network members. An acceptable MOU/LoA, such as those between academic and clinical partnerships, and/or a consortium as applicable, must describe each partner's role and contributions to the partnership; the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits. The MOU/LoA must also include a formal communication process for informing any unforeseen changes including, but not limited to, changes in financial, human, educational, or physical resources.

If applicable, Memoranda of Understanding (MOU) from each existing consortium member that identifies the organization's roles and responsibilities in the project, the activities in which they will be included, and how the organization's expertise is pertinent to the project. The MOU must indicate understanding of the benefits that the consortium will bring to the member and, as applicable, to the target rural and/or underserved area. The MOU must also include a statement indicating that the proposed or existing consortium member understands that the ANE-NPR award is to be used for the activities proposed in the work plan; and that the award is not to be used for the exclusive benefit of any one consortium member. Stock or form letters are not recommended.

The MOU and the letters of agreement must be dated and signed by all parties involved and must not be dated earlier than six (6) months prior to the close of this Notice of Funding Opportunity.

Attachment 9: Description of Catchment Area and Post ANE-NPR Program Employment Capacity

- Describe your catchment area including patient population, clinical sites and type (Federally Qualified Health Center, Area Health Education Center, etc.), numbers and disciplines of health care providers, geographical area. Clearly label this attachment.
- Document the plan describing that the NPs who complete the proposed ANE-NPR Program will be employed in community based settings, preferably in rural and or underserved catchment areas.

Attachment 10: Other Relevant Documents

Include here any other document that is relevant to the application, clearly labeled.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<https://www.grants.gov/>)

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

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *March 4, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$1,000,000 per year in total costs (inclusive of direct and indirect costs). See [Section II.2 Summary of Funding](#) regarding funding limitations for each track.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-952) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal year, as required by law.

Funds under this announcement may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#) or other certain purposes, including but not limited to:

- 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;
- Accreditation, including accreditation related costs/fees, credentialing, licensing, continuing education (costs for preparation and awarding continuing education hours), and franchise fees and expenses; preadmission costs, promotional items and memorabilia; and animal laboratories;
- Incentive payments are not allowed for program participants, including but not limited to purchasing gift cards or gas cards;
- Construction or renovations;
- Foreign travel;
- There may be only one Master's or doctorally prepared Registered Nurse Project Director for the ANE-NPR project; and
- Co-PDs are not permissible for this funding.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, program generated income, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. Please refer to the Project Narrative Section IV (2) (ii) for specific program requirements documentation that will be evaluated in the set of Review Criteria. The ANE-NPR Program has five review criteria:

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

Reviewers will consider whether a clear purpose and evidence of a significant and compelling need for advanced practice NP residents in primary care, likely to benefit the community in which they train, has been presented. The extent to which the application demonstrates the problem and associated factors contributing to the problem, including the quality of and extent to which the application addresses:

- Relevant demographic data, health care data, health status indicators, health literacy data, social determinants of health, rural and/or underserved status, and other information that illustrates that the target population has limited access to and interaction with primary care services;
- Measurable gaps and/or barriers this population faces in accessing and interacting with primary care services;
- Clear and compelling justification for how the partnership(s) or consortium will use the requested funds to meet the needs and address the measurable gaps and/or barriers this population faces in accessing and interacting with primary care services;
- Likelihood that the proposed training through this funding opportunity will increase NP resident readiness for practice in community-based settings, including, as applicable, to those serving rural and underserved populations after completion of training;
- Emphasis on direct health service delivery and experiential/educational immersion in delivering care, including within rural and underserved settings during training as applicable;
- Extent of alignment of training curriculum and clinical immersion experiences with HHS and HRSA priority topics – including mental health and/or substance use

disorder, value-based care delivery and quality improvement initiatives, childhood obesity, and maternal mortality;

- Education needs of NPs or NP residents in primary care in preparing them to provide primary care services to the population described;
- The number of NPs in primary care that have been targeted to participate as preceptors in the ANE-NPR Program, or that have been employed by their organization over the last five years; and
- Experience in collaborating with other community-based organizations, schools of nursing, or participation in consortiums to advance the field of nursing or increase access to primary medical care in rural or underserved settings, and/or availability and willingness to work regularly with other ANE-NPR Program grant recipients toward common goals of determining best practices related to the purpose of this Notice of Funding Opportunity.

Please reference, Section IV (2), (ii) Project Narrative, PURPOSE AND NEED, for additional required documentation that will be evaluated with this criteria.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (40 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 (15 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan

Reviewers will consider the extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the key activities that will effectively achieve those goals and objectives. The description should include a timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

Reviewers will consider the quality and effectiveness of applicant plans to address the following:

- Enhancement of academic clinical partnership, including formal RCQI mechanisms for feedback and evaluation between the community-based entities/consortiums and academic institution(s), with description of regularly scheduled meetings and deliverables projected for all partners;
- Description of current resources and partners, and/or plans to acquire and put in place all the necessary requirements during the start-up time frame;
- Documentation in detail of all roles and responsibilities, to include who is responsible for each component of the start-up;
- Documentation of the selection of, and consultation with, an NPR Program expert consultant (as applicable);
- Development, implementation and evaluation of an ANE-NPR Program that incorporates feedback or technical assistance from an NPR Program expert consultant (as applicable);
- A comprehensive overview of the ANE-NPR Program, including proposed number of residents to be trained by and for each project year;
- A plan to ensure faculty, preceptors, and clinical staff support receive training to understand the unique health care needs of rural and underserved populations;

- A new or enhanced preceptor development curriculum;
- An evidence based plan for determining quantifiable NP resident and preceptor level of practice readiness;
- Use of a database and existing evidence-based tools and methods to manage preceptorships, and monitor and measure NP residency clinical experiences and competencies; and
- Collaborations supporting cultural competence related to rural and/or underserved populations.

Please reference, Section IV (2), (ii) Project Narrative, RESPONSE TO PROGRAM PURPOSE, and (a) WORK PLAN, for additional required documentation that will be evaluated with this criteria.

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

You must describe a methodology that will be used to address the stated purpose, needs, goals, and objectives of the proposed project. The methodology should include approaches, tools, strategies, and rationales for the following program fundamentals.

Reviewers will consider the quality, relevance, and extent to which the applicant:

- Demonstrates how the academic clinical partnership(s) or consortium will effectively support the goal/purpose of the ANE-NPR Program;
- Discusses the strength of the academic clinical partnership between a community-based entity and school of nursing (i.e., evidence of a shared mission/vision, shared and leveraged resources);
- Identifies a plan to secure, work with, and receive feedback from an NPR Program expert consultant, as applicable;
- Details the quantity, quality, frequency, duration, variety, depth, levels of immersion, and exposure to the care environment and target population; and plans/evidence of how NP residents' training experiences may be tailored based on the feedback loop established through the partnership, as well as the planned or established curriculum;
- Documents mechanisms to identify, recruit, train, develop, support, and evaluate primary care preceptors to enhance clinical and didactic ANE-NPR Program training;
- Documents past performance in, and future plans for, recruiting NP residents in primary care who reflect the population served, with demonstrated commitment to work in community-based settings. Newly established program may describe their relevant experience and future plans;
- Details employment strategies to assist NP resident completers obtain employment in community based entities, and if applicable, in rural or underserved settings;
- Documents how the awarded organization plans to collaborate with other ANE-NPR Program awardees or organizations for continuous quality improvement; and
- Describes how their organization will ensure that funds sub-awarded or expended on contracts, are properly documented.

Please reference, Section IV (2), (ii) *Project Narrative, RESPONSE TO PROGRAM PURPOSE, (b) METHODOLOGY/APPROACH*, for additional required documentation that will be evaluated with this criteria.

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

Describe how the planned strategies address potential obstacles and challenges during the design and implementation of the proposed project, as well as the effectiveness of your plans for dealing with identified challenges that may arise.

Reviewers will consider how well the planned strategies:

For the Track 1 Development and Start-Up Applicants:

- Identify and address barriers and resolutions to recruitment, training, retention and employment of diverse NP residents, preceptors, and faculty, which impact development and/or starting up an ANE-NPR Program focused in primary care in up to one year's time to ensure a commitment no later than July 1, 2020 of a minimum of four active participants in the program.

For the Track 2 Enhancement and/or Expansion Applicants:

- Identify and address barriers and resolutions to recruitment, training, retention and employment of NP residents, preceptors, and faculty that reflect the population served and which impact the starting period of the ANE-NPR Program to ensure a commitment no later than October 31, 2019 of a minimum of four active participants in the program.

For All Applicants:

- Identify and address challenges within the ANE-NPR Program and/or the academic clinical partnership, especially through use of RCQI;
- Outline a plan to ensure high quality of ANE-NPR Program curricula and experiences;
- Describe strategies to overcome obstacles in using meaningful outcome measures (i.e., the results of the program, typically describing changes in people or systems), in evaluation of the ANE-NPR Program and related processes. Identify barriers in the service area; challenges to implementing the work plan; or obstacles for implementing the program performance evaluation plan and the solutions to resolve these challenges.

Please reference, Section IV (2), (ii) Project Narrative, RESPONSE TO PROGRAM PURPOSE, (c) RESOLUTION OF CHALLENGES, for additional required documentation that will be evaluated with this criteria.

Criterion 3: IMPACT (25 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 (15 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider the extent to which the applicant is able to effectively report on the measurable outcomes requested:

- Key Personnel
 - Describes the role in the ANE-NPR project, current experience, skills, and knowledge of individuals on staff, materials published, and previous work of a similar nature.
- Data Collection Strategy and any potential obstacles for successful implementation
 - Describes the process for collecting and storing data and reporting on the recruitment, training, development and retention of project participants, especially the follow-up with NP residents after NPR Program completion for up to one year, such as by collecting students’ National Provider Identifiers (NPI);
 - Describes how data is collected, managed, analyzed, and tracked;
 - Documents use of meaningful outcome measures (i.e., the results of the program, typically describing changes in people or systems);
 - Outlines the strategies to measure project process and impact/outcomes;
 - Describes in detail how the data will be used to inform program development and service delivery; and
 - Outlines the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.
- RCQI- See description noted above in the Impact section
- Performance Evaluation Plan
 - Describes plan for a program evaluation, which includes technical assistance from an NPR Program expert consultant, as applicable. This plan should monitor ongoing processes and progress towards meeting grant goals and objectives. It should include descriptions of the inputs from the applicant’s logic model, key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.
 - Demonstrates evidence that the evaluative measures selected will be able to identify meaningful outcomes (i.e., changes in people or systems) and to assess:

- The extent to which program objectives have been met;
 - That these accomplishments can be attributed to the activities of the proposed project; and
 - Dissemination strategies for project outcome and/or outputs.
- Performance Reporting Plan
 - Describes the systems and processes that will support the organization's annual collection of HRSA's performance measurement requirements for this program;
 - Includes a description of how applicant will effectively track performance outcomes, including how applicant will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA;
 - Describes applicant capacity to collect, store and report data involving numbers and characteristic of all aspects of the ANE-NPR Program on an annual basis; and
 - Describes any potential obstacles for the following and how those obstacles will be overcome:
 - Implementing the program performance evaluation
 - Meeting HRSA's performance measurement requirements
 - Participating in a HRSA-driven program evaluation
 - Interprofessional team based, clinical and didactic training experiences
- Dissemination Plan
 - The evaluation and reporting plan should also indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be generalizable, and the degree to which the project activities are replicable. Dissemination plans should include academic-practice partners when possible.

Please reference, Section IV (2), (ii) Project Narrative, IMPACT, and (3a) EVALUATION AND TECHNICAL SUPPORT CAPACITY, for additional required documentation that will be evaluated with this criteria.

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

Reviewers will evaluate the extent to which you provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions that will be taken to:

- Provide a clear and detailed plan for project sustainability, identifying resources and a time frame for achieving self-sufficiency.

Please reference, Section IV (2), (ii) Project Narrative, IMPACT, and (3b) PROJECT SUSTAINABILITY, for additional required documentation that will be evaluated with this criteria.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities

Reviewers will consider the extent to which:

Track 1: Development and Start-Up Applicants:

- Succinctly describe their current status for development and/or start-up of an ANE-NPR Program focused in primary care in up to one year’s time; with active participants in the program no later than July 1, 2020;
- Include descriptions of current resources and partners, and/or plans to acquire and put in place all the necessary requirements during the startup time frame;
- Clearly describe goals and timelines in the work plan that will assure an active program with NP resident participants in up to one year;
- Explain in detail all roles and responsibilities, to include who is responsible for each component of the startup. Years 2 through 4 of your application must follow the requirements of all applicants; and
- Provide an organizational chart for Project Year 1 which graphically delineates the roles, responsibilities, and activities during the startup period.

Track 2: Enhancement and/or Expansion Applicants:

- Succinctly describe their current status for the starting period for the ANE-NPR Program focused in primary care with active participants in the program no later than November 30, 2019;
- Include descriptions of current resources and partners, and/or plans to acquire and put in place all the necessary requirements during the startup time frame;
- Clearly describe goals and timelines in the work plan that will assure an active program with NP resident participants in no later than November 30, 2019;
- Explain in detail all roles and responsibilities for each individual involved during the starting period; and
- Provide an organizational chart for the Period of performance, which graphically delineates the roles, responsibilities, and activities during the startup period.

Reviewers will evaluate how well all applicants document clearly and succinctly:

- Provide an organizational chart for the period of performance which graphically delineates the roles, responsibilities, and activities during the period of performance.
- Describe how the organization’s current mission, structure and activities (as well as partner organizations’ current missions, structure and activities) align with the purpose and requirements of this NOFO.
- Describe the Project Director (PD) who is a master’s or doctorally prepared RN with demonstrated competence (e.g., publications, funded research) as a primary care NP with appropriate academic preparation, clinical expertise, and experience as an educator.

- List only one PD for the ANE-NPR project as Co-PD's or Co-PI's are not permissible for this Notice of Funding Opportunity, and document all participants, partners, communities, and support resources, and their roles, clearly and succinctly.

Please reference, Section IV (2), (ii) Project Narrative, ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES, for additional required documentation that will be evaluated with this criteria.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV (2) (iv) Budget Justification Narrative and SF-424 R&R budget forms

Applicants must describe the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the research activities, and the anticipated results.

The reviewers will evaluate for completeness, clarity, congruency, and review, and consider:

For Track 1- Development and Start-up Applicants:

- The extent to which the Track 1 **Development and Start-Up** applicant budget and justification includes the start costs of the project that includes a capacity/infrastructure building period of up to one year; and
- The extent to which the applicant documents the start of the ANE-NPR Program and a minimum of four residents active in the project by the start of project year two.

For Track 2- Enhancement and/or Expansion Applicants:

- The extent to which the **Enhancement and/or Expansion** applicant budget and justification succinctly describes the costs of the project during the starting period up to October 31, 2019; and
- The extent to which the applicant documents execution of the start and progression to the minimally required number of NP residents per year.

For All Applicants:

- Reviewers will consider the reasonableness of the proposed budget for the period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results, including:
- The reasonableness of the budget, including participant support and resources, is in alignment with the scope of work;
- Key personnel have adequate time devoted to the project to achieve project objectives;
- Training costs are reasonable and supportive of the project goals and objectives;

- The line item budget for each year of the proposed project period clearly shows which activities are supported each year, provides a clear budget justification narrative that fully explains each line item and any significant changes from one year to the next; and
- The proposal follows the budget guidelines specified in the NOFO and the SF-424 R&R Application Guide. 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 the budget request is congruent with the scope of work and proposed project outcomes; and that all personnel, disbursement, and support obligations are succinctly and clearly documented;
- The number of NP residents annually proposed in order to receive continued support; and
- Strict adherence to Funding Restrictions and the SF-424 R&R Application Guide to ensure appropriateness of proposed budget.

Please reference Section IV (2), (iii) Budget and (iv) Budget Justification Narrative, for additional required documentation that will be evaluated with this criteria.

2. Review and Selection Process

The independent review provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive highest consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection. For this program, HRSA will use a Statutory Funding Preference, as described below. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. Please see Section 5.3 of HRSA's [SF-424 R&R Application Guide](#).

Funding Preference

Section 805 of the Public Health Service Act requires a funding preference be applied for applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. HRSA will review all applications for this funding opportunity 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. **All applicants must complete the program specific Table 1 – ANE (see Appendix A), referring to program's academic partner's past performance in the three funding preference areas to be considered for funding preference.** HRSA will award the funding preference to those applicants that have a rate higher than the median rate. This funding factor eligibility will be determined by HRSA Staff.

Applicants must request the funding preference in the abstract. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

Additionally, to determine their eligibility for the rural preference, applicants must input the address of the community-based entity in the HRSA's Rural Health Grants Eligibility Analyzer (<http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>) and include a copy of the output with the application (**Attachment 7**).

In order to determine their eligibility for the underserved preference, applicants must input the address of the community-based entity in the HRSA's HPSA (Health Professional Shortage Area) Finder (<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>) and include a copy of the output with the application.

In order to determine their eligibility for helping to meet the public health nursing needs in State or local Health Department preference, applicants must complete ANE Table 1, referring to program's academic partner's past performance in this area.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2019. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

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

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

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

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

Further information will be available in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the 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 award notice.

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

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

The Final Report is designed to provide 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 award notice.

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

- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75](#) Appendix XII.

VII. Agency Contacts

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

Barbara Ellis
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1738
Email: bellis@hrsa.gov

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

Debra A. Parchen, MSN, RN
Nurse Consultant / Project Officer
Attn: ANE-NPR Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 11N128B
Rockville, MD 20857
Telephone: (301) 443-2597
Fax: (301) 443-0791
Email: ANE-NPR@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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

VIII. Other Information

Logic Models

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

HRSA will hold a pre-application TA webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/> to learn more about the resources available for this funding opportunity.

IX. Tips for Writing a Strong Application

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

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.

Appendix A

OMB Number 0915-0375
 Expiration Date May 31, 2020

Table 1 - ANE: Rural, Underserved, and/or Public Health Practice Settings Data

Graduate Data from 7/01/2017 to 6/30/2018

<u>Practice Settings</u>	<u>NP</u>	<u>CNS</u>	<u>NM</u>	<u>CRNA</u>	<u>Grand Total</u>
State or Local Health Departments					
Rural Populations / Settings					
Medically Underserved Populations / Settings					
1. Total Number of Graduates Employed in these Settings (from 07/01/2017 – 06/30/2018)					
2. Total Number of Graduates (from 07/01/2017 – 06/30/2018)					
3. Percentage of Graduates Employed in these Settings (SFP) (Number 1 divided by Number 2)					
Health Professional Shortage Areas					
4. Percentage of Graduates Employed in HPSAs (SPC) Total Number of Graduates Employed in HPSAs divided by Total Number of Graduates (from 07/01/2017-06/30/2018)					

Instructions for Completing Table 1 - ANE: Rural, Underserved, and/or Public Health Practice Settings & HPSA Data - Graduate Data from 7/01/2017 to 6/30/2018

In order to be eligible for the Funding Preference, applicants must complete Table 1.

Data on Table 1 should reflect graduate totals for NPs who completed program/degree requirements between 07/01/2017 and 6/30/2018. For purposes of this Notice of Funding Opportunity (NOFO), the columns labeled *CNS*, *NM*, and *CRNA* have been blacked out and should not be completed (Note: Clinical Nurse Specialist and Certified Registered Nurse Anesthetist programs are not eligible for this NOFO.)

Complete Table 1, as appropriate, providing data on the number of NP graduates in academic year 7/1/2017-6/30/2018 who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or medically underserved populations, or in State or local health departments. **Each graduate is to be counted only once.** Table 1 is used to determine if the institution meets the Statutory Funding Preference.

In the “Total Number of Graduates” row, enter the total number of graduates who completed degree requirements between 7/01/2017 and 6/30/2018 in the appropriate column. Enter the grand total: The Grand Total will be calculated by HRSA. Numbers omitted in this row of Table 1 will not be counted.

In the “Percentage of Graduates Employed in these Settings” row, the percentage figure will be calculated by HRSA. Percentage of Graduates Employed in these Settings = Total Number of Graduates Employed in these Settings (from 07/01/2017– 06/30/2018) divided by Total Number of Graduates (from 07/01/2017 – 06/30/2018).

In the “Percentage of Graduates Employed in HPSAs” row, the percentage figure will be calculated by HRSA. Percentage of Graduates Employed in HPSA’s = Total Number of graduates employed in HPSAs divided by Total Number of Graduates (from 07/01/2017-06/30/2018).