U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Regional Public Health Training Centers (PHTC) Program

Funding Opportunity Number: HRSA-18-017
Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.516

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 19, 2018

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

Issuance Date*:* November 14, 2017

Modified November 21, 2017: corrected Technical Assistance Call date in the Executive Summary and Section VIII.

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Authority: Public Health Service Act, Section 766 (42 U.S.C. 295a)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), Division of Nursing and Public Health is accepting applications for the fiscal year (FY) 2018 Regional Public Health Training Centers Program. The purpose of this program is to increase the number of individuals in the public health workforce, enhance the quality of this workforce, and improve the ability of the workforce to meet national, state, and local health care needs. This program aims to strengthen the public health workforce through tailored training and technical assistance involving collaborative, community-based projects involving state and local health departments, primary care providers, and related organizations (to include non-traditional partners) to help them work together to address critical local public health needs.

Although the Regional Public Health Training Centers are intended to build the capacity of the public health workforce, recipients are well-positioned to address the clinical priorities of the U.S. Department of Health and Human Services (HHS) including mental health, opioid abuse, and childhood obesity.

The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. You should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Regional Public Health Training Centers (PHTC) Program
Funding Opportunity Number:	HRSA-18-017
Due Date for Applications:	January 19, 2018
Anticipated Total Annual Available FY18 Funding:	$9,100,000
Estimated Number and Type of Award(s):	Up to 10 Cooperative Agreements
Estimated Award Amount:	Between a maximum of $780,000 to $1,105,000 per year of the 4-year period of performance, depending on the region served
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2018 through June 30, 2022 (4 years)

Eligible Applicants:	Accredited schools of public health or another public or private nonprofit institutions accredited for the provision of graduate or specialized training in public health. For-profit entities are not eligible under this notice of funding opportunity (NOFO).
	See Section III-1 of this NOFO, formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

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,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

The following technical assistance webinar has been scheduled to help you understand, prepare, and submit an application for this NOFO. The webinar is scheduled for:
Day and Date: Thursday, December 7, 2017
Time: 1:00 p. m.– 3:00 p.m. ET
Call-In Number: 1-888-324-9557
Participant Code: 9872141
Web link: https://hrsa.connectsolutions.com/fy18_phtc_nofo/
Playback Number: 1-866-351-5759

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Regional Public Health Training Centers (PHTC) Program.

Program Purpose

The Regional PHTC Program seeks to increase the number of individuals in the public health workforce, enhance the quality of this workforce, and improve the ability of this workforce to meet national, state, and local health care needs. Specifically this program aims to strengthen the public health workforce through tailored training and technical assistance involving collaborative, community-based projects. Training curricula will provide skill-based, interactive instruction and quality education using multiple modalities (i.e., synchronous, asynchronous, distance-based, bi-directional video), underscoring the following eight cross-cutting core public health competency domains in the primary areas of (1) systems thinking, (2) change management, and (3) persuasive communication; and secondary areas of (4) data analytics, (5) problem solving, (6) training a "health work force [sic] that reflects and responds to the cultural diversity of populations served" as supported by section 766(b)(1),[1] (7) resource management, and (8) policy engagement. Each PHTC must develop trainings in the **three** primary areas and may develop trainings in the secondary areas and beyond based on the results from local health needs assessments. Among the local health needs, recipients are **encouraged** to consider addressing the clinical priorities of the HHS including mental health, opioid abuse, and childhood obesity. Moreover, the program aims to establish and enhance collaborative partnerships among state and local health departments, primary care providers, and related organizations (to include non-traditional partners) as they work together to address critical local public health needs.

Program Requirements
Regional PHTCs are required to fulfill the following statutory requirements:
1. Designate a geographic area or medically underserved population to be served by the Center, located apart from the teaching facility of the school that is participating in the program with this Center;
2. Involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities to better address issues related to the social determinants of health;
3. Assess the health personnel needs of the area to be served by the center by assessing the real-time public health issues, health personnel needs, and training gaps of the area to be served by the Center and assist in the planning and development of training programs to meet these needs. Again, applicants are **encouraged** to consider addressing the clinical priorities of HHS including mental health, opioid abuse, and childhood obesity; and

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[1] The Healthy People 2000 (https://www.cdc.gov/nchs/data/hp2000/hp2k01-acc.pdf) supports efforts to increase access to needed services by (1) fostering community-based, integrated systems of care that better respond to the community's needs; and (2) supporting the development of a health work force that reflects and responds to the cultural diversity of populations served. These activities support this goal in accordance with section 766(b)(1).

4. Establish or strengthen field placements for students at public or nonprofit health agencies or organizations, including hospitals, community-based health care facilities, and non-traditional health care settings.

The Regional PHTC Program will comprise a national program that serves all 50 states, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, and the six U.S. Pacific Jurisdictions. Each Regional PHTC will encompass a defined service area to include one of the regions identified in of this NOFO. HRSA will fund up to 10 PHTCs—no more than one in each HHS region—to ensure that the United States and its territories and jurisdictions have access to public health workforce education and training. You must select no more than one region to support in your application and you must agree to support the public health workforce education and training needs across the entire region for the full 4-year period of performance.

<u>Funding Preference</u>
This funding opportunity includes a preference for any applicant that is a Council on Education for Public Health (CEPH) accredited school of public health. **If you are seeking to obtain the funding preference, please clearly indicate in the Project Abstract that you wish to apply and provide accreditation documentation in Attachment 1. For more information see Section V.2**

2. Background

This program is authorized by Section 766 of the Public Health Service Act (42 U.S.C. § 295a).

Public health professionals work in a rapidly changing health care environment where public health roles and activities are being revised and refined. These forces and events are challenging the skills and abilities of the public health professionals currently employed in state, tribal, and local public health agencies. To deliver essential, quality and integrative services, professionals will need to develop a "broader set of skills and knowledge".[2]

Despite improvements in public health workforce development and training, gaps in competency and training persist. Based on a recent analysis, the most critical competency gaps and training opportunities are policy analysis and development, business and financial management, systems thinking and social determinants of health, evidence-based public health practice, and collaborating with and engaging diverse communities.[3] Reports indicate that using technology to develop innovative collaborative learning experiences can lead to improvements in knowledge and skills, and enhance a sense of community in learning. There is an "urgent need to equip the people currently working in state public health programs and those who will be entering

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[2] deBeaumont Foundation. (2017). *Building Skills for a More Strategic Public Health Workforce: A Call to Action.* Available at: http://www.debeaumont.org/consortiumreport/
[3] deBeaumont Foundation, & astho. (n.d.). *Information to Action: The Workforce Data of Public Health WINS.* Available at: http://www.astho.org/phwins/Key-Findings/

public health with the knowledge and skills necessary" to promote public health programs.[4]

Since 1999, the Regional Public Health Training Centers Program funding has supported ongoing professional development and training for public health workers to ensure they are prepared to handle evolving public health needs in communities, their skills are kept up-to-date, and they have opportunities for career advancement. Revised for FY 2018, the current program moves away from the establishment of Local Performance Sites (LPS), and allows the PHTCs to develop Community Based Training (CBT) Partnerships (for definition see Other Information Section) and improve training by working more closely with regional partners to better assess overall community health needs, workforce trainings needs, and develop more comprehensive and robust trainings that best serve the workforce in accomplishing their job duties and serving the community.

New and innovative ways to provide training and education are needed. Although much of this work is incumbent upon health department leadership to establish a culture of learning and encourage continuing education and training opportunities, PHTCs have a pivotal role in training the current and future workforce through pioneering new training content and delivery methods through the strategic CBT Partnerships.

Program Definitions

Program Definitions A full listing of definitions of key terms relevant to this notice can be found in Section VIII. A glossary containing general definitions for terms used can be located at the Health Workforce Glossary.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement will include:

1) Make available the services of experienced HRSA personnel as participants in the planning and development of all phases of the project;
2) Provide ongoing input and review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;

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[4] National Network of Public Health Institutes. (2016). *Advancing Online Public Health Training Systems: Challenges and Opportunities.* Available at: https://nnphi.org/resource/advancing-online-public-health-training-systems-challenges-opportunities/

3) Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
4) Review project information prior to dissemination;
5) Assist the Regional PHTCs to enhance or develop a network among other HRSA- and HHS-funded programs, as well as with external stakeholders, to disseminate resources, best practices, and lessons learned;
6) Provide assistance and referral in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA grant projects and resource centers, and other entities that may be relevant to the project's mission;
7) Provide programmatic input and consultation for development and delivery of training and technical assistance;
8) Collaborate with awardees to develop and implement assessment and evaluation strategies;
9) Provide information resources; and
10) Participate in the dissemination of project activities and products.

The cooperative agreement recipient's responsibilities will include:
1) Administrative activities including:
   a. Collaborating and communicating in a timely manner with the HRSA project officer; and
   b. Participating in ongoing conference calls and webinars with other Regional PHTC recipients and HRSA staff.
2) Carrying out all required activities, including those outlined in section 766(c) of the Public Health Service Act including:
   a. Establishing or strengthening field placements for students in public or nonprofit private health agencies or organizations;
   b. Involving faculty members and students in collaborative projects to enhance public health services to medically underserved communities;
   c. Specifically designating a geographic area or medically underserved population to be served by the center that shall be in a location removed from the main location of the teaching facility of the school that is participating in the program with such center; and
   d. Assessing the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.
3) Programmatic oversight including:
   a. Providing the HRSA project officer with an opportunity to review project information prior to dissemination;
   b. Establishing contacts that may be relevant to the project's mission such as federal and non-federal partners, and other HRSA grant projects;
   c. Coordinating activities with other awardees under this NOFO;
   d. Working with HRSA to identify collaborative partnerships for community-based training topics and sites.
4) Evaluation activities including:
   a. Collaborating with HRSA and other recipients under this NOFO to develop and implement assessment and evaluation strategies; and
   b. Partnering with HRSA to evaluate priorities and respond to constituent/field requirements.

2. Summary of Funding

Approximately $9,100,000 is expected to be available annually to fund approximately 10 recipients. You may apply for a ceiling amount of varying amounts depending on the specific HHS region you are applying to serve, total cost (includes both direct and indirect, facilities and administrative costs) per year (see Award Ceiling Allocation Table below). The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The period of performance is July 1, 2018, through June 30, 2022 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Regional PHTC Program 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.

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

You may apply for up to the award ceiling allocated for the specific HHS region you are applying to serve, as follows:

AWARD CEILING ALLOCATION TABLE		
Region and States/Territories	**# of States/ Territories**	**Award Ceiling Per Year**
Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	6	$940,000
Region 2: New Jersey, New York, Puerto Rico, the U.S. Virgin Islands	4	$780,000
Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	6	$940,000
Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	8	$1,105,000
Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	6	$940,000
Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, Texas	5	$865,000
Region 7: Iowa, Kansas, Missouri, Nebraska	4	$780,000
Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	6	$940,000

Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam	7	$1,030,000
Region 10: Alaska, Idaho, Oregon, Washington	4	$780,000

Student Stipend Support:

At least 10 percent of the award recipient's overall requested budget (direct and indirect costs) must be used for stipend support, according to the following guidelines:

- $3,500 per student; and
- the minimum number of students involved in field placements must be no less than 15 students per region.

Stipends are subsistence allowances for students to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program. The stipend amounts that can be charged to the award are fixed. Award recipients may not provide stipends lower than the amount specified above; however, recipients may choose to provide higher stipend amounts by including funds from non-federal sources.

No full-time student is allowed to receive a stipend for participation in a student field placement for more than 1 year, or 12 consecutive months. Part-time students are allowed to participate in student field placements and receive a stipend prorated at one-half of the fixed amount for no more than 2 years or 24 consecutive months.

Technical Assistance Support:

Recipients must provide a formal plan to establish and implement a formal arrangement with an organization/s able to: (1) train and provide technical assistance with regards to marketing and communication assistance, technical writing, data analysis, instructional design consultation, web design, learning management system design and management, etc., and (2) attend and participate in activities such as HRSA and related stakeholder meetings, learning collaboratives, webinars, and other grant-related activities. Allocation to support this activity should be no less than $75,000 of the grant recipient's total requested budget per year. Details of this allocation must be included in the proposed line item budget and budget justification.

Community Based Training Partnership/s Support:

A CBT Partnership/s may be infused with funding up to $25,000 per funding year to support activities and operations.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include an accredited school of public health, or another public or nonprofit private entity accredited for the provision of graduate or specialized training in public health. Faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible. In addition to the 50 states, 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. Tribes and tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other Eligibility Limitations

Ceiling Amount
Applications that exceed the ceiling amount (see Award Ceiling Allocation Table) will be considered non-responsive and will not be considered for funding under this notice.

Deadline
Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this 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 797(b) of the Public Health Service Act. Complete the MOE document and submit it as **Attachment 7** in your application.

Multiple Applications

NOTE: Multiple applications from an organization are not allowable. Only one application per campus, defining a campus as a division of a university that has its own grounds, buildings and faculty.

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.

Student Eligibility
Stipends are only available for:
- Graduate and doctoral students pursuing a degree in a health profession (including psychology, sociology and social work);
  - Undergraduate juniors or seniors enrolled in a health profession degree program (e.g., public health, psychology, sociology, and social work) may be considered.
- U.S. citizens, non-citizen U.S. nationals, or foreign nationals holding a visa permitting permanent residence in the United States.

Individuals on temporary or student visas are not eligible to receive federal funding under this NOFO.

In the event that a student terminates his or her participation from the program prior to the specified end date, the stipend must be prorated according to the amount of time spent in training, and the award recipient must contact HRSA to discuss options for the remaining stipend funds.

Applicant responsibility
You must select no more than one region to support in your application, and you must agree to support the public health workforce education and training needs across the entire region for the full 4-year period of performance.

Completeness
Failure to include **ALL** required documents as part of the application will result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov. You must use the SF-424 R&R application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 [Find Grant Opportunities](#) 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. Applications must be submitted in the English language and must be 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 **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (bio-sketches), 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 application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to 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, 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 12: 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

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), please 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. The HHS region for which the applicant is competing; and,
4. Which of the 3 HHS clinical priorities (mental health, opioid abuse, and/or childhood obesity) will be addressed by the project, if applicable; and
5. How the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

ii. Project Narrative

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

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*

You must describe the purpose and need for the proposed project, including how you will:
- Specifically designate a geographic area or medically underserved population to be served by the center, including how you will:
  - Assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.
- Evaluate the regional need/demand for workforce development for public health workers in the identified region.
- Address the needs of the population and/or areas including factors such as socioeconomic status, education gaps, the physical environment, lack of employment, and insufficient social support networks, as well as access to health care.
  - Prioritize resources to provide training and education to health professions students, and frontline public health workers and middle managers in in medically underserved communities.

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 demonstrates your experience implementing a project of the proposed scope as **Attachment 2**. A sample work plan can be found here:
http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.
You 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.
  - Describe the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose and Need section. Identify and formally establish CBT Partnerships within the service area, including collaborative educational and training partnerships and linkages among health departments, primary care providers, community organizations (to include non-traditional partners), and other federal agency programs;
  - Utilize CBT Partnerships to identify regional problems to be addressed and gaps which the proposed project is intended to fill;
  - Utilize CBT Partnerships to establish or strengthen faculty-student collaborative projects and field placements with a core focus on socio-environmental factors related to local public health needs. This placement should provide structured opportunities and/or experiences to allow the student to apply acquired knowledge and skills in a public health practice setting. Field experiences should culminate with a deliverable of a poster presentation or scientific report that must include the following sections: abstract, introduction, methodology, findings, conclusions and discussion. These deliverables should be shared with HRSA (for a full definition of Student Field Placements, see the Other Information section).
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of project implementation.
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

(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.

You must submit a logic model for designing and managing the project as part of **Attachment 9**. 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. 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 (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.

***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 the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance

evaluation must monitor ongoing processes and progress toward meeting 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.v. Attachment 3), you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches 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. You should describe your capacity to collect required outcome measures such as, but not limited to the:

- Number and type of continuing education courses offered to the current public health workforce;
- Number and demographic characteristics of students participating in field placements coordinated through the cooperative agreement in accordance with section 766(b)(1);
- Number and type of settings used for field placements coordinated through the cooperative agreement;
- Scope, methods and results from annual needs assessments of training needs among the current workforce;
- Scope, methods and results from core competency training course post training evaluation assessments;
- Scope, methods and results from field placements, and faculty-student collaboration projects supported through the cooperative agreement;
- Number and type of collaborations and partnerships established as CBT partnerships through the cooperative agreement; and
- Scope, methods and results CBT Partnership projects supported through the cooperative agreement.

At the following link, you will find the required data forms for this program (OMB # 0915- 0061; Expiration Date: 06/30/2019): http://bhw.hrsa.gov/grants/reporting/index.html. Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/ outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. 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. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/.

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

You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to:
(a) highlight key elements of your grant projects (e.g., training methods or strategies, which have been effective in improving practices); (b) obtain future sources of potential funding; as well as (c) provide a timetable for becoming self-sufficient. 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.

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

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization'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 Section IV.2.v. Attachment 5.) 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.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 3 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, which 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.

Biographical sketches, not exceeding two pages per person, should include the following information:
- Senior/key personnel name

- Position Title
- Education/Training – beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make 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.

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.	
Narrative Section	**Review Criteria**
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 – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. *Budget*

See Section 4.1.iv of HRSA's *SF-424 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. Please follow the instructions included 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 the application is selected for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

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 satisfy a matching or cost-sharing requirement, as applicable.

Consolidated Appropriations Act, 2017, Division H, § 202, (P.L. 115-31) 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 FY 2018, as required by law.

iv. *Budget Justification Narrative*

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. In addition, the Regional PHTC Program requires the following:
- You must document what percent of the budget will be used for administrative purposes verses education and training, as well as cost borne by the "central office". CBT Partnerships should be funded at a level dependent upon need and planned activities. Please note that all program income generated must be used for approved project activities.
- The Administration/Coordination budget should reflect all costs borne by the recipient.
- Indirect costs under training grants to organizations other than state, local or tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subawards and contracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

Participant/Trainee Support Costs: List tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate

sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

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

v.   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. **Each attachment must be clearly labeled**.

Attachment 1: Documentation of Accreditation
You must attach a copy of your organization's accreditation for the provision of graduate or specialized training in public health. There is a statutory funding preference for accredited schools of public health. A letter documenting CEPH accreditation as a School of Public Health will be used to document eligibility for this preference. See Section V.2.

Attachment 2: Work Plan
Includes all information detailed in response to Program Purpose.

*Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (*See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, 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.

You must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Copies of biographical sketches or resumes for any key employed personnel that will be assigned to work on the proposed project must be uploaded in the SF-424 R&R Senior/Key Person profile form. 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.

Key personnel should have adequate time devoted to the project to achieve the project objectives. Project staff should also have expertise in successful academic-practice partnerships, workforce development issues, adult learning and evidence-based education models, particularly distance learning and those which utilize available and emerging technologies.

- o The principal investigator (PI) should be a senior level health or public health professional with strong expertise in adult education and training; experience and demonstrated leadership skills to direct and guide the conceptual framework and direction of the Regional PHTC program; and provide visibility for the program among health and public health colleagues and organizations. The PI should have no less than 5 percent level of effort dedicated to the Regional PHTC program.
- o The regional applicant should have a Project Coordinator, chosen from a health or public health discipline, which is a senior level professional with strong expertise in adult education and training, management and leadership skills to direct the planning and the day to day operations of the Regional PHTC program. His/her level of effort should be no less than 100 percent.
- o The regional applicant must demonstrate significant expertise within their program and partnership in the region.
- o The staff should include members with significant experience in adult education and training, instructional design and curriculum development.

The application should include the percent effort on the Regional PHTC Program grant and all other sources of salary support for key staff – Principal Investigator, Project Coordinator, Evaluator (i.e., Jane Doe, Project Coordinator: 50 percent Regional PHTC Program grant, 20 percent Title 2 grant, 15 percent University of X, 15 percent NIH grant support)

Attachment 4: 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. Letters of agreement must be signed and dated.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of *the project (not the organization)*.

Attachment 6: Tables, Charts, etc.
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 7: Maintenance of Effort Documentation
You must provide a baseline aggregate expenditure for the prior fiscal year as required by section 797(b) of the Public Health Service Act, 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.

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┌─────────────────────────────────────────────────────────────────┐
│                  NON-FEDERAL EXPENDITURES                         │
│                                                                   │
│  ┌──────────────────────────────┬──────────────────────────────┐ │
│  │ FY 2017 (Actual)             │ FY 2018 (Estimated)          │ │
│  │ Actual FY17 non-federal      │ Estimated FY18 non-federal   │ │
│  │ funds, including in-kind,     │ funds, including in-kind,    │ │
│  │ expended for activities       │ designated for activities    │ │
│  │ proposed in this application. │ proposed in this application.│ │
│  │                              │                              │ │
│  │ Amount: $_____      │ Amount: $_____     │ │
│  │                              │                              │ │
│  └──────────────────────────────┴──────────────────────────────┘ │
│                                                                   │
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Attachment 8: Documentation of Private or Public Nonprofit Status

If you are applying as a public or private nonprofit education institution, you must submit verification from the Internal Revenue Service (IRS) of nonprofit 501(c)(3) status signed by an authorized representative of the IRS, or an authorizing tribal resolution. If you are applying as a tax-exempt public education institution under IRS Section 511, you must submit verification from the IRS in the form of a Government Information Letter. Please visit the IRS website for more information: https://www.irs.gov/government-entities/federal-state-local-governments/governmental-information-letter.

Attachment 9: Logic Model

You must provide a Logic Model that presents the conceptual framework for your project.

Attachment 10: Request for Funding Preference

Include a statement that you are eligible for a funding preference based on being an accredited schools of public health, and state that the required documentation is in Attachment 1. See Section V.2.

Attachment 11: Other Relevant Documents

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

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 (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide.*

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

4. **Submission Dates and Times**

   Application Due Date
   The due date for applications under this NOFO is *January 19, 2018 at 11:59 p.m. Eastern Time.*

   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 Regional PHTC Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

   See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* for additional information.

6. **Funding Restrictions**

   You may request funding for a period of performance of up to 4 years, at no more than at no more than $780,000 to $1,105,000 per year, depending on the region served (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. If funds become available, awards to support projects beyond the first budget year will be contingent upon Congressional appropriation,

satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this notice may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, funds may not be used for the following purposes: supplanting technical assistance activities, which are provided as part of the mission of the grantee institution. Also, grant funds are not to be used for international activities, including international travel. Applicants are expected to leverage their resources to create enhanced training opportunities through partnerships and collaboration.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 FY 2018, as required by law.

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

V.   Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are 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. The Regional PHTC Program has five review criteria:

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's Purpose and Need

Reviewers will consider the extent to which the application demonstrates the problem and associated factors contributing to the problem and the Significance of the needs. Specifically, reviewers will consider the extent to which the application:

- **15 points:** Whether the applicant:
  - Clearly identifies the designated geographic areas or medically underserved populations to be served: describes the target population or area facing significant need/demand for workforce development for public health workers; and
  - Clearly describes the need of the designated geographic area or medically underserved population and/or areas of low socioeconomic status, education gaps, the physical environment, lack of employment, insufficient social support networks, as well as limited access to health care.

- **5 points:** Whether the applicant:
  - Specifically describes the geographic area or medically underserved population to be served by the center that is in a location removed from the main location of the teaching facility of the school that is participating in the program with such center;
  - Identifies strategies for recruitment, placement and retention of current and future public health professional likely to practice in community-based primary care in rural and/or underserved communities; and
  - Demonstrates strength in their assessment of the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan and Sub-section (b) Methodology/Approach, Subsection -(c) Resolution of Challenges

Criterion 2 (a): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) METHODOLOGY/APPROACH
Reviewers will consider the extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives.

Reviewers will consider the extent to which the applicant:
- **5 points:** Meets the needs of the population or geographic area designated and the likelihood that the proposed workplan will address and ameliorate these needs including:

- The extent to which the applicant proposes sufficient resources to provide training and education to frontline public health workers and middle managers in medically underserved communities;
- The breadth and strength of the partners in the CBT Partnerships and what the partnership will bring to the Regional applicant, as is evidenced by agreements and memoranda of understanding in Attachment 11;
- The likelihood that the CBT Partnership in collaboration with its "central office" will address the socio-environmental factors identified in the applicant's needs section including those that affect a wide range of health, functional, and quality-of-life outcomes related to local public health needs by:
  - providing meaningful and high quality faculty-student collaborative projects, curricula, training opportunities, and field placements;
  - implementing effective public health strategies to promote and market the work of the Regional PHTC in alignment with the local needs assessment;
  - establishing effective recruitment and outreach plans that will ensure the project meets or exceeds its training goals; and
  - implementing evidence-based program evaluation to identify process deficiencies and strategies for assessing the progress and enhancing outcomes associated with the Regional PHTC Program.

- **5 points:** Aligns and supports the eight public health workforce strategic skills. In addition to training topics elucidated from local training needs assessments, each PHTC must develop trainings in the primary core public health competency areas, underscoring primary areas (1-3):[5]
  1. systems thinking;
  2. change management;
  3. persuasive communication;
  4. data analytics;
  5. problem solving;
  6. training a "health work force [sic] that reflects and responds to the cultural diversity of populations served" in accordance with section 766(b)(1);
  7. resource management; and
  8. policy engagement.
- **5 points:** Clearly describes plans for coordination and collaboration among and across Regional PHTCs to achieve economies of scale and reduce duplication of effort; and, a plan to disseminate project outputs to key target audiences.

Criterion 2 (b): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Work Plan
Reviewers will consider the extent to which the proposed project responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section. While, evaluating the strength of the proposed goals and objectives and their relationship to the identified project, and the extent to which the activities described in the application are capable of addressing the problem and

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[5] de Beaumont Foundation. (2017). Building Skills for a More Strategic Public Health Workforce: A Call to Action. Available at: http://www.debeaumont.org/consortiumreport/

attaining the project objectives. Reviewers will specifically look at the applications descriptions, tools, and strategies for meeting stated needs. As well as, the extent to which applicants provide a logical description of proposed activities and describe why the project is innovative and the context for why it is innovative. Reviewers will also evaluate the strength and plausibility of the logic model proposed in accomplishing the program requirements below:

- Establish a governance structure for the work of the Regional PHTC and CBT Partnerships; and
- Develop and implement distance-based programming to train and educate public health professionals using a variety of modalities underscoring identified primary public health core compentency areas; and
- Work with other Regional PHTCs to formalize a nationwide PHTC network, and develop and implement cross-cutting public health trainings to increase the knowledge and skills of public health workers; and
- Develop and implement plans to establish or strengthen faculty-student collaborative projects and field placements; and
- Enhance collaborations and linkages with other federal agency programs or local, state, tribal, and national partners; and
- Establish and implement strategies to promote and market the work of the Regional PHTC as well as recruit participants for all activities; and
- Work with governmental public health agencies to develop policies and implement systems changes to motivate public health workers to participate in trainings and to create a culture of learning within the agencies.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges
Reviewers will consider the extent to which you demonstrate an understanding of potential obstacles and challenges during the design and implementation of the project, as well a plan for dealing with identified contingencies that may arise.

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 applicants are able to effectively report on the measurable outcomes being requested. This includes both the internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a).

Specific criteria include the strength and effectiveness of the method proposed to monitor and evaluate the project results. The evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Reviewers will evaluate the extent to which applicants are able to:
- incorporate data collected into program operations to ensure continuous quality improvement;
- include necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported) in the evaluation plan;
- describe how they will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes;
- describe their plan to anticipate obstacles to program/project evaluation and how they propose to address those obstacles;
- outline the feasibility and effectiveness of plans for the dissemination of project results;
- illustrate how project results may be national in scope; and
- demonstrate the degree to which the project activities are replicable and sustainable beyond the federal funding.

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 applicants describe a solid plan for project sustainability after the period of federal funding ends.   Applicants must clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges. Projects will also be reviewed for replicability; reviewers will consider the degree to which the project activities and products are replicable and a plan for project sustainability after the period of federal funding ends.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities
The application should document the extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this should be documented both through your project narrative, as well as through your Attachments. Reviewers will consider the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Organizational information must include the following:
- The organization's current mission and structure, scope of current activities, organizational chart (**Attachment 5**), and description of how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations;
- The program's resources and capabilities to support provision of culturally and linguistically competent and health literate services;
- The organizational capacity to direct, lead, and monitor the program and to provide adequate administrative oversight of federal resources;
- Expertise and experience in the design, development, implementation, and evaluation of training activities;
- Experience managing training resources, and working with training entities, consultants, service providers, and federal officials;

- Capacity to fiscally manage a large federally funded training program including the capacity to develop a standardized method to manage and monitor contracts and subcontracts;
- Experience in adult education and training of the public health workforce;
- Demonstrated capacity and expertise in developing, utilizing, and maintaining various distance learning modalities, as well as instructional design and curriculum development;
- Established partnerships with governmental public health and other key public health stakeholders on a local, state, national, tribal, and federal level;
- The organization's history of addressing the structural determinants and conditions in which people are born, grow, live, work and age (including factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care); and
- Similar expertise among CBT Partnerships in the project.

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

Reviewers will evaluate the reasonableness of applicants' proposed budgets for each 12 month budget period of the of performance, in relation to the objectives, the complexity of the research activities, and the anticipated results. Reviewers will consider:
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; and
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to the responsiveness to the requested budget detail matter; and
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications in each of the 10 HHS regions receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please note that only one cooperative agreement will be awarded for each one of the 10 HHS regions. Further information about the HHS regions is located in Section VIII of thisnotice.

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

For this program, HRSA will use preference, and geographical dispersion (i.e. HRSA will make one award per HHS Region).

Funding Preferences – This funding opportunity includes a preference for any applicant that is a CEPH-accredited school of public health as authorized by Section 766(b)(2) of the Public Health Service Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process.

You must include proof of CEPH accreditation in order to receive consideration (Attachment 1). HRSA staff will determine whether your application meets the funding preference.

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).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, the HRSA's approving and business management officials will determine whether an award can be made, 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 (FAPIIS). 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 FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2018. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 R&R Application Guide*..

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 provided in the award notice.

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

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance,

a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 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 an award 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 cooperative agreement activity.
  - Changes to the objectives from the initially approved cooperative agreement.

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 award notice.

5) **Attribution.** You are required to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

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

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in

part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies, and issue briefs.

6) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

David K. Treer
Grants Management Specialist
Health Professions Branch
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0563
Email: dtreer@hrsa.gov

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

Michael L. Jenkins, Jr., MPH, CHES
Social Scientist
Division of Nursing and Public Health
Attn: Regional PHTC Program
BHW, HRSA
5600 Fishers Lane, Room 11N-94D
Rockville, MD 20857
Telephone: (301) 443-1057
Email: RegionalPHTCNOFO@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 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 among 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/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

The following technical assistance webinar has been scheduled to help you understand, prepare, and submit an application for this NOFO. The webinar is scheduled for:

Day and Date: Thursday, December 7, 2017
Time: 1:00 p.m. – 3:00 p.m. ET
Call-In Number: 1-888-324-9557
Participant Code: 9872141
Web link: https://hrsa.connectsolutions.com/fy18_phtc_nofo/
Playback Number: 1-866-351-5759

Program Definitions:

The following definitions apply to the Regional PHTC Program for FY 2018.

Accredited – A program accredited by a nationally recognized body or bodies, or by a state agency, approved for such purpose by the Secretary of Education, and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a state agency approved for such purpose by the Secretary of Education. There are two forms of accreditation: (1) professional or specialized accreditation, and (2) institutional accreditation. Professional or specialized

accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program's mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation.

Community-Based Training (CBT) Partnership –
A collaborative educational and training partnership and linkage among the applicant (central office), health departments, primary care providers, community organizations (to include non-traditional partners), and other federal agency programs
.

- Each Regional applicant must cover an entire HHS/HRSA region, and a CBT Partnership may not be in each state; however, the recipient at minimum should establish one CBT Partnership, and may establish as many additional CBT Partnerships as necessary to ensure that the needs of each state/territory are met.
- At a minimum, each CBT Partnership should:
    - conduct a local needs assessment;
    - develop and implement plans to establish or strengthen faculty-student collaborative projects and field placements, with a core focus on topics related to addressing socio-environmental factors that affect a wide range of health, functional, and quality-of-life outcomes;
    - promote and market the work of the Regional PHTC;
    - develop a recruitment and outreach plan;
    - implement curricula development and training;
    - conduct program evaluations to identify process deficiencies; and
    - develop strategies for assessing the progress and enhancing outcomes associated with the Regional PHTC Program.
- A CBT Partnership/s may be infused with funding up to $25,000 per funding year from to support activities and operations. CBT Partnerships may also include an CEPH-accredited school of public health or another public or private nonprofit entity accredited by a nationally recognized accrediting body, as specified by the U.S. Department Education for the provision of graduate or specialized training in public health, including public health institutes.
- The role of the Regional PHTC in the CBT Partnership/s is to lead and coordinate the training activities; serve as a convener in leveraging resources across the region to achieve economies of scale; and provide ongoing leadership, support, and technical assistance for the partnership. Regional applicants should prioritize resources to provide training and education to frontline public health workers and middle managers, along with staff from primary care providers, traditional and non-traditional public health partners, as well as to establish or strengthen faculty-student collaborative projects and field placements in communities serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities), and individuals living in MUCs. Collaborative project and field placement topic areas may include telehealth, opioid abuse-mental/behavioral health, childhood obesity,

and population health. In addition, utilizing community health needs assessment and local health improvement plan data, applicants should allocate resources to complete initiatives aimed at addressing the socio-environmental factors that affect a wide range of health, functional, and quality-of-life outcomes related to local public health needs.

Full-time – The number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Faculty-Student Collaborative Project – A project-involving faculty and students designed to enhance public health services to medically underserved communities. Faculty and student collaborative projects may include research projects or community interventions identified by a governmental public health agency or other public health service entity. The students and faculty advisors collaborate with the agency to address specific public health issues among a specified target population, and work together to develop the methodology and plan of approach. Faculty-student collaborative projects can range in duration from 3 to 6 months, depending on the project, and they must have a deliverable of at minimum a scientific report that must include the following sections: abstract, introduction, methodology, findings, conclusions and discussion; additional deliverables may include an abstract suitable for submission to a scientific conference, a poster presentation, or PowerPoint presentation. These deliverables should be shared with HRSA.

Institution – A single campus of a multi-campus university system, a single department or agency of a state or local government or other separate legal entity, also defined as an organization with a single Data Universal Numbering System (DUNS) Number.

Interprofessional collaborative practice (IPCP) – A form of practice in health care involving the provision of care or services by workers from two (2) or more professions. to provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings. IPCP includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, and disease management.[6]

Non-traditional health care settings – Locations where health care and health services are provided outside of hospitals and outpatient clinics, and may include mobile health care vehicles, shelters, community centers, telemedicine, etc.

Part-time – The number of days per week and/or months per year representing part-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled part-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

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[6] World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization. Retrieved August 25, 2017 from http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf

Project – All proposed activities, including educational programs, specified or described in an application as approved for funding.

State/Territory – Any of the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, America Samoa, the U.S. Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau.

Student Field Placement – A placement of a student in a public or nonprofit health agency or organization, particularly one serving underserved areas and populations, to work on a discrete public health project. This placement should provide structured opportunities and/or experiences to allow the student to apply acquired knowledge and skills in a public health practice setting. Field experiences are expected to contribute to the mastery of public health competencies, with a focus on balancing the educational and practice needs of the student with the needs of the community. Field experiences should culminate with a deliverable of a poster presentation or scientific report that must include the following sections: abstract, introduction, methodology, findings, conclusions and discussion. These deliverables should be shared with HRSA.

Regional Information

HRSA will fund up to 10 HHS regional centers to ensure that the U.S. and its jurisdictions all have access to public health workforce education and training. The geographic breakout of the states, territories, and jurisdictions to be included in the 10 HHS regions is shown below:
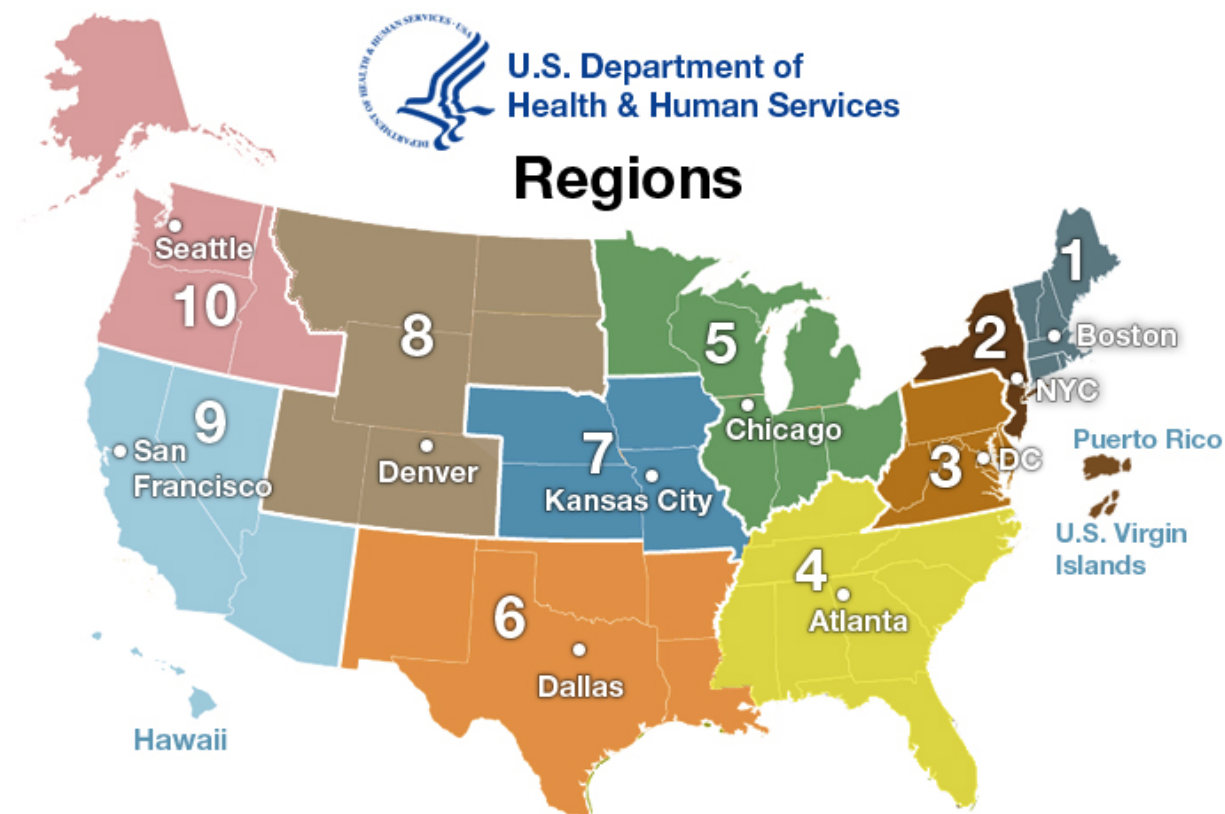
Region 1:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region 2:
New Jersey, New York, Puerto Rico, the U.S. Virgin Islands

Region 3:
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia

Region 4:
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region 5:
Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 6:
Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region 7:
Iowa, Kansas, Missouri, Nebraska

Region 8:
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region 9:
Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam

Region 10:
Alaska, Idaho, Oregon, Washington

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.