

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

Bureau of Health Workforce
Division of Medicine and Dentistry

***Ruth L. Kirschstein National Research Service Award
Institutional Research Training Grant***

Announcement Type: Initial: New, Competing Continuation

Announcement Number: HRSA-16-045

Catalog of Federal Domestic Assistance (CFDA) No. 93.186

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: December 1, 2015

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

Release Date: September 28, 2015

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Authority: Section 487 of the Public Health Service Act, as amended (42 USC 288) and under Federal Regulations 42 CFR 66.

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Workforce is accepting applications for fiscal year (FY) 2016 for the Ruth L. Kirschstein National Research Service Award Institutional Training Grants. The purpose of this grant program is to train postdoctoral health care professionals who may have extensive clinical training but limited research experience. As the nation's population grows and ages, the need for well-trained primary medical care researchers to study the complex array of issues facing the primary health care workforce gains greater importance. The Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Training Grants administered by the Health Resources and Services Administration (HRSA), are awarded to eligible institutions to develop or enhance postdoctoral research training opportunities for individuals who are planning to pursue careers in primary care research.

Funding Opportunity Title:	Ruth L. Kirschstein National Research Service Award Institutional Research Training Grant
Funding Opportunity Number:	HRSA-16-045
Due Date for Applications:	December 1, 2015
Anticipated Total Annual Available Funding:	\$6,900,000
Estimated Number and Type of Award(s):	Up to 17 grants
Estimated Award Amount:	Up to \$400,000 per year
Cost Sharing/Match Required:	No
Project Period:	07/01/2016 - 6/30/2021 (5 years)
Eligible Applicants:	<p>Eligible applicants are those entities that have received a grant under sections 736, 739, or 747 of the Public Health Service (PHS) Act. Section 736 includes the HRSA Centers of Excellence program; section 739 includes the Health Careers Opportunity Program; and section 747 includes the Primary Care Training and Enhancement programs.</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

Application Guide

All applicants 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/sf424rrguide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance Call

A technical assistance call has been scheduled for applicants as follows:

Date: Tuesday, November 3, 2015, 2:00 - 3:30 p.m. (ET)

Call-In Number: 1-800-369-1882

Participant Code: 1847935

Web link: https://hrsa.connectsolutions.com/nrsa_0/

A recorded replay of the webinar will be available after the call, through the closing date of the funding opportunity. The information for the webinar recording will be placed on our website: <http://bhw.hrsa.gov/grants/medicine/nrsa.html>.

Additional contact information for technical assistance is available in *Section VIII*.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the HRSA Ruth L. Kirschstein National Research Service Award (NRSA) program.

Program Purpose

The purpose of the Ruth L. Kirschstein National Research Service Award program is to prepare qualified individuals for careers that will have significant impact on the nation's primary care research agenda and ensure that a diverse and highly trained workforce is available to assume leadership roles in the area of primary health care research. The HRSA NRSA program supports institutional training grants awarded to eligible institutions to develop or enhance postdoctoral research training opportunities for individuals who are planning to pursue careers in primary care research.

Primary care research is research that informs a wide range of issues related to primary care practice and policy, including the quality, costs, and outcomes of primary care; patient-provider communication; generalist-specialist issues; workforce issues; and access to care, including disparities in care. The characteristics of primary care research include:

- Grounding in both clinical and social sciences,
- Emphasis on the complexities of conducting research in real-world settings and use of secondary data,
- Focus on disseminating key research findings back into real-world practice and policy, and encouraging their implementation,
- Addressing services that are often ignored in other medical or health services research, including mental health, dental, social, and enabling (e.g., outreach) services,
- Emphasis on chronic care, acute care, or preventive care, in some cases, and
- Studies of lifestyles and risk factors, as well as ways to change health behaviors.¹

Program Requirements

The institutional training program must provide:

- A strong foundation in research design, methods, and analytic techniques appropriate for primary care research;
- The enhancement of the trainees' ability to conceptualize and think through research problems with increasing independence;

¹ Agency for Healthcare Research and Quality. Overview: Center for Primary Care Research. (n.d.). Retrieved from <http://archive.ahrq.gov/about/cpcr/cpcrover.htm>.

- Experience conducting research using state-of-the-art methods as well as presenting and publishing their research findings;
- The opportunity to interact with members of the scientific community at appropriate scientific meetings and workshops; and
- The enhancement of the trainees' understanding of the health-related sciences and the relationship of their research training to health and disease.

Recipients are expected to use funds for the following activities:

- 1) To plan, develop, and operate a postdoctoral primary care research training program. Programs must include coursework, research experiences, and technical and/or professional skills development as appropriate.
- 2) To support trainee costs, including stipends, tuition and fees, training related expenses, and professional development activities including participation in national conferences and communities of practice relevant to primary care research.
- 3) To plan, develop, and implement a plan to recruit and support diversity in the primary care research workforce.
- 4) To plan, develop and execute evaluation of the training program, including tracking of trainee outcomes over time.

PROGRAM DIRECTOR REQUIREMENTS:

Program Directors must be affiliated with an entity that trains primary care and has received a grant under Section 736, 739 or 747 of the Public Health Service Act. Section 736 includes the HRSA Centers of Excellence program; section 739 includes the Health Careers Opportunity Program; and section 747 includes the Primary Care Training and Enhancement programs. Individuals from under-represented groups as well as individuals with disabilities are encouraged to pursue leadership positions within their institutions. The NRSA research training program director at the institution will be responsible for the selection and appointment of trainees to the NRSA research training grant and for the overall direction, management, and administration of the program.

TRAINEE REQUIREMENTS:

All trainees are required to pursue their research training on a full-time basis, normally defined as 40 hours per week. Appointments are normally made in 12-month increments, and no trainee may be appointed for less than 9 months during the initial period of appointment. Within the full-time training period, research trainees who are also clinicians must devote their time to the proposed research training and must confine clinical duties to those that are an integral part of the research training experience. Trainees may not accept NRSA support for clinical training that is part of residency training leading to clinical certification in a medical or dental specialty or subspecialty. It is permissible and encouraged, however, for clinicians to engage in NRSA supported full-time, postdoctoral research training even when that experience is creditable toward certification by a specialty or subspecialty board.

Postdoctoral trainees must have received, as of the beginning date of the NRSA appointment, a Ph.D., M.D., D.O., D.D.S., D.M.D., or comparable doctoral degree from an accredited domestic or foreign institution. Comparable doctoral degrees include a D.N.P., Psy.D., and Pharm.D. In addition, nurse practitioners and physician assistants are eligible once they have completed their

master's degree training and have at least 2 years of clinical experience apart from the acquisition of the master's degree. Documentation by an authorized official of the degree-granting institution certifying all degree requirements have been met prior to the beginning date of training is acceptable.

NRSA PAYBACK OBLIGATION

NRSA recipients incur a service payback obligation. Each individual who is supported through the NRSA program shall engage in research training, research, or teaching that is health-related (or any combination thereof) for 12 months or for one month for each month of training, whichever is less. For individuals who are supported through NRSA for more than 12 months, the 13th month and each subsequent month of performing activities under the Award shall be considered to be activities engaged in toward the satisfaction of this requirement. Service payback obligations can also be paid back after termination of NRSA support by conducting primary care health related research or teaching on average more than 20 hours per week of a full work year.

Officials at the recipient institution have the responsibility of explaining the terms of the payback requirements to all prospective training candidates before appointment to the training grant. Recipients of NRSA support are responsible for informing the HRSA Project Officer and Grants Management Specialist of changes in their status or address. More information on the terms of the NRSA payback obligation is available in the Payback Agreement ([PHS Form 6031](#)) required for all trainees.

2. Background

This program is authorized by Section 487 of the Public Health Service Act, as amended (42 USC 288). Implementing regulations for this program can be found at 42 CFR Part 66.

The NRSA program has been the primary means of supporting predoctoral and postdoctoral research training programs since enactment of the NRSA legislation in 1974. Research training activities can be in basic biomedical or clinical sciences, in behavioral or social sciences, or in health services research.

HRSA has long recognized the importance of training primary care professionals to become effective clinicians, teachers, researchers and leaders. Research has shown that a strong primary care foundation is critical for health system performance and improved health.^{2,3} The health care system and primary care, in particular, are in a period of transformation. The U.S. Department of Health and Human Services (HHS) is making significant investments to transform health care systems – systems that are integrated, coordinated, engage patients, and address population health.⁴ Developing the primary care researchers to understand the effect of these

² Starfield B, Shi I, Macinko J. Contributions of primary care to health systems and health. *Millbank Quarterly* 2005;83:457-502.

³ Chang C, Stukel TA, Flood AB, Goodman DC. Primary care physician workforce and Medicare beneficiaries' health outcomes. *JAMA*. 2011;305(20):2096-2104.

⁴ CMS State Innovation Models Cooperative Agreement Announcement (May 2014). Available at: <http://innovation.cms.gov/Files/x/StateInnovationRdTwoFOA.pdf>.

transformations is needed to maximize these investments and provide the evidence to move all systems to achieve HHS’s aims of improving health care quality, improving population health, and reducing unnecessary health care costs.

The purpose of the NRSA program is to prepare qualified individuals for careers that will have significant impact on the nation’s primary care research agenda and ensure that a diverse and highly trained workforce is available to assume leadership roles in the area of primary health care research.

Program Definitions

The following definitions apply to the FY 2016 NRSA funding opportunity announcement:

Disadvantaged Background – An individual from a disadvantaged background is defined as someone who comes from an environmentally *or* economically disadvantaged background.

- 1) **Environmentally disadvantaged** means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.
- 2) **Economically disadvantaged** means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of HHS, for use in all health professions programs. The Secretary updates these [income levels in the Federal Register annually](#).

The Secretary defines a “low income family/household” for various health professions programs included in Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

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

⁵ *Federal Register*, Vol. 80, No. 51, March 17, 2015, pp. 13879-13880

⁶ Includes only dependents listed on federal income tax forms. Some programs will use the student’s family rather than his or her parents’ family.

⁷ Adjusted gross income for calendar year 2014.

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The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned “low” rates based on its own enrollment populations. It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.** The most recent annual data available for the last four examples below can be found on your state’s Department of Education website under a high school’s report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available:
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available—had either a:
 - low percentage of seniors receiving a high school diploma; or
 - low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available—many of the enrolled students are eligible for free or reduced-price lunches.

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

Health disparity population – a population that has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population, as compared to the health status of the general population. It further includes populations for which there is a significant disparity in the quality, outcomes, cost, use of, access to, or satisfaction with health care services, as compared to the general population.

National of the United States – a citizen of the United States or a person who, though not a citizen of the United States, owes permanent allegiance to the United States, as defined in [section 101\(a\)\(22\) of the Immigration and Nationality Act](#) (8 U.S.C. 110 (a)(22))

Organization – defined by having a unique Employer Identification Number (EIN). Only one application per Federal tax identification number can be submitted to the NRSA Program competition.

Primary Care – the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.⁸

Stipend – a payment made to an individual under a fellowship or training grant in accordance with established levels to provide for the individual’s living expenses during the period of training. A stipend is not considered compensation for the services expected of an employee.

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

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation.

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding for federal fiscal years 2016 - 2020. Approximately \$6,900,000 is expected to be available annually to fund 17 grantees. Applicants may apply for a ceiling amount of up to \$400,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed and funds can be awarded in a timely matter. Funding beyond the first year is dependent on the amount and availability of appropriated funds for The Ruth L. Kirschstein National Research Service Award in subsequent fiscal years, relevant Appropriations Bill language to fund HRSA supported activities, delegation of authority to carry out these activities, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal government.

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

⁸ Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, Editors. Primary Care: America's Health in a New Era. Committee on the Future of Primary Care, Division of Health Care Services. Institute of Medicine. National Academy Press. Washington, D.C. 1996: p. 31.

Indirect costs under training awards to organizations other than State, local or Indian tribal 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-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are those entities that have received a grant under sections 736, 739 or 747 of the Public Health Service (PHS) Act programs. Section 736 includes the HRSA Centers of Excellence program; section 739 includes the Health Careers Opportunity Program; and section 747 includes the Primary Care Training and Enhancement programs. The Primary Care Training and Enhancement programs include the Academic Administrative Units in Primary Care, Interdisciplinary and Interprofessional Joint Graduate Degree, Physician Assistant Training in Primary Care, Physician Faculty Development in Primary Care, Predoctoral Training in Primary Care, Residency Training in Primary Care, Primary Care Residency Expansion Program, and the Expansion of Physician Assistant Training programs. Applicants must provide documentation of prior grants under these sections in Attachment 7.

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

2. Cost Sharing.

Cost Sharing or matching is not required for this program.

3. Other

Ceiling Amount

Applications that exceed the ceiling amount (\$400,000 per year) will be considered non-responsive and will not be considered for funding under this announcement. Additionally, applicants may not add trainees in subsequent project periods above the total number of trainees proposed in the initial project period.

Deadline

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization **are not** allowable. An “organization” for this FOA is defined as an institution with a single Employer Identification Number (EIN).

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant’s **last** validated electronic submission, under the

correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

A trainee receiving support from award funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 R&R application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

Applicants should always supply an e-mail address to grants.gov when downloading a funding opportunity announcement (FOA) or application package. As noted on the Grants.gov APPLICATION PACKAGE download page, as well as in the Grants.gov User Guide on pages 57-58, this allows us to e-mail the applicant organization in the event the FOA is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified announcement may result in a less competitive or ineligible application.

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. Organizations must submit the information outlined in the Application Guide in addition to the program specific information below.

All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

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, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

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

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of 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. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

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.

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

Provide a brief statement of the purpose of the proposed project. Describe the needs of institution and the community that will be addressed by the proposed project.

Describe the needs for primary care research that the proposed project will address, particularly any relevance for promoting HHS's triple aim of improving health care quality, improving population health, and reducing unnecessary health care costs.

Describe the targeted trainee disciplines, their roles in primary care research, and the training needs of the disciplines.

▪ *RESPONSE TO PROGRAM PURPOSE -- This section includes 3 sub-sections—(a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond To Section V's Review Criteria #2 (a), (b), and (c).*

▪ *(a) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (a) and #6.*

Proposed Training. Provide an overview of the proposed program. Outline the objectives of the program and the program activities that will be used to meet these objectives. Objectives should be specific, measurable, realistic, and achievable within the project period. Describe for whom the training program is intended, including the training level(s) of the trainees, the academic and research background needed to pursue the proposed training, and, as appropriate, plans to accommodate differences in preparation among trainees. Interprofessional training programs are encouraged. Include information about planned courses, mentored research experiences, and any activities designed to develop specific technical skills or other skills essential for the proposed research training.

The applicant must describe program activities intended to develop the working knowledge needed for trainees to select among and prepare for the next step in varied research-related career options. For example, programs must provide all trainees with instruction and training in oral and written presentation, leadership skills, and in skills needed to apply for individual fellowship or grant support. All postdoctoral trainees must also be provided with instruction in project management.

Trainee Candidates. Describe, in general terms, the size and qualifications of the pool of trainee candidates including information about the types of prior clinical and research training and career levels required for the program. Describe the disciplines/professions of the trainees that will be recruited. Do not name prospective trainees or include any personally identifiable information (PII) associated with trainees in the application. Describe specific plans to recruit candidates and explain how these plans will be implemented (see also section on Recruitment and Retention Plan to Enhance Diversity). Describe the nomination and selection process to be used to select candidates who would be offered admission to the program and criteria for trainees' reappointment to the program.

Recruitment and Retention Plan to Enhance Diversity. Applicants must describe their plan for increasing diversity in health professions training programs and the health workforce. Applicants must show commitment to recruiting and retaining a workforce that reflects the diversity of the nation. Applicants must describe their training programs, including their plans to build competencies and skills needed for intercultural understanding and expand cultural fluency, bring people of diverse backgrounds and experiences together, and facilitate innovative and strategic practices that enhance the health of all people. Describe how the proposed activities will increase diversity in the primary care research workforce.

Provide evidence, where appropriate, of success in the past by your program or organization in addressing diversity in the health workforce.

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

Describe, in detail, the activities or steps, and the staff responsible for achieving each of the activities proposed during the entire project period. Identify key partner programs, departments, and organizations, particularly community-based organizations, involved in the project and describe how the organization will function and coordinate carrying out the grant activities.

Include a timeline that describes each activity and identifies responsible staff and the amount of time estimated to carry out each step. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. The Work Plan must also provide a timeline for the recipient's evaluation plan.

Attach the Work Plan in a chart format as Attachment 1. A sample work plan can be found at: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

Applicants must also include an annual training chart that indicates the number of trainees the organization plans to train through the proposed activities. The chart must include information on the following:

- Information on the individuals that will be trained through the grant, including:
 - The number of trainees proposed to train each year;
 - The number trainees projected to complete the program each year;
 - The number of underrepresented minorities projected to train each year; and
 - The number of trainees from a rural or disadvantaged background projected to train each year.
- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*

Discuss challenges that are likely to be encountered in the implementation of activities described in the Work Plan and approaches that will be used to resolve such challenges.

- *IMPACT -- This section includes 2 sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*
- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)*

Describe a plan to review and determine the quality and effectiveness of the training program. This plan must include the metrics to be evaluated (including program activities completed, degree completion (if applicable), publications, fellowships/honors, and subsequent positions) as well as plans to obtain feedback from current and former trainees to help identify weaknesses and to provide suggestions for program improvements. Specified evaluation metrics must be tied to the goals of the program. Evaluation plans must specifically address the following:

HRSA Required Performance and Progress Reporting. Applicants must describe the systems and processes that will support the organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. This includes a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, and how those obstacles will be addressed. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Program Assessment and Improvement. Applicants must describe a continuous quality improvement plan to measure and assess your program's performance. The plan must provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. The plan

must also discuss how the results of these activities will inform improvements in the project over the five-year project period. This must include rapid-cycle quality improvement strategies that will provide feedback to the applicant and HRSA about early results of the implementation and potential modifications to better meet the goals of the program. Additional information and resources on rapid-cycle quality improvement are available at: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>.

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

Applicants must provide a clear plan for project sustainability after the period of federal funding ends, including which aspects of their NRSA funded program activities are most likely to be integrated into current systems and sustained. The applicant must discuss challenges that are likely to be encountered in sustaining the program activities and approaches that will be used to resolve such challenges.

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

In this section, provide information on the applicant organization's current mission and structure, organizational chart, scope of current activities, and applicant organization's ability to conduct the proposed project, such as prior or current experience. Describe the commitment of your institution in supporting this program. Letters of support can be included in Attachment 4.

In this section, include:

Program Administration. Describe the acknowledged strengths, leadership and administrative skills, training experience, scientific expertise, and active research of the Training Program Director (PD). Relate these strengths to the proposed management of the training program. Describe the planned strategy and administrative structure to be used to oversee and monitor the program.

Program Faculty. The application must include information about the program faculty who will be available to serve as preceptors/mentors and provide guidance and expertise appropriate to the level of trainees proposed in the application. Describe the complementary expertise and experiences of the proposed program faculty, including active research and other scholarly activities in which the faculty are engaged, as well as experience mentoring and training individuals at the proposed career stage(s). For any proposed Program Faculty lacking research training experience, describe a plan to ensure successful trainee guidance by these individuals. Describe the criteria used to appoint and remove faculty as Program Faculty and to evaluate their participation.

Applicants must describe in detail the primary care research areas that are strengths of the PD and faculty that will train further health care providers in conducting research. A list of relevant peer-reviewed publications by the PD and faculty should be included in Attachment 5.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.
Response to Program Purpose: (a) Methodology/Approach	(6) Program Specific Review Criteria - Recruitment and Retention Plan to Enhance Diversity

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 differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, *if applicable*, the additional budget instructions provided below.

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.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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 will apply in FY 2016, as required by law.

iv. Budget Justification

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the National Research Service Awards program requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, trainee travel, other, and the number of participants/trainees. Ensure that the 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.

Trainee Stipends: Stipends may only be used for cost of living expenses during the period of training. Grant funds may not be used to pay fringe benefits. Other educational expenses (such as tuition, travel, and conference fees) should be itemized and justified apart from any planned stipend allotment. Maximum stipend levels for postdoctoral trainees are:

Postdoctoral Years of Experience	Stipend Level
0	\$42,840
1	\$44,556
2	\$46,344
3	\$48,192
4	\$50,112
5	\$52,116
6	\$54,216
7 or More	\$56,376

For appointments of less than a full year, the stipend will be based on a monthly or daily proration. The monthly stipend amount is calculated by dividing the current annual stipend by 12. The daily stipend is calculated by dividing the current annual stipend by 365. Appointments for less than one year must be justified.

For postdoctoral trainees, the appropriate stipend level is based on the number of FULL years of relevant postdoctoral experience at the time of appointment. Relevant experience may include research experience (including industrial), teaching, internship, residency, clinical duties, or other time spent in full-time studies in a health-related field following the date of the qualifying doctoral degree.

Tuition and Fees: For individual postdoctoral fellowships an amount per trainee equal to 60% of the level requested by the applicant institution, up to \$4,500 per year, is allowable. If the program supports postdoctoral individuals in formal degree-granting training, the amount provided per trainee enrolled in a degree-granting program will be up to \$16,000 per year.

Training Related Expenses: Institutional costs of up to \$7,850 per year per postdoctoral trainee may be requested to defray the costs of other research training expenses, such as health insurance, administrative staff salaries, consultant costs, equipment, research supplies, and faculty/staff travel directly related to the research training program.

Consultant Services: for applicants that 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: Work Plan

Attach the Work Plan for the project using a table or chart that accounts for all of the information provided in *Section IV, ii. Project Narrative*.

Attachment 2: Staffing Plan, Job Descriptions, and Biographical Sketches of Key Personnel

See *Section 4.1.vi.* of HRSA's [*SF-424 R&R Application Guide*](#) for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Include biographical sketches for persons occupying the key positions, not to exceed two pages in length per biographical sketch. 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. Bio sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form..

Attachment 3: Project Organizational Chart

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

Attachment 4: Letters of Agreement and/or Support

Include any relevant letters of agreement and/or support. Letters must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 5: Relevant Faculty Peer Reviewed Publication

Provide a list of relevant primary care research peer reviewed publications by the Program Director and proposed faculty.

Attachment 6: Accomplishment summary

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the

review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Applicants should also indicate the remaining balance on existing NRSA awards. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 3: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

1. The period covered (dates).
2. Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
3. Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 7: Provide the HRSA grant number of your previous award from sections 736, 739, or 747 of the PHS Act. Section 736 includes the HRSA Centers of Excellence program; section 739 includes the Health Careers Opportunity Program; and section 747 includes the Primary Care Training and Enhancement programs. The Primary Care Training and Enhancement programs include the Academic Administrative Units in Primary Care, Interdisciplinary and Interprofessional Joint Graduate Degree, Physician Assistant Training in Primary Care, Physician Faculty Development in Primary Care, Predoctoral Training in Primary Care, Residency Training in Primary Care, Primary Care Residency Expansion Program, and the Expansion of Physician Assistant Training programs.

Attachment 8: Other Relevant Documents

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

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

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

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *December 1, 2015 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The Ruth L. Kirschstein National Research Service Award is NOT a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to 5 years, at no more than \$400,000 per year, including both direct and indirect costs. Awards to support projects will be contingent upon Congressional appropriation, relevant Appropriations Bill language to fund these HRSA supported activities, delegation of authority to carry out these activities, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the government.

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

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The NRSA program has six (6) review criteria:

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

The extent to which the application:

- Proposes a project which aligns with and is likely to achieve the goal of the NRSA program. Points will be awarded based on the likelihood that the proposed project will (1) prepare qualified individuals for careers that will have significant impact on the nation's primary care research agenda; and (2) result in a diverse and highly trained workforce available to assume leadership roles in the area of primary health care research.
- Describes the needs of the institution and community and how the needs identified align with the goals of the NRSA program.
- Identifies key primary care research questions that will drive primary care research forward, particularly any relevance of the training for promoting HHS's triple aim of improving health care quality, improving population health, and reducing unnecessary health care costs.
- Describes the targeted trainee disciplines and makes a clear link to need for the disciplines in primary care research, as well as identifies the training needs of the disciplines.

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

Criterion 2 (a): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan.

The quality and extent to which the applicant:

- Describes in detail the proposed project goals, objectives, and intended outcomes. Objectives must be specific, measurable, realistic, and achievable within the project period.
- Clearly describes planned training activities, including planned courses, mentored research experiences, and activities designed to develop technical and other skills necessary for primary care research careers.
- Describes a recruitment plan with strategies likely to attract well-qualified candidates to the training program.

Reviewers will assess the degree to which the proposed training program:

- Ensures effective training.
- Provides trainees with knowledge and experience in methods and tools for primary care research.
- Addresses primary care areas in need of research, particularly any relevance of the training for promoting HHS's triple aim of improving health care quality, improving population health, and reducing unnecessary health care costs.
- Prepares trainees for primary care research careers.
- Trains interprofessional primary care researchers.

Criterion 2 (b): WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

- The extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description must include timeline, stakeholders, and a description of the cultural, racial, linguistic and geographic diversity of the populations and communities served;
- The feasibility of the proposed activities and timelines;
- The extent to which the applicant clearly describes and justifies the number of cohorts of graduates/program completers planned during the five-year project period; and
- The adequacy of the staffing plan to implement the proposed work plan. Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel.

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

The extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

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

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

The extent to which the applicant is able to effectively report on the measurable outcomes being requested. This includes both their internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a). Specific criteria include:

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess to what extent: (1) the program objectives have been met, and (2) these can be attributed to the project.
- Strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities including how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans.
- Strength of applicant's ability to report on HRSA's program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data.

For **competing continuations**, reviewers will award points based on a track record of successfully meeting grant objectives, fully utilizing grant funds, and a past research training record that has been successful in producing primary care researchers. Competing continuation applicants should provide this information in an Accomplishment Summary (Attachment 6). Evidence of success in producing primary care researchers includes:

- A track record of trainees that have published and presented during the training period, and subsequent appointments and fellowships or career development.
- Productive primary care research careers achieved by program completers, evidenced by successful competition for research positions in academia, industry, government, or other research venues; grants; receipt of honors; awards; high-impact publications; promotion to leadership positions; and/or other measures of success.

Criterion 3 (b): PROJECT SUSTAINIBILITY (5 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

- The extent to which the applicant describes a solid plan for project sustainability after the period of federal funding ends and identifies those activities that are most likely to be sustained.
- The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities
The extent to which the organization demonstrates capacity and commitment to provide high quality primary care research training. This will be evaluated both through the project narrative as well as the required Staffing Plan and Job Descriptions of Key Personnel, Biographical Sketches of Key Personnel, Relevant Faculty Peer Reviewed Publications, and Accomplishments Summary (Attachments 2, 5, and 6). Specific criteria include:

- The extent to which the program director (PD) has the background, expertise, and administrative and training experience to provide strong leadership, direction, management, and administration of the proposed research training program.
- The extent to which the faculty have the appropriate expertise, including strong records as researchers, and training experience related to the proposed training program.
- The capability and commitment of the applicant organization and partner organization(s), quality and availability of personnel to carry out the proposed project

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

- The reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which trainee stipends are reasonable and supportive of the project objectives

Criterion 6: RECRUITMENT AND RETENTION PLAN TO ENHANCE DIVERSITY (5 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Methodology/Approach, Recruitment and Retention Plan to Enhance Diversity

- The extent to which the applicant describes a clear and feasible plan to enhance the diversity of the primary care research workforce.
- The extent to which the program and/or organization demonstrates a track record, with evidence, for successfully addressing diversity in the health workforce.

2. Review and Selection Process

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

This program does not have any funding preferences or funding priorities or special considerations

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

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. 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 of HRSA's [SF-424 R&R Application Guide](#).

Human Subjects Protection:

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

The successful applicant under this FOA 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. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The BHW Progress Report has two parts. The first part demonstrates 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 NoA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on a semi-annual basis. All BHW 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). Performance Reporting for BHW

programs was newly implemented in Fiscal Year 2012. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NoA.

The semi-annual performance reports will cover the following reporting periods:

Semi Annual Report #1 covers activities between July 1 and December 31. The report must be submitted by January 31 of the following year.

Semi Annual Report #2 covers activities between January 1 and June 30. The report must be submitted by July 31 of the same year.

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

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

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

Further information will be provided in the NoA.

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

5) **Attribution.** HRSA requires recipients 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 grant 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 issues briefs.

6) **Other required reports and/or products.** The institution must submit a completed Statement of Appointment ([PHS Form 2271](#)) for each trainee appointed or reappointed to the training grant. This Form must be completed at the beginning of the initial appointment and annually thereafter. Additionally, a completed Payback Agreement ([PHS Form 6031](#)) must be submitted for each postdoctoral trainee in their first twelve months of support. Within 30 days of the end of the total support period for each trainee, the institution must submit a Termination Notice ([PHS Form 416-7](#)). Failure to submit the required forms to the HRSA Division of Grants Management Operations in a timely, complete, and accurate manner may result in an expenditure disallowance or a delay in any continuation funding for the award. The forms are available on the NIH website at <http://grants1.nih.gov/grants/forms.htm#training>.

VII. Agency Contacts

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

Shelia Burks, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6452
Fax: (301) 443-5461
E-mail: sburks@hrsa.gov

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

Svetlana Cicale, Project Officer
Attn: Funding Program
Bureau of Health Workforce, HRSA
Parklawn Building, Room 12C-06
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7271
Fax: (301) 301-443-1945
E-mail: scicale@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance: Call/Webinar

A technical assistance call has been scheduled for applicants as follows:

Date: Tuesday, November 3, 2015, 2:00 - 3:30 p.m. (ET)
Call-In Number: 1-800-369-1882
Participant Code: 1847935
Web link: https://hrsa.connectsolutions.com/nrsa_0/

A recorded replay of the webinar will be available after the call, through the closing date of the funding opportunity. The information for the webinar recording will be placed on our website: <http://bhw.hrsa.gov/grants/medicine/nrsa.html>.

IX. Tips for Writing a Strong Application

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

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at: <http://bhw.hrsa.gov/grants/technicalassistance/index.html>