

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

Bureau of Health Workforce
Division of Health Careers and Financial Support

Centers of Excellence (COE)

Announcement Type: New, Competing Continuation
Funding Opportunity Number: HRSA-17-065

Catalog of Federal Domestic Assistance (CFDA) No. 93.157

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: January 9, 2017

*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.*

Issuance Date: October 21, 2016

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Authority: Public Health Service Act, Title VII, Section 736, as amended by the Patient Protection and Affordable Care Act of 2010, Section 5401, Public Law 111-148.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce is accepting applications for the fiscal year (FY) 2017 Centers of Excellence (COE) program. The purpose of this grant program is to strengthen the nation's capacity to produce a quality healthcare workforce who's racial and ethnic diversity is representative of the U.S. population. COE will provide funding for innovative resource and education centers to recruit, train, and retain underrepresented minority students and faculty at health professions schools.

Section 736 of the Public Health Service (PHS) Act authorizes funding for education and training enhancement programs to increase opportunities for underrepresented minority individuals to enter and successfully complete a health professions academic program.

Funding Opportunity Title:	Centers of Excellence (COE)
Funding Opportunity Number:	HRSA-17-065
Due Date for Applications:	January 9, 2017
Anticipated Total Annual Available Funding:	Up to \$8,700,000
Estimated Number and Type of Award(s):	Up to 12 awards
Estimated Award Amount:	Up to \$700,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2017 through June 30, 2022 (5 years)
Eligible Applicants:	<p>Eligible applicants for this funding opportunity announcement (FOA) are accredited allopathic schools of medicine, osteopathic medicine, dentistry, pharmacy, and graduate programs in behavioral or mental health that meet the requirements of Section 736(c) of the PHS Act. The four designated Historically Black Colleges and Universities (HBCUs) listed in Section 736 are not eligible for this FOA; they are eligible to compete under a separate FOA to be issued in FY2018.</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf), available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where

instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance, *if applicable*

IF a TA call or webinar is scheduled, please provide details here, **in addition to** providing details in Section VIII. Other Information. ALL details including the day, date, time (start to finish), call-in number, password and any webinar/online link must be in the FOA prior to posting.

COE Live Webinar on November 1, 2016 from 2:00-3:00 PM (ET).

Call-in: 1-800-593-7188
Passcode: 4810791

URL: https://hrsa.connectsolutions.com/fy17_coe/

Instant Replay (available until January 9, 2017, 9:59 PM (CT)):
Dial-in: 1-800-839-4229
Passcode: 1025

COE Technical Assistance Call on November 9, 2016 from 2:00-3:00 PM (ET)

Call-in: 1-800-593-7188
Passcode: 4810791

Instant Replay (available until January 9, 2017, 10:59 PM (CT)):
Dial-in: 1-888-568-0332
Passcode: 1196

Table of Contents

I.	PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1.	PURPOSE	1
2.	BACKGROUND	2
II.	AWARD INFORMATION	3
1.	TYPE OF APPLICATION AND AWARD.....	3
2.	SUMMARY OF FUNDING.....	3
III.	ELIGIBILITY INFORMATION	4
1.	ELIGIBLE APPLICANTS.....	4
2.	COST SHARING/MATCHING	8
3.	OTHER.....	8
IV.	APPLICATION AND SUBMISSION INFORMATION	9
1.	ADDRESS TO REQUEST APPLICATION PACKAGE	9
2.	CONTENT AND FORM OF APPLICATION SUBMISSION	9
i.	<i>Project Abstract</i>	10
ii.	<i>Project Narrative</i>	11
iii.	<i>Budget</i>	16
iv.	<i>Budget Justification Narrative</i>	17
vi.	<i>Attachments</i>	18
3.	<i>Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management</i>	20
4.	SUBMISSION DATES AND TIMES.....	20
5.	INTERGOVERNMENTAL REVIEW	20
6.	FUNDING RESTRICTIONS	21
V.	APPLICATION REVIEW INFORMATION.....	22
1.	REVIEW CRITERIA	22
2.	REVIEW AND SELECTION PROCESS.....	27
3.	ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES	27
4.	ANTICIPATED ANNOUNCEMENT AND AWARD DATES	28
VI.	AWARD ADMINISTRATION INFORMATION.....	28
5.	AWARD NOTICES.....	28
6.	ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	28
7.	REPORTING.....	28
VII.	AGENCY CONTACTS	30
VIII.	OTHER INFORMATION.....	31
IX.	TIPS FOR WRITING A STRONG APPLICATION.....	34

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits new and competitive continuation applications for the FY 2017 Centers of Excellence (COE) program.

Program Purpose

The Centers of Excellence program, hereafter referred to as COE, is authorized by Section 736 of the Public Health Service Act, as amended by the Patient Protection and Affordable Care Act (P.L. 111-148).

Although there have been marked improvements in the health status of all citizens in the United States, racial and ethnic health disparities in disease, death and disability persist. At a time when the nation's population continues to become more racially and ethnically diverse, its healthcare workforce has been unable to keep pace with these changes. Diversity in the healthcare workforce is necessary to achieve the goal of high-quality, safe, and accessible care. Health workforce diversity has also been linked to improvements in health care delivery, increased cultural competence and increased patient satisfaction¹. Thus, a significant and substantial increase in a diverse and culturally competent health professions workforce will contribute to effectively and efficiently addressing the healthcare needs of underrepresented minority (URM) populations. The COE program addresses this need¹.

The COE program award recipients serve as innovative resource and education centers to recruit, train, and retain URM students and faculty at health professions schools. Programs will improve information resources, clinical education, curricula, and cultural competence as they relate to minority health issues and social determinants of health. These award recipients also focus on facilitating faculty and student research on health issues particularly affecting URM groups. The ultimate goal of the program is to strengthen the national capacity to produce a quality healthcare workforce who's racial and ethnic diversity is representative of the U.S. population.

Program Requirements

The COE FOA advances the Bureau of Health Workforce's (BHW) effort to increase access to primary care by supporting programs of excellence in health professions education for underrepresented minority students and faculty in designated health professions schools. The authorized categories of designated health professions schools eligible to apply under these FOA are: 1) Hispanic, 2) Native American, and 3) "Other" health professions schools that meet the following four conditions. The schools must:

1. Have a significant number of URM individuals enrolled in the school, including individuals accepted for enrollment in the school;

2. Have been effective in assisting URM students of the school to complete the program of education and receive the degree involved;²
3. Have been effective in recruiting URM individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging URM students from all levels of the educational pipeline to pursue health professions careers; and
4. Have made significant recruitment efforts to increase the number of URM individuals serving in faculty or administrative positions at health professions schools.

Health professions schools awarded a COE grant must use funds to offer programming that will meet the following seven (7) legislative purposes of the program:

1. Increase the competitive applicant pool for health professions schools through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers;
2. Establish, strengthen or expand programs to enhance URM student academic performance;
3. Improve the capacity of the school for recruitment, training and retention of URM faculty;
4. Carry out activities to improve the information resources, clinical education, curricula and cultural competence of the graduates of the school as it relates to minority health issues;
5. Facilitate faculty and student research on health issues particularly affecting URM groups, including research on issues relating to the delivery of health care;
6. To carry out a program to train students of the school in providing health services to a significant number of URM individuals through training provided to such students at community-based settings providing such health services that are located at a site remote from the main teaching facilities of the school
7. Provide stipends, as appropriate.

2. Background

This program is authorized by Public Health Service Act, Title VII, Section 736, as amended by the Patient Protection and Affordable Care Act of 2010, Section 5401, Public Law 111-148.

The Bureau of Health Workforce is a component of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). For over forty years, HHS/HRSA/BHW has supported programs that recruit and train health professionals. The mission of HRSA's BHW is to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. BHW serves as a focal point for those

² Applicant institutions must meet the URM graduation threshold eligibility criteria outlined in the "Eligibility Criteria for the Centers of Excellence Program in Health Professions Education for Under-Represented Minority Individuals: Final Notice" vol. 77 Federal Register 27 (February 9, 2012), pp 6805-6808.

interested in health professions and workforce issues. Additional information about the Bureau of Health Workforce and its programs is available at <http://www.hrsa.gov/about/organization/bureaus/bhw/>.

The COE program was established to be a catalyst for institutionalizing a commitment to URM students and faculty. Part of this commitment includes providing educational and training opportunities that focus on increasing racial and ethnic diversity among health professions and addressing minority health issues.

Established in 1987 (Excellence in Minority Health Education and Care Act, P.L. 100-97), the COE grant program is designed to support programs of excellence in health professions education for URM individuals in designated health professions schools. The COE program is authorized to provide a funding opportunity to four designated Historically Black Colleges and Universities (HBCUs) and accredited health professions schools who have been effective in assisting Hispanic, Native American, and “Other” URM students to successfully complete an academic program and receive a health profession’s degree. For the COE program, this includes Blacks or African-Americans, Native Americans, Alaska Natives, Eskimos, Aleuts, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation

Funding will be provided in the form of a grant.

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2017–2022. Approximately \$8.7M is expected to be available annually to fund approximately 12 recipients. You may apply for a ceiling amount of up to \$700,000 per year. The project period is July 1, 2017 through June 30, 2022. Funding beyond the first year is dependent on the availability of appropriated funds for the COE program in subsequent fiscal years, satisfactory recipient 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 part 200](#), as codified by HHS at [45 CFR part 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

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. Please note, applicants should monitor the Federal Register for a final rule on additional provisions to 45 CFR §75.414 that may reflect an indirect rate cap of ten percent for training grants.

III. Eligibility Information

1. Eligible Applicants

For the purpose of this FOA, eligible applicants are accredited allopathic schools of medicine, osteopathic medicine, dentistry, pharmacy, and graduate programs in behavioral or mental health that meet the requirements of Section 736(c) of the PHS Act. The four designated Historically Black Colleges and Universities listed in Section 736 are not eligible for this FOA; they are eligible to compete under a separate funding announcement to be issued in FY2018

Designations of COE: Specific Conditions

Below are the specific eligibility requirements for designation as a COE in each of the COE categories:

A. Hispanic COE Programs:

To be eligible for designation as a Hispanic COE, the designated health professions school must meet the following conditions with respect to Hispanic individuals:

1. Have a significant number of Hispanic individuals enrolled in the school or discipline;
2. Have been effective in assisting Hispanic students of the school to complete the education program and receive the health professional degree involved;

The following table specifies the minimum graduation percentage of Hispanic students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health to qualify as a Hispanic COE applicant.

Health Professions School's Eligibility for Hispanic COE

Health Professions School and Degree	Minimum % of Hispanic Student Graduates ³
Schools of Dentistry (D.D.S., D.M.D.)	8.1
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	4.1
Schools of Pharmacy (Pharm.D.)	4.1
Behavioral or Mental Health ⁴	12.4

3. Have been effective in recruiting Hispanic individuals to enroll in and graduate from the school or discipline, including providing scholarships and other financial assistance to such individuals and encouraging Hispanic students from all levels of the educational pipeline to pursue health professions careers; and
4. Have made significant recruitment efforts to increase the number of Hispanic individuals serving in faculty or administrative positions at the school.

Further, an eligible entity for designation as a Hispanic COE must:

1. Agree that it will give priority to Hispanic individuals in carrying out the seven legislative requirements listed earlier in Section I.1;
2. Establish an arrangement with one or more public or nonprofit community-based Hispanic-serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, to help carry out the program to (a) identify Hispanic students who are interested in a career in the health professions involved and (b) facilitate the educational preparation these students to enter the health professions school; and
3. Recruit Hispanic students, including students who have participated in enhancement programs at the undergraduate level or other matriculation programs carried out under arrangements established by the school, and assist Hispanic students in completing the educational requirements for a degree from a designated health professions school.

B. Native American COE Program:

To be eligible for designation as a Native American COE, the designated health professions school involved must meet the following conditions with respect to Native Americans:

1. Have a significant number of Native American individuals enrolled in the schools;
2. Have been effective in assisting Native American students of the schools to complete the program of education and receive the degree involved;

³ These numbers are derived from an analysis of national health professions schools. Eligible Hispanic Centers of Excellence are those entities that meet or exceed the 75 percentile of Hispanics graduating with an M.D., D.O., D.D.S., D.M.D., Pharm.D., or graduate degree in Behavioral or Mental Health, from the school of discipline. The raw data for the threshold analyses were provided by the Integrated Postsecondary Education Data System (IPEDS) Completions survey <https://nces.ed.gov/ipeds/datacenter/Default.aspx>.

⁴ Graduate program in "Behavioral or Mental Health" refers to a graduate program in clinical psychology, social work, clinical/medical social work, mental health counseling, or marriage and family therapy. Masters and doctoral level degrees, but not certificates, were included in this analysis.

The following table specifies the minimum graduation percentage of Native American students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health, to qualify as a Native American COE program applicant.

Health Professions School's Eligibility for Native American COE

Health Professions School and Degree	Minimum % of Native American Student Graduates⁵
Schools of Dentistry (D.D.S., D.M.D.)	0.3⁶
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	0.6
Schools of Pharmacy (Pharm.D.)	0.5
Behavioral or Mental Health³	0.6

3. Have been effective in recruiting Native American individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging URM students from all levels of the educational pipeline to pursue health professions careers; and
4. Have made significant recruitment efforts to increase the number of Native American individuals serving in faculty or administrative positions at the school.

Further, an eligible entity for designation as Native American COE must:

1. Agree that it will give priority to Native American individuals in carrying out the seven legislative duties described in Section I.1;
2. Establish an arrangement with one or more public or nonprofit community-based Native American-serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native American individuals, to help carry out the program to (a) identify Native American students who are interested in a career in the health professions involved, and (b) facilitate the educational preparation for these students to enter the health professions school; and
3. Make efforts to recruit Native American students including students who have participated in enhancement programs at the undergraduate level or other matriculation programs established by the school to facilitate the educational preparation of the student to enter the health professions school, and assist Native American students regarding the completion of the educational requirements for a degree from the school.

If a health professions school does not meet the above listed conditions required for Native American COE, a health professions school may receive a grant to support a Native American COE program if it meets both of the following conditions:

⁵ These numbers are derived from an analysis of national health professions schools. Eligible Native American Centers of Excellence are those entities that meet or exceed the 75 percentile of Native Americans graduating with an M.D., D.O., D.D.S., or D.M.D. from the school of discipline. The raw data for the threshold analyses were provided by the Integrated Postsecondary Education Data System (IPEDS) Completions survey <https://nces.ed.gov/ipeds/datacenter/Default.aspx>.

⁶ Due to the limited number of Native Americans graduating with a D.D.S., D.M.D., and the threshold for this discipline is based on the mean percentage and not on the 75 percentile of Native Americans graduating with the required degree. These programs are encouraged to address building a competitive applicant pool by linking with other pertinent Native American institutions.

- (1) Forms a consortium in accordance with the criteria of designated HBCU COEs⁷ or with the criteria of eligible “Other” COEs to carry out the seven legislative purposes at the schools of the consortium; and
- (2) The above consortium collectively meets the eligible Native American COE program conditions, without regard as to whether the schools individually meet such conditions.

C. “Other” COE Program:

To be eligible for designation as an “Other” COE, the health professions school involved must meet the following conditions:

1. Have a significant number of URM individuals enrolled in the schools;
2. Have been effective in assisting URM students of the schools to complete the program of education and receive the degree involved;

The following table specifies the minimum graduation percentage of URM students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health, to qualify as an “Other” COE applicant.

Health Professions Schools Eligibility for “Other” COE

Health Professions School and Degree	Minimum % of ‘Other’ URM Student Graduates ⁸
Schools of Dentistry (D.D.S., D.M.D.)	15.6
Allopathic/Osteopathic Schools of Medicine (M.D., D.O.)	11.9
Schools of Pharmacy (Pharm.D.)	12.1
Behavioral or Mental Health ⁵	34.5

3. Have been effective in recruiting URM individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging URM students from all levels of the educational pipeline to pursue health professions careers; and
4. Have made significant recruitment efforts to increase the number of URM individuals serving in faculty or administrative positions at the school.

D. Calculation of Graduation Threshold

Each school’s graduation rate percentage will be compared to the minimum graduation percentage of Hispanic, Native American or “Other” students earning a health professions degree, which is required for a health professions school or graduate program in behavioral or mental health. If a school meets or exceeds the threshold, it

⁷ A health profession school designated as a COE at certain historically black colleges and universities is one that is a school described in PHS Act section 799B(1) and received a contract under section PHS Act section 788B for fiscal year 1987 [Advanced Financial Distress Assistance; see Four Designated Historically Black Colleges and Universities], as such section was in effect for such fiscal year.

⁸ These numbers are derived from an analysis of national health professions schools. Eligible URM Centers of Excellence are those entities that meet or exceed the 75 percentile of URM students graduating with an M.D., D.O., D.D.S., D.M.D., Pharm.D., or graduate degree in Behavioral or Mental Health from the school of discipline. The raw data for the threshold analyses were provided by the Integrated Postsecondary Education Data System (IPEDS) Completions survey <https://nces.ed.gov/ipeds/datacenter/Default.aspx>.

will meet the graduation eligibility criterion for the COE program. To calculate their URM graduation percentage, health professions schools would:

- A. Sum the appropriate URM (Hispanic, Native American, or “Other”) population that completed and successfully graduated from the health professions school with degrees across the most recent three years.
- B. Sum the total student population that completed and successfully graduated from the health professions school with degrees across the most recent three years.
- C. Divide A by B to arrive at the average designated URM percentage of successful graduates from the health professions schools with degrees across the past three years.

To be eligible for the COE program, Hispanic, Native American, and “Other” applicants must meet or exceed the proposed graduation thresholds.

2. Cost Sharing/Matching

Cost sharing/ matching is not required for the COE program.

3. Other

Ceiling Amount

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement. Therefore, applications which request greater than \$700,000 for a single application (including indirect costs) per budget year will not be considered for funding under this funding opportunity announcement.

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 announcement.

Maintenance of Effort (MoE) – The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award, as authorized by section §751 (e) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as Attachment 8.

Multiple Applications – NOTE: Multiple applications from an organization are allowable for different designations of COE programs (e.g. Hispanic and Native Americans, or Hispanic and other).

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.

You are reminded that failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

Students/trainees receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States. In addition, per the HHS Grants Policy Statement, for career awards, the individual to be trained must be a citizen or a non-citizen national of the United States or have been lawfully admitted for permanent residence at the time of award. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to 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. You must download the SF-424 R&R application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

It is recommended that you 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, this allows HRSA to e-mail organizations that supply an e-mail address 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. 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 FOA 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 **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Reminder: Biographical Sketches **do** count 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 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 the announcement.

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. Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on this and other 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. 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);
4. Name of school and discipline of COE project;
5. Target URM (e.g., Hispanic, Native American, or Other (list)); and
6. Target Audience: URM students and/or faculty.

The abstract must be **single-spaced** and limited to **one page** in length.

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.

Use the following section headers for the Narrative:

▪ *PURPOSE AND NEED – Corresponds to Review Criterion #1*

You must briefly describe the purpose of the proposed project consistent with the statutory requirements of the COE grant program. This section outlines the needs of your community and/or organization. The needs assessment must have been completed no later than July 1, 2014. You must describe the target population, its unmet health needs, and need for diverse and culturally competent health professionals must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served. You must cite current, publically available demographic data whenever possible (e.g., U.S. Census Bureau at <http://www.census.gov/> or Bureau of Labor Statistics at <http://www.bls.gov/>)

The application must address the following elements:

Community Need:

- Health status indicators for minority populations in the geographic area, and the healthcare workforce gaps to address the identified health issues;
- Demographics of health professionals in the geographic area and;
- Diversity of the specific health professions workforce in the geographic area of the proposed COE project and need for investments in this targeted discipline.

Student Need:

- Evidence of the academic performance, graduation rates and socioeconomic needs of the students in the targeted area;
- Barriers that exist along the educational pipeline that ultimately affect a student's competitiveness to successfully enter and graduate from a health profession school;
- Academic difficulties that URM encounter in taking academic and standardized exams such as the United States Medical Licensing Examination (USMLE) and North American Pharmacists Licensure Examination;
- Challenges in expanding student-initiated research, National Board Dental Exam (NBDE), and North American Veterinary Licensing Examination (NAVLE); and
- Obstacles in preceptor/mentor programs for URM students.

Faculty Development:

- Barriers to building capacity to recruit, train, and retain URM faculty;
- Efforts to date to develop an effective URM Faculty Development Plan to support the progression of junior and clinical faculty;

- Obstacles that preclude the institution from providing professional support in activities that prepare URM faculty for research, grant/publication writing, leadership, and community service; and
 - Barriers in preceptor/mentor programs for URM faculty and challenges in intersecting the faculty mentor program with student research.
- *RESPONSE TO PROGRAM PURPOSE – This section includes 3 sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Review Criteria #2 (a), (b), and (c)*

(a) WORK PLAN – Corresponds to Review Criterion #2 (a)

Describe the activities or steps that will be used to achieve each of the activities proposed in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. Applicants are encouraged to use a chart that includes:

- Project objectives and sub objectives,
- Activities,
- COE legislative purpose that will be met (Please reference FOA Purpose section for further information),
- Resources and personnel responsibilities for program activities,
- Timeframes and milestones, and
- Evaluation outcome measures.

A sample work plan can be found at:

<http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

You must also identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, and the extent to which these contributors reflect the health disparity issues, cultural, racial, linguistic and geographic diversity of the URM populations and communities served.

You must include a logic model that illustrates the strategies and approaches that will be used to achieve desired outcomes.

(b) Methodology/APPROACH – Corresponds to Review Criterion #2 (b)

Propose methods that will be used to meet each of the program requirements and expectations of this funding opportunity announcement. As appropriate, describe the types of tools and strategies that will be used or developed to ensure the project has the necessary infrastructure and capacity to carry out the project over the 3-year project period.

In the proposal, the applicant must describe:

- The activities (including changes to curriculum) they will employ to increase the number of students who will receive clinical training. You must (1) identify the current percentage of students who receive clinical training at community-based health facilities, and (2) the projected increase in percentage of students who receive clinical training for each year of the 3-year project period;

- The clinical training settings including any community-based settings and whether they serve minority populations;
- Efforts to assess and monitor competencies associated with health professions students including delivering health care to minority populations;
- Activities to develop and implement training opportunities for Interprofessional education (IPE) over the 3-year period as feasible;
- Strategies to support student-initiated faculty-mentored research on health disparities, cultural competency, social determinants of health, and health issues affecting URM groups as described under the Program Requirements section. Specifically, you must describe how epidemiological and/or other types of population health data will be used to support the need for such research projects over the 3-year period;
- How it will improve access to and disseminate best practices and evidence-based models for the recruitment, retention and training of URM students in the health professions;
- Activities to improve the academic performance of URM students at the health professions school;
- The plan for improving the cultural competency, curriculum and clinical education as they relate to minority health issues using quantitative and qualitative measures; and
- You must work to develop an effective URM Faculty Development Plan that clearly shows the progression of junior and clinical faculty but has not been fully operationalized.

(c) Resolution of Challenges – Corresponds to Review Criterion #2 (c)

Discuss challenges and barriers that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approach that will be used to resolve such challenges and barriers.

- *IMPACT – This section includes 2 sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Review Criteria #3 (a) and (b)*

(a) Evaluation and Technical Support Capacity – Corresponds to Review Criterion #3 (a)

Evaluation Plan: You must describe a plan to evaluate their program that achieves performance improvement. The evaluation plan must, at a minimum, incorporate a rapid cycle quality improvement (RCQI) method to assess and monitor program objectives and make adjustments as needed to improve program outputs and outcomes over the project period. The plan must also include a description 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 measures will be reported. The evaluation plan must include a description of anticipated obstacles, the methods used to overcome those obstacles, and a plan for dissemination of project results.

You must also describe the systems and processes that will support the organization's collection of the required HRSA performance measurements. You must describe 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 through the use of the following forms: <http://bhw.hrsa.gov/grants/reporting/index.html>. Please click on diversity under Reporting Manuals and Performance Measures. Examples of the required forms will be listed under Centers of Excellence.

(b) PROJECT SUSTAINABILITY – Corresponds to Review Criterion #3 (b)

You must include plans for project sustainability by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined time frame. The documentation must specify strategies to obtain future potential sources of income, as well as specify strategies and a timetable for becoming self-sufficient. Award recipients are expected to sustain key elements of their grant projects (e.g., training methods or strategies) which have been effective in improving practices. You must describe 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 Review Criterion #4*

Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart (Attachment 1), and describe how these all contribute to the ability of your organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of up-to-date information on health disparity issues affecting minority communities, including social determinants of health, culturally and linguistically competent health care, and health literacy services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. This includes URM students and faculty, key staff and their relevant training and experience, as well as the capabilities of the applicant organization and their available facilities.

You must include a description of activities that indicates how you will contribute to the reduction of the identified barrier(s), including:

- Exemplify applicant's trends in reaching and providing appropriate training to URM students: (a) The targeted participants in recruitment, training and retaining URM students; (b) the five-year trend in the number and percentage distribution of total school enrollment and graduation of URM students in the health discipline program; (c) student clinical training in health care services; and (d) student initiated research focused on health disparity issues, including research on issues related to the delivery of health care.
- Exemplify applicant's trends in URM faculty recruitment, development, and retention: (a) The five-year trend, including successes and challenges in

promoting and retaining URM faculty; (b) reporting the number and percentage distribution of total full-time and part-time URM faculty in the health discipline school/college.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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 Advisory Committee (e.g., Advisory Committee on Minority Health, National Advisory Committee on Rural Health and Human Services, etc.).
- **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 three 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

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) 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/Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation/Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Please follow the instructions included the *R&R 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 Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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 2017, 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 COE program requires the following:

Trainee Costs

- ***Participant/Trainee Support Costs*** – For applicants with 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.
- ***Faculty Fellowships and Stipends*** – Faculty fellowships are to be incorporated into a formal URM faculty development program. Selection criteria will be established in concert with the sponsoring Chair and the institutional COE program director. It is anticipated that institutional commitment will be addressed in retention efforts to hire fellows in training as full-time faculty after successful completion of fellowship training program. Fellowship support awarded will be limited to the amount of \$45,048 or 50% of salary (whichever is less) for a maximum of 2 years. Activities to be included are training in pedagogical and research methods, and mentoring by senior faculty. The institution may request tuition and fees, including appropriate health insurance, only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported fellows. A maximum amount of \$5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support.
- ***Student Stipends*** – Stipends for student participants may be awarded only to URM individuals to encourage participation and provide support needed to participate in structured programs of the COE Program. Such stipends shall be an amount deemed appropriate and must be justified. In addition to a comprehensive justification, include the following: 1) a description of the method for determining student need, and 2) documentation of record keeping practices including the role of the Financial Aid Office, as appropriate. It is the responsibility of the grantee to document the basis for grant expenditures related to trainee stipends. Prior to providing stipends, grantees must provide the Grants Management Office with all information on other programs that they participate in where federal assistance is available. Please refer to the Grants Policy Statement at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> for further information on stipends.
- ***Post-Baccalaureate Conditional Acceptance Program*** – Stipends should be awarded according to the COE Post-Baccalaureate program requirements. Grant funds will be used to provide stipends to the cohort for both summer sessions and during the academic year (not to exceed 12 months). Additionally, COE Post-Baccalaureate programs should include an initial diagnostic summer session, post-baccalaureate level academic year, pre-matriculation summer session, academic counseling, tutoring, and psychosocial support.
- ***Tuition and Fees*** – Tuition and fees are not allowable for participants who do not receive a faculty fellowship as described above.
- ***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.

- **Subawards/Consortium/Contractual Costs** – As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. You must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

vi. Attachments

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

Attachment 1: Organizational Chart – Provide a one-page figure that depicts the organizational structure of the project staff, including any collaborating partners, with title.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel – See section 4.1.vi of HRSA's SF-424 Application Guide for required information. 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. Describe the specific job title, responsibilities, percent FTE, and geographic location of personnel, and where this person is in the organizational chart. Job descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included as well. Keep each job description to one page in length as much as is possible.

Attachment 3: Underrepresented Minority Student Enrollment and Graduation Tables – Indicate the number and percent distribution of URM students by race/ethnicity and academic year, including the number of URM graduates. Indicate the number and percent distribution of the total school enrollment of URM students by race/ethnicity and academic year.

Attachment 4: Student Clinical Training In Health Care Services – List the number of COE students who participated in health services training at sites located in community based health facilities in the last three years.

Attachment 5: Underrepresented Minority Full-Time and Part-Time Faculty and Administrative Positions – Provide the information regarding the positions currently held by URM faculty.

Attachment 6: Letters of Support – Include only Letters of Support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). A Letter of Support must be dated and signed within 12 months of the COE application deadline.

Attachment 7: Accomplishment Summary – Include a brief (3 pages maximum) accomplishment summary if the application is for the same program area and discipline as currently or previously funded. A well-presented accomplishment summary provides a description of the degree to which you met previous project objectives. The accomplishment summary should identify the period covered (dates). It should present the quantitative and qualitative measures used to evaluate the project in the context of each funded objective and the results obtained for each, including the number of trainees. It should address how performance and evaluation information was used to develop the project for which funding is being requested. It should include a list of articles published in peer reviewed journals presenting the outcomes of activities supported by grant funds. 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 impact of current or previous grant-supported activities will be considered in Review Criterion 4 – Organizational Information, Resources and Capabilities. (See Section V, “Application Review Information,” for an explanation of review criteria.) The Accomplishment Summary is for the purpose of objective review only and does not replace the need for currently funded award recipients to submit their annual progress report.

Attachment 8: Maintenance of Effort Information (MOE) – Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms:

NON-FEDERAL EXPENDITURES	
<p>FY 2016 (Actual) Actual FY 2016 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$_____</p>	<p>FY 2017 (Estimated) Estimated FY 2017 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$_____</p>

Attachment 9: Other Relevant Attachments – As applicable; counted in the page limit. Include here any other documents that are 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 the 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](#).

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 *January 9, 2017 at 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 COE program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Section 4.1 ii of HRSA's SF-424 R&R Application Guide for additional information.

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 project period of up to three (3) years, at no more than \$700,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, a determination that continued funding would be in the best interest of the Federal Government, and annual approval by the Secretary.

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 H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) 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 2017 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 the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

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

Faculty fellowship support awarded will be limited to the amount of \$45,048 or 50 percent of salary (whichever is less) for a maximum of 2 years. A maximum amount of \$5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support.

Stipends for student participants may be awarded only to URM individuals to encourage participation and provide support needed to participate in structured programs of the COE Program.

As stated in Section 736(h)(3) of the PHS Act, with respect to any Federal funds received by a COE and available for carrying out activities under the grant, the applicant agrees that they will, before expending COE grant funds, expend Federal funds obtained from sources other than this grant, unless given prior approval from the HHS Secretary or her designee.

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 the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The COE program has 5 (five) review criteria:

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

The quality of and extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem as evidenced by the following. The applicant uses quantifiable, verifiable, publically available data to demonstrate the need for the program.

Community Need:

- The applicant demonstrates that the health status indicators for URM populations in the geographic area show a significant unmet need and that the healthcare workforce is insufficient to address the identified health issues;
- The applicant demonstrates that the diversity of the specific health profession does not match the diversity of the in the geographic area.

Student Need:

- The applicant identifies that students in the targeted area have a compelling academic performance and socio-economic need that aligns with the goals of the COE program;
- The applicant demonstrates a compelling need for this investment to address the barriers and challenges to recruitment, retention, graduation, and licensure of URM students;
- The applicant demonstrates a full understanding of the barriers to and a need for the expansion of student-initiated research and preceptor/mentor programs for URM students.

Faculty Development:

- The applicant identifies a compelling need for this investment to address the barriers to building institutional capacity to recruit, train, and retain URM faculty which aligns with goals of the program;

- The applicant presents significant obstacles that preclude the institution from providing professional support in activities that prepare URM faculty for research, grant/publication writing, leadership, and community service and which align with the intent of the program; and
- The applicant identifies meaningful challenges in developing preceptor/mentor programs for URM faculty and opportunities to improve the intersection of the mentor program with student research.

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): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The extent to which the application is clear, comprehensive, and provides a specific set of goals and objectives that are measurable, feasible and sufficiently challenging. The applicant identifies concrete steps, a timeline, and logic model that are likely result in the achievement of those goals and objectives.

The extent to which the applicant identifies stakeholders and contributors who (1) reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served and (2) are likely to support the effective implementation of the program.

The quality of and extent to which the proposed project responds to the "Purpose" included in the program description. The extent to which the activities proposed are sufficient to address the needs of the community, students, and faculty identified in the needs section. Specifically, the extent to which the application:

- Aligns with the COE legislative purposes in a manner that is effective, well-delineated and consistent with the programmatic requirements;
- Alignment of the proposed objectives and activities with the legislative purposes;
- Effective use of population health data to expand existing training programs to include student and faculty research development activities in one or more of the following health disparities topic areas listed under Program Requirements;
- Expanded opportunities for student-initiated faculty-mentored research on minority health/health disparities;
- Objectives that are measurable (using baseline data) with specific outcomes for each budget period of the project; and provides anticipated outcome data in quantitative and qualitative terms using actual numbers and percentages;
- Strategies to promote faculty mentor programs utilizing student-initiated research; and
- The specific qualitative and quantitative outcome measures for each cultural competency objective and activity.

Criterion 2 (b): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

The extent to which the application responds to the requirements and expectations of the program and addresses the needs of the community, students, and faculty highlighted in the Need section. The extent to which the applicant proposes methods – and clearly describes tools and strategies – that fully address the stated needs, is well-aligned program requirements, and fully meets the purpose of the FOA as demonstrated by the following:

- Established baseline and a comprehensive plan to significantly increase the number of students over the 3-year project period that will be receiving community-based clinical experiences in rural and/or MUCs;
- Detailed description of approaches that will be used to integrate Interprofessional education (IPE) through education, training and clinical activities;
- The extent to which the application demonstrates COE specific courses, clinical training, an inter-institutional network, and/or activities which develop students' and faculty knowledge and appreciation of how culture impacts health and the delivery of quality health care services;
- The extent to which COE cultural competence activities enhance key tools and skills that improve the ability of program participants (future URM health professionals and faculty) to effectively communicate, provide services to patients from diverse social and cultural backgrounds, and increase self-awareness about multicultural issues; and
- The applicant's work to develop an effective URM Faculty Development Plan that clearly shows the progression of junior and clinical faculty but has not been fully operationalized.

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 determine the quality and extent in which the applicant describes:

- Potential obstacles and challenges encountered during the design and implementation of preceptor/mentor programs for URM students;
- Potential challenges and barriers that exist, at any point along the educational pipeline, that ultimately affect an URM student's competitiveness to successfully enter; and
- A reasonable, actionable, and evidence-based plan to address the challenges identified above.

Criterion 3: IMPACT (35 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 determine the extent to which the applicant is able to effectively report on the measurable outcomes requested. This includes both their discussion of an internal program performance evaluation plan and their organization's capacity to collect and timely report on the required performance measures to HRSA including:

- The evaluation plan provides a clear and logical methodology for monitoring progress for the attainment of the program objectives and provide feedback for continuous programmatic improvement;
- The data collection methodology and analysis is well described, and the personnel who will be involved with in the activities are identified;
- The program has skilled and experienced evaluation staff (Attachment 2), including previous work of a similar nature and related publications, and describes the responsibilities of key personnel and the amount of time and effort proposed to perform the project evaluation activities;
- A clear description of the system by which URM students and faculty will be tracked from entry into the proposed COE program through the end of the project period is provided. Other information tracked will include enhanced academic performance, successful pass-rate on standardized exams, successful graduation with a health professions degree from the health professions school and subsequent practice, particularly in a health professions shortage area, if applicable, as well as retention and promotion of URM faculty;
- The work plan includes a descriptive infrastructure for data collection, if not already in place. Applicant includes a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data, and how such data (a) displays competencies associated with delivering health care to URM populations among health professions students; (b) displays processes that will be used for program development or anticipated challenges; and (c) contributes to improvement of overall project performance; and
- The strength of the plan for disseminating and implementing COE project outcomes and results within and outside of the institution, including the health professions education and/or health professions workforce; and the community, regionally and/or nationally, including timelines.

Criterion 3 (b): PROJECT SUSTAINIBILITY (20 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

The degree to which the project activities are replicable, and the sustainability of the program extends beyond the Federal funding, as evidenced by the following:

- The extent to which the activities are replicable and sustainable, such as successful recruitment, training, and retention of URM students and faculty, and successful graduation of culturally competent URM health professionals and faculty;
- The extent to which the program, or significant components of the program, will be maintained beyond Federal COE grant funding, including future potential sources of income, funding initiatives and strategies, and a proposed timetable for becoming self-sufficient;
- A plan to improve access to and dissemination of best practices related to effective recruitment, and retention of URM students and faculty, faculty development, cultural competency and health research of racial and ethnic

minority populations individually and in partnership with the other HBCU COEs;
and

- Resolutions to challenges to reach self-sufficiency.

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

Reviewers will determine the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through the information in the project narrative, as well as the Attachments.

Reviewers will also determine the quality and extent to which the following are articulated:

- The capabilities of the applicant organization, quality of health professions education, and availability of facilities and personnel to fulfill the needs and requirements of the proposed program and demonstrated commitment to developing a culturally and linguistically competent health professions workforce by establishing a system that values the importance of culture in the delivery of health care services to all segments of the population;
- Evidence of demonstrated commitment to URM students and/or URM faculty and minority health issues;
- Applicant organization's access to quality resources such as facilities and infrastructure in order to fulfill the needs and requirements of the proposed project and immediately begin implementation;
- Confirmation of adequate staffing plan for the proposed project including the project organization chart (Attachment 1), qualifications, experience, and training of key personnel;
- Meaningful support and collaboration with key stakeholders (internal and external) who are able to assist with the planning, design, and implementation of all activities. Description should include the type and role of the partners and any leveraged resources (Attachments 2 and 6); The three-year trend, including successes and challenges in promoting and retaining URM faculty, in the number and percentage distribution of total fulltime and part-time URM faculty in the health discipline school;
- The three-year trend in the number and percentage distribution of total school graduation of URM students in the health discipline program; (a) student clinical training in health care services; and (b) student initiated research focused on health disparity issues, including research on issues related to the delivery of health care; and
- For **Competing Continuing Applications** only: (Attachment 7) the extent to which the program specific accomplishments, successful outcomes, and other relevant information demonstrate the history of achieving COE requirements; the extent to which the sustainability plan presented in the previous grant application was reasonable and acted upon during the previous project period.
- For **New Competing Applications** only: the extent to which the program specific accomplishments, successful outcomes and other relevant information demonstrate the history of achieving requirements of similar programs to COE;

the extent to which the sustainability plan presented in the past three (3) years was reasonable and acted upon during the 3 year time period.

Criterion 5: SUPPORT REQUESTED (10 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, complexity of the activities and the anticipated results. The quality of and extent to which the Budget Justification Narrative addresses the following:

- Clear description of the administrative and managerial capability to carry out the project;
- The assurance of the effective use of grant funds and resources to carry out the project as evidenced by a reasonable proposed budget that reflects effective use of the funds requested and a detailed justification for each line item; and
- Clear justification on the level of financial assistance provided to URM students and/or URM faculty participating in the proposed project, including the eligibility criteria, type of award (delineated by activities) award amount and budget period.

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution and health professional discipline mix), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

3. Assessment of Risk and Other Pre-Award Activities

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](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's 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 grants 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 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 the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant'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, 2017.

VI. Award Administration Information

5. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2017. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

6. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 R&R Application Guide](#).

7. Reporting

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.
 - a. 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.

- b. 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 EHBs on an 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). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NoA.

The annual performance report and Final Performance Report will include all activities. If the end date of the project extends beyond June 30th in the final project year, awardees will complete a Final Performance Report to submit the remaining performance data. Final Performance Reports are due within 90 days after the project period ends.

- 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 Electronic Handbook system 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.** 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 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.

VII. Agency Contacts

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

William Weisenberg
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8056
Email: [wweißenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov)

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

Violet Ryo-Hwa Woo, MS, MPH
Public Health Analyst/Project Officer
Health Careers Pipeline Branch
Division of Health Careers and Financial Support
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N50
Rockville, MD 20857
Email: vwoo@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance

with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

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

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

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: <http://www.cdc.gov/eval/resources/>.

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

Technical Assistance:

COE Live Webinar on November 1, 2016 from 2:00-3:00 PM (ET).

Call-in: 1-800-593-7188
Passcode: 4810791
URL: https://hrsa.connectsolutions.com/fy17_coe/

Instant Replay (available until January 9, 2017, 9:59 PM (CT)):
Dial-in: 1-800-839-4229
Passcode: 1025

COE Technical Assistance Call on November 9, 2016 from 2:00-3:00 PM (ET)

Call-in: 1-800-593-7188
Passcode: 4810791

Instant Replay (available until January 9, 2017, 10:59 PM (CT):
Dial-in: 1-888-568-0332
Passcode: 1196

Program Definitions

The following definitions apply to the COE program for Fiscal Year 2017:

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

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.

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 the U.S. Department of Health and Human Services, 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 Title VII of the PHS 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.

2016 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	Income Level**		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$23,760	\$29,680	\$27,340
2	32,040	40,040	36,860
3	40,320	50,400	46,380
4	48,600	60,760	55,900
5	56,880	71,120	65,420
6	65,160	81,480	74,940
7	73,460	91,840	84,460
8	81,780	102,240	94,020
For each additional person, add	\$8,320	\$10,400	\$9,560

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

** Adjusted gross income for calendar year 2015.

SOURCE: *Federal Register*, Vol. 81, No. 45, March 8, 2016, pp. 12108 - 12109

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 your 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 allow 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 healthcare 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.

Interprofessional education: Occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). The goals of interprofessional collaboration and education are to encourage increased knowledge of the roles and responsibilities of other disciplines, and to improve communication and collaboration among disciplines in future work settings.

Medically Underserved Community (MUC): A geographic location or population of individuals that is eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved

Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing. More information on HRSA shortage designations is available at: <http://www.hrsa.gov/shortage/>.

Social Determinants of Health: Circumstances, in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

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 Blacks or African-Americans, Native Americans, Alaska Natives, Eskimos, Aleuts, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai). The term "Hispanic" means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

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, BHW has developed a number of recorded webcasts with information that may assist you in preparing a competitive application. These webcasts can be accessed at: <http://www.hrsa.gov/grants/apply/writestrong/>.