

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

Bureau of Health Workforce
Division of Health Careers and Financial Support
Health Careers Opportunity Program (HCOP)

Health Careers Opportunity Program
Skills Training and Health Workforce Development of Paraprofessionals

Announcement Type: New
Announcement Number: HRSA-14-144

Catalog of Federal Domestic Assistance (CFDA) No.: 93.329

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: July 16, 2014

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

Release Date: June 13, 2014
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Authority: Section 739 of the Public Health Service Act (42 U.S.C. 293c).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) Bureau of Health Workforce (BHW) is accepting applications for the Health Careers Opportunity Program (HCOP) Skills Training and Health Workforce Development of Paraprofessionals grant program.

The purpose of the *HCOP Skills Training and Health Workforce Development of Paraprofessionals Program* is to train and expand the health paraprofessional workforce to meet the employment needs of the community through existing certificate training programs that provide a pathway to an associate's and/or bachelor's degree and community partnerships to support job placement, particularly in rural and underserved areas. The grant program will also help improve the public's access to quality health care by supporting programs that increase diversity in the paraprofessional health workforce. A diverse, culturally-aligned, and competent workforce is necessary to improve access to quality health care, reduce health disparities and improve health equity in all U.S. populations.

HRSA is seeking to train approximately 750 health paraprofessionals per year through this program. The funding is to support students in community, technical, and tribal colleges and universities, who are seeking to obtain formal training in a health paraprofessional field. Paraprofessional certificate training programs may include care coordinator, community health worker, dental assistant, home health aide, medical assistant, patient navigator, outreach worker, promotora, and other health paraprofessionals that correspond to the needs identified in an applicant's health paraprofessional employment needs assessment and Labor Market Information analysis specific to the geographic region proposed.

Funding Opportunity Title:	HCOP Skills Training and Health Workforce Development of Paraprofessionals Program
Funding Opportunity Number:	HRSA-14-144
Due Date for Applications:	July 16, 2014
Anticipated Total Annual Available Funding:	A total of \$2,000,000 will be available in FY 2014.
Estimated Number and Type of Award(s):	10-15 grants
Estimated Award Amount:	Up to \$200,000 per year
Cost Sharing/Match Required:	None Required
Length of Project Period:	3 years (September 1, 2014 to August 31, 2017)
Project Start Date:	September 1, 2014
Eligible Applicants:	Eligibility includes: accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Two technical assistance calls are scheduled for applicants:

June 19, 2014 at 11:00 AM ET

Call-in Number: 1-800-369-1711

Participant Code: 4110394

Adobe Connect Link: <https://hrsa.connectsolutions.com/hcoptrainta/>

For replay information (The recording will be available until July 15, 2014): 1-866-484-6431

Passcode: 8914

June 24, 2014 at 3:00 PM ET

Call-in Number: 1-800-369-1711

Participant Code: 4110394

Adobe Connect Link: <https://hrsa.connectsolutions.com/hcoptrainta/>

For replay information (The recording will be available until August 24, 2014): 1-888-566-0406

Passcode: 8414

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the FY 2014 Health Careers Opportunity Program (HCOP) – Skills Training and Health Workforce Development of Paraprofessionals grant program. Authorized in 1972, HCOP provides grants to eligible accredited health professions schools and public and private non-profit health or educational entities. The program’s goal is to provide students from economically and educationally disadvantaged backgrounds an opportunity to develop the skills needed to successfully compete for, enter, and graduate from health or allied health professions schools. The purpose of this grant program is to train and expand the health paraprofessional workforce to meet the employment needs of the community with a particular focus on team-based care, and to promote employment and a career ladder for those trained through career coaching and placement partnership with the community, particularly in rural and underserved areas.

HRSA’s Bureau of Health Workforce has made investments in improving diversity in the health professions workforce by training entry-level and health paraprofessional workers, and intends to enhance these efforts through this funding opportunity. The goal of this investment is to grow the workforce while simultaneously promoting employment and a career ladder for graduates of health paraprofessional training programs. This funding opportunity also further strengthens HRSA’s efforts to train individuals from educationally or economically disadvantaged backgrounds.

Grantees will be expected to expand the health paraprofessional workforce by supporting education and training for health paraprofessionals that result in a certificate or license. The HCOP Skills Training and Health Workforce Development of Paraprofessionals grant program will close the gap in access to health care by increasing the number of culturally-competent and well-prepared health paraprofessionals working in rural and underserved communities.

Program Requirements:

HCOP grant program applicants, as applicable, must establish an agreement with a community, technical, and/or tribal college(s) in their geographic region to provide certificate training programs to paraprofessionals. As applicable, a signed copy of an existing or pending formal agreement(s) with community, technical, and/or tribal colleges must be included in **Attachment 2**. If a formal agreement with a community, technical, and/or tribal college has not yet been developed, the applicant should at a minimum include a signed letter of agreement from the college(s) as part of **Attachment 2**, and describe how the college(s) will partner with the grantee to carry-out the proposal.

The applicant must demonstrate that they, or their partner community, technical, and/or tribal college(s), have an existing health paraprofessional certificate training program(s) in one or more health paraprofessional fields, which may include: care coordinator, community health worker, dental assistant, home health aide, medical assistant, patient navigator, outreach worker, promotora, and others that correspond to the needs identified in an applicant’s health paraprofessional employment needs assessment and Labor Market Information analysis that are specific to the proposed geographic region.

Grantees will be expected to use the grant funds for the HCOP Skills Training and Health Workforce Development of Paraprofessionals program for the following activities:

1. Utilize Labor Market Information related to the health paraprofessional job market in the proposed geographic region to determine how to better align existing training programs with the needs of employers to increase the likelihood of participants finding employment within three months of program completion;
2. Enhance the existing health paraprofessional training program(s) to include content, curricula and community-based field placements in rural and underserved settings;
3. Recruit students who are interested in pursuing a health paraprofessional training or individuals who are already practicing but want additional credentials to advance their employability. Applicants are to recruit individuals who are educationally and economically disadvantaged to pursue the health paraprofessional training program(s);
4. Support accepted students to complete an existing certificate training program in a health paraprofessional field by covering at least ninety percent (90%) of all associated training costs;
5. Create more slots in the health paraprofessional training program(s) to expand the number of students trained;
6. Develop relationships with non-profit and public organizations with a special emphasis on organizations that provide primary care services, such as community health centers, and rural health clinics, or organizations that provide training and technical assistance to safety-net providers such as Primary Care Associations/Primary Care Organizations. These organizations are essential to hosting student field placements and assisting with career placement for graduates of the program. All partnering organizations must submit a formal letter of agreement that describes their commitment to offering field placements and plan to assist with employment of the graduates of the program;
7. Engage with other organizations/institutions in the community that may be able to provide support and resources to recruit, train and place students, including labor unions, American Job Centers,¹ and where applicable, regional partners such as the Delta Regional Authority, Appalachian Regional Commission or U.S. Mexico Border Health Commission. Together with these organizations, the grantee should work within their local communities to respond to the changing health care environment and to create a demand for paraprofessionals who work in integrated community health teams in primary care and other health care settings;
8. Engage with other organizations/institutions to, and/or where established within the grantee's organization, provide career development and job placement services that assist students in obtaining employment following the training program. Grantees should provide specific employment development activities designed to help participants gain employability skills, work experience, and assist participants in finding employment; and
9. Collect and report on needed program and performance information, and disseminate findings to appropriate audiences.

¹ American Job Center, a partnership between the Departments of Labor, Education and Veteran's Affairs as well as the General Services Administration, Small Business Administration, and the White House, is a single access point for key federal programs and critical local resources to help people find a job, identify training programs, and tap into resources to gain skills in growing industries. <http://jobcenter.usa.gov>

Grantees, or their partnering community, technical and/or tribal college(s) as applicable, are to offer one or more training programs in a health paraprofessional field. The training program, including the community-based field placement, must be completed within a 12 month period from the start of each budget period/the initial year budget period.

Training program prerequisites for health paraprofessionals must be at a minimum a high school diploma or GED, and the training must be able to lead to an associate's and/or bachelor's degree in the future, as applicable. Include information about the training curricula and prerequisites in **Attachment 7**. In order to train greater numbers of students while ensuring appropriate economies of scale, applicants are encouraged to include multiple relevant health paraprofessional training programs in their application.

Applicants must provide proof of accreditation for their organization and training programs, as applicable, as part of **Attachment 6**. Accreditation must be provided by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. More information is available at the following web site:
(http://www2.ed.gov/admins/finaid/accred/accreditation_pg5.html#NationallyRecognized).

Where applicable, training programs recognized by a national regulatory body or state government within the proposed geographic service area must offer a state licensure or certification to the trainee upon completion. Information regarding the state or national certification/credentialing for the specific health paraprofessional training must be included in **Attachment 6**.

Health paraprofessional training programs and community-based field placements should prepare students to perform and/or assist providers with a broad range of functions including, but not limited to the following:

1. Discussing and assessing problems and developing a plan of action in consultation with a team of providers;
2. Serving as effective members of interprofessional community health teams in primary care and other health and social service settings and providing clinical services as appropriate;
3. Recognizing health-related issues and concerns, and referring to the appropriate professionals for care;
4. Providing education, guidance, social support, and assistance to patients;
5. Educating individuals and families about access to and the use of services and enhancing their ability to effectively communicate with providers;
6. Working with appropriate organizations to increase and improve access to care;
7. Providing culturally and linguistically appropriate education and services;
8. Providing referral, follow-up and care coordination services as applicable to their role in their organization and community; and
9. Providing individual, family, and community health promotion and prevention activities.

Grantees should also be committed to increasing diversity in health professions training programs and the health workforce. This commitment extends to ensuring that the workforce is reflective of the diversity of the nation. Training programs should develop the competencies and skills needed for intercultural understanding and expand cultural fluency, recognizing that

bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people.

Use of Funds

Applicants may request a maximum of \$2,000 per student to cover all associated trainee and program support costs for each budget period. Applicants may apply for a maximum of \$200,000 for each budget period. Applicants may use the following allowable funding allocation and guidance pertaining to the Program Requirements.

Program/Student Support (See Program Requirement Items: 1, 2, 3, 4, and 5 above)

It is recommended that applicants allocate approximately 75 percent of their overall requested budget (direct costs only) to support training costs for students. No more than 12 consecutive months of student support is allowed per student.

Administrative and Management Activities (See Program Requirement Items 6, 7, 8, and 9 above)

It is recommended that the remaining funds of approximately 25 percent of the applicant's overall requested budget (direct and indirect costs) may be dedicated to administrative and management activities as outlined in the Program Requirements Items 6, 7, 8 and 9.

2. Background

This program is authorized by Section 739 of the Public Health Service Act. BHW continues to support the HCOP grant program to increase the population's access to health care through the development of a diverse, health care workforce that can adapt to the population's changing health care needs and provide access to the highest quality care for all.

Overview

With large numbers of newly insured individuals and significant changes in health care delivery and models of care, the need for entry-level health care workers is growing. Since many of the newly insured will utilize primary care settings that are becoming patient-centered medical homes with interprofessional care teams, there are new facilitation and care coordination roles to be filled to ensure successful patient health outcomes. These roles and functions include care coordination; motivational interviewing and treatment compliance; health education and coaching; and patient navigation. According to the Bureau of Labor Statistics, between 2012 and 2022, there will be a growth rate of 21 percent for community health workers², 29 percent for medical assistants³, 25 percent for dental assistants⁴, and 48percent for home health aides⁵ indicating the need for training of these workers.

² Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Health Educators and Community Health Workers, on the Internet at <http://www.bls.gov/ooh/community-and-social-service/health-educators.htm> (visited June 03, 2014).

³ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Medical Assistants, on the Internet at <http://www.bls.gov/ooh/healthcare/medical-assistants.htm> (visited June 03, 2014).

⁴ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Dental Assistants, on the Internet at <http://www.bls.gov/ooh/healthcare/dental-assistants.htm> (visited June 03, 2014).

⁵ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2014-15 Edition*, Home Health Aides, on the Internet at <http://www.bls.gov/ooh/healthcare/home-health-aides.htm> (visited June 03, 2014).

The inclusion of paraprofessionals as part of the integrated care team can result in greater quality, efficiency, and effectiveness of services and coordination of care. Paraprofessionals are often the first point of contact for patients, and their functions may include: communicating with team members, families, and other professionals in the community; contributing to integrated and interprofessional care; care coordination; motivational interviewing and treatment compliance; connecting patients with other resources; health education and coaching and patient navigation.

HCOP grantees will support educational entities that establish and maintain community-based, primary care training programs in rural and medically underserved areas through working with community and technical colleges. According to the American Association of Community Colleges 2013 Community College Fact Sheet, 48 percent of students are non-white (18 percent Hispanic, 15 percent Black, 6 percent Asian and Pacific Islanders, 1 percent Native American, and 9 percent Other/Unknown).⁶ Other demographics of community college students include: 40 percent are of the first generation to attend college, and 16 percent are single parents, 7 percent are non-citizens, 12 percent are students with disabilities, and 3 percent are Veterans.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2016. Approximately \$2 million is expected to be available to fund ten to fifteen (10 to 15) grantees. Applicants may apply for a ceiling amount of up to \$200,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the HCOP grant program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants and other public or private nonprofit health or educational entities, which includes community colleges, technical colleges and tribal colleges. Each applicant must specifically state its eligibility information in the project abstract.

⁶ American Association of Community Colleges, 2013 Fact Sheet on Community Colleges.
http://www.aacc.nche.edu/AboutCC/Documents/2013facts_fold_revised.pdf

Eligible applicant institutions/organizations must be located in the United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

a. Eligible Student Participants

Students who meet the definition of either educationally or economically disadvantaged, and who express an interest in pursuing a health degree program are eligible for participation in an HCOP. Students must be U.S. citizens, non-citizen nationals, or foreign national who possess a visa permitting permanent residence in the United States. Individuals on temporary or student visas **are not** eligible to receive HCOP support through the program.

Individuals are considered **“educationally disadvantaged”** if they come from an environment that has inhibited the individual from obtaining the knowledge, skills and abilities required to enroll in and graduated from a health professions school or health program. **It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as educationally disadvantaged.**

Individuals are considered **“economically disadvantaged”** if they come from a family with an annual income at or below low-income thresholds according to family size, as published by the U.S. Bureau of the Census, adjusted annually for changes in Consumer Price Index, and adjusted by the Secretary for use in all health and allied health professions programs.

The table below provides a breakdown of family income levels used to determine “economically disadvantaged” student eligibility. The Department’s poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index.

2014 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<u>Size of parents’ family *</u>	<u>Income level **</u>
1	\$23,340
2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180

Includes only dependents listed on Federal income tax forms, and reflects adjusted gross income for calendar year 2013. Source: Federal Register: April 22, 2014 (Volume 79 Issue 77) pg. 22506

*Note: Separate low-income levels for Alaska and Hawaii are published, reflecting the Office of Economic Opportunity administrative practice beginning in 1966-1970. For low-income guidelines related to Alaska and Hawaii please see the above referenced Federal Register Notice.

**Note: For families/households with more than 8 persons, add \$8,120 for each additional person.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

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

Multiple training programs with more than one community, technical, and/or tribal college that are relevant may be included in a single application.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at Grants.gov.

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under this announcement.

Program-specific Instructions

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

i. Project Abstract

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

In addition to the instructions in the guide, please provide the Project Title at the top of the abstract. Format the body of the abstract as follows:

- Announcement Number indicating the HCOP Grant Program;
- Name of community, technical or tribal college partner(s), if applicable.
- Name of paraprofessional training program(s) and focus of the training and education;
- Brief overview of the proposed project, including number of students to be trained; and
- Goals and specific, measurable objectives of the proposed project.

The project abstract must be single-spaced and limited to one page in length. The abstract is often distributed to provide information to the public and the Congress. Therefore, the abstract should be written in a clear, concise, and accurate manner without reference to other parts of the application. Do not include personal identifying information in the abstract.

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:

- *INTRODUCTION – Corresponds to Section V's Review Criterion #1*

This section should present the applicant organization to the objective reviewer and briefly describe the purpose and background of the proposed project, critically evaluating the need to improve the public's access to quality health care by supporting programs that increase diversity in the paraprofessional health workforce.

- *NEEDS ASSESSMENT– Corresponds to Section V's Review Criterion #1*

This section outlines the unmet health and workforce needs of the communities that will be served by the proposed project as well as the health professions training needs of the identified disadvantaged student population. This section should also define the geographic area (e.g. community, city, state, region, etc.) that will benefit from the proposed activities. Describe the needs for health paraprofessional employment for the defined geographic area, the types of health related paraprofessionals needed and the capacity to employ the proposed newly trained paraprofessionals. The Labor Market Information related to the health paraprofessional job market in the geographic region must be provided as **Attachment 9**.

Demographic data should be used and cited whenever possible to support the information provided. Discuss any relevant gaps or barriers in the defined area, including unmet needs of the population and limitations of the current health care system, with focus on how the proposed project plans to ameliorate or overcome them. Include citations and references for the data provided.

As appropriate, this section should include but not be limited to a discussion of:

- State and local health status indicators;
- Labor Market Information related to the health paraprofessional job market (job categories may include, but are not limited to care coordinator, community health worker, dental assistant, home health aide, medical assistant, outreach worker, promotora, patient navigator, and other health paraprofessionals that may be trained through this grant);
- The health paraprofessional training program(s) offered by the institution. Include the prerequisites for enrollment, and the courses and hands-on learning required. Include information if the training is part of a career pathway with stackable credentials. Applicants may include more than one relevant health paraprofessional training program in the application; and,
- The number of students graduating from the health paraprofessional training program(s) over the last five years, and the job placement for these graduates, as applicable. Also, include relevant demographics of students, such as race, ethnicity, and socio-economic status.

- *METHODOLOGY – Corresponds to Section V’s Review Criteria #2*

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include details about the development and implementation of any new effective tools and strategies that will be pursued to meet these needs.

- *WORK PLAN – Corresponds to Section V’s Review Criteria #2, #4,#5, and #6*

Describe the strategies, activities, methods, techniques, or steps that will be used to achieve each of the objectives in the project proposal. Each activity must support the proposed project outcomes. Innovations must be linked to the methods to recruit and train individuals who are educationally and economically disadvantaged to pursue the health paraprofessional training program(s).

Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application. Describe the extent to which these contributors reflect the cultural, racial, ethnic, gender, sexual preference, linguistic and geographic diversity of the populations and communities served.

The work plan should include:

- Goals of the project (including objectives and sub-objectives);
- Responsible entity/entities (e.g., key staff and partners);
- Activities;
- Timeline;

- Deliverables and/or products; and
- Proposed outcomes.

The applicant should clearly explain how the proposed objectives and sub-objectives will be implemented. State objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed. The objectives and sub-objectives should address plans and/or strategies for:

- Supporting accepted students to complete an existing training program in a health paraprofessional field by covering at least ninety percent (90%) of all associated training costs.
- Enhancing the existing paraprofessional training program(s) to include content, curricula and community-based field placements in rural and underserved settings with an emphasis on team-based care.
- Ensuring prerequisites for a training program for health paraprofessionals are at a minimum a high school diploma or GED. Include how the training can lead to an associate's or bachelor's degree. Multiple training programs that are relevant may be included in a single application.
- Creating more slots in the health paraprofessional training program(s) to expand the number of students trained.
- Recruiting students that are interested in pursuing a health paraprofessional training program or individuals who are already practicing but want additional credentials to advance their employability. Applicants must take into account recruiting a diverse group of students to pursue the training program(s).
- Developing relationships with non-profit and public organizations with a special emphasis on organizations that provide primary care services, such as community health centers, and rural health clinics, or organizations that provide training and technical assistance to safety-net providers such as Primary Care Associations/Primary Care Organizations. These organizations are essential to hosting student field placements and assisting with career placements for graduates of the program.
- Partnering with organizations. All applicants need to submit a formal letter of agreement that describes their commitment to offering field placements and plan to assist with employment of the graduates of the program as **Attachment 2**.
- Engaging with other organizations/institutions in the community that may be able to provide support and resources to recruit train and place students, including labor unions, American Job Centers,⁷ and where applicable, regional partners such as the Delta Regional Authority, Appalachian Regional Commission or U.S. Mexico Border Health Commission. Together with these organizations, the grantee should work within their local communities to respond to the changing health care environment and to create a demand for health paraprofessionals who work in integrated community health teams in primary care and other health settings.
- Engaging with other organizations/institutions to, and/or where established within the grantee's organization, provide career development and job placement services

⁷ American Job Center, a partnership between the Departments of Labor, Education and Veteran's Affairs as well as the General Services Administration, Small Business Administration, and the White House, is a single access point for key federal programs and critical local resources to help people find a job, identify training programs, and tap into resources to gain skills in growing industries. <http://jobcenter.usa.gov>

that assist students in obtaining employment following the training program. Applicants should provide specific employment development activities designed to help participants gain employability skills, work experience and assist participants in finding employment.

Sustainability plan: The applicant must include plans for sustainability by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined period of time. All applicants should demonstrate a timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

Dissemination of Outcomes: Develop a plan for dissemination of all products in venues such as conferences, presentations, publications, electronic recordings, web-based publishing, and teleconference. Dissemination of products/outcomes should be to State/community stakeholder groups such as planning and advisory councils. The applicant should plan to report on dissemination activities in the annual progress report.

▪ *RESOLUTION OF CHALLENGES – Corresponds to Section V's Review Criterion #2*

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

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V's Review Criteria #3*

Applicants must describe a plan for monitoring and evaluating program performance that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives, sub-objectives, activities and timelines of the project. Performance evaluations are expected to demonstrate 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project. Include descriptions of the inputs (e.g., organizational profile, interprofessional partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes with different cultural groups (e.g., race, ethnicity, language, and tradition) and explain how the data will be used to inform program development and service delivery and strengthen project performance.

Applicants must describe any potential barriers for implementing the program performance evaluation and how those barriers will be addressed. The applicant must also demonstrate expertise, experience, and the technical capacity to carry out the evaluation plan and collect required performance measures.

Applicants should describe their capacity to collect required outcome measures (such as, but not limited to:

- The number and types of courses, curricula, or other training programs offered in a health paraprofessional field;
- The number and demographics of new students trained and the number who graduate during the one-year budget period;
- The number of graduates who pursue careers in primary care or other health care settings;
- The number and types of organizations partnered with for community-based field placements in primary care and team-based settings;
- The number and types of organizations partnered with for career development and job placements; and
- The employment locations of graduates.

- *ORGANIZATIONAL INFORMATION – Corresponds to Section V’s Review Criterion #5*

Provide information on the applicant organization’s current mission and structure, scope of current activities, personnel, quality and availability of facilities, and an organizational chart.

Organizational information, including organizational charts, should also be included for the partnering organizations that will play a key role in the implementation of project objectives and activities. Describe how these all contribute to the ability of the organization to conduct the HCOP Skills Training and Health Workforce Development of Paraprofessionals requirements and meet program expectations. Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent, interprofessional education, and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The applicant should provide the following information:

- Evidence of adequate staffing plan for proposed project including the project organizational chart (s) (Staffing Plan - **Attachment 1** and Organizational Chart - **Attachment 3**);
- Evidence of a successful track record of recruiting students into health paraprofessional training program(s) and in helping to place the graduates into careers; and
- Evidence of support and commitment by nonprofit and public organizations including community health centers and other primary care settings to provide field placements and job placement for these students. This may be demonstrated by resources and/or letters of support (i.e., commitment to provide financial or in-kind resources) (**Attachment 8**).

iii. Budget and Budget Justification Narrative

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 grant-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.

See Section 4.1.iv and v. of HRSA’s [SF-424 R&R Application Guide](#).

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

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, Pub. L. 113-76 signed into law on January 17, 2014 includes a provision that 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.

iv. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Staffing Plan, Job Descriptions for Key Personnel, and Biographical Sketches (see section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#)) (counted in page limit)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Include biographical sketches for persons occupying the key positions, not to exceed two pages in length for each position. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. Bio sketches should be uploaded in SF-424 R&R Senior/Key Person Profile form.

Attachment 2: (If Applicable) Formal Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (counted in the page limit)

Provide a summary list of proposed and existing contracts that highlights working relationships between the applicant organization and other entities and programs cited in the proposal (e.g. community and technical colleges, and tribal colleges and universities). Full contract documents or other additional information may be requested after awards are made. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the sub-contractors and any deliverable(s). Formal letters of agreement and contracts must be dated and signed.

Attachment 3: Project Organizational Chart (counted in page limit)

Provide a one-page figure that depicts the organizational structure of the project, including partnering community, technical and/or tribal colleges, subcontractors and other significant collaborators.

Attachment 4: Tables, Charts, etc. (counted in page limit)

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

Attachment 5: Maintenance of Effort Documentation (counted in page limit)

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.

NON-FEDERAL EXPENDITURES	
<p>FY 2013 (Actual)</p> <p>Actual FY 2013 non-Federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.</p> <p>Amount: \$ _____</p>	<p>FY 2014 (Estimated)</p> <p>Estimated FY 2014 non-Federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

Attachment 6: Documentation of Accreditation (counted in page limit)

Entities must be accredited by a nationally recognized accrediting agency, as specified by the U.S. Department of Education. Applicants must include a copy of their accreditation letter or other evidence of accreditation. Information regarding State or national certification, as applicable for the specific paraprofessional training, must be included.

Attachment 7: Documentation of the health paraprofessional training curriculum, courses, and pre-requisites (counted in page limit)

Prerequisites for training programs for health paraprofessionals must be at a minimum a high school diploma or GED, and the training must be able to lead to an associate's and/or bachelor's degree in the future, as applicable. For example, the training program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career. Include information about training curricula and prerequisites. As applicable, information regarding State or national certification, credentialing or licensure for the health paraprofessional training program(s) must be included.

Attachment 8: Letters of Commitment for Field Placement and/or Job Placement (counted in page limit)

Applicants must develop relationships with non-profit and public organizations that provide primary care services – i.e. community health centers, rural health clinics and other primary care settings. Applicants must provide evidence through letters of commitment for field placement or job placement for newly trained health paraprofessionals.

Attachment 9: Labor Market Information (counted in page limit)

Applicants must provide in sufficient detail the needs for the health paraprofessionals and the capacity to employ the newly trained paraprofessionals. Labor Market information related to the health paraprofessional job market in the geographic region must be provided.

Attachment 10 -11: Other Relevant Documents (counted in page limit)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is July 16, 2014 at 11:59 P.M. Eastern Time.

4. Intergovernmental Review

This grant program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$200,000 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, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

- Direct health care service delivery not related to training;
- Direct compensation or payment to parents of HCOP participants who participate in HCOP activities;
- Training expenses for faculty and staff;
- Test taking fees for health professions schools;
- Dependency allowances;
- Construction of facilities, acquisition of land, or fund raising;
- Interview trips to health and allied health professions schools;
- Support of courses that are offered as part of the regular academic curriculum;
- Sectarian instruction or for any religious purpose;
- Job placement activities;
- Activities for health professionals (e.g., internships, externships, residencies);
- Remedial courses;
- Faculty support for full-time course work during the academic year;
- Pilot projects, planning projects, feasibility studies, or activities of a similar nature; or
- Entertainment activities (including meals, beverages, lodging, and transportation).

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

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

V. Application Review Information

1. Review Criteria

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

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

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

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction & Needs Assessment

The extent to which the application describes the health care needs of the communities to be served. Applicant must adequately describe the identified health and social service needs of the geographic service area/target audience. The quality of and extent to which the application addresses the following:

- Demographic data to support application information;
- Local and state health status indicators for the geographic service area;
- Identified primary health care needs for the geographic service area and what is required to meet these needs;
- Labor Market Information related to the specific health paraprofessional job market (job categories may include care coordinator, community health worker, dental assistant, home health aide, medical assistant, outreach worker, patient navigator, promotora and other health paraprofessionals that may be trained through this program);
- The current health paraprofessional training program(s) offered by the institution including prerequisites for enrollment, courses and information that describes if the training is part of a career pathway program; and
- The number of students graduating from these training program(s) over the last five years and the job placement for these graduates. Include the relevant demographics of the students such as race, ethnicity and socio-economic status.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan & Resolution of Challenges

The quality of and extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed methods that will be used and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

The feasibility, quality of, and extent to which the application addresses:

- The goals of the project (including objectives and sub-objectives), responsible entity/entities (e.g., key staff and partners), activities, timeline, deliverables and/or products, and proposed outcomes;
- How students will be supported to complete a training program in a health paraprofessional field by covering at least ninety percent (90%) of all associated training costs;
- How the health paraprofessional training program(s) will be enhanced to include courses, curricula, and community-based field placements in rural and underserved settings with emphasis on team-based care. Prerequisites for the program and how the training can lead to an associate’s or bachelor’s degree;
- How more slots will be created in the health paraprofessional training program(s) to expand the number of students trained;
- Strategies to recruit students who interested in pursuing a health paraprofessional training or practicing individuals who desire additional credentials. Extent to which applicants describe recruiting a diverse group of students;
- Plans to develop relationships with non-profit and public organizations focusing on primary health care services, and can serve as resources for field placements. Description of the special emphasis on placements for graduates of the program into primary care settings;
- Methods to engage with other organizations/institutions in the community that may be able to provide support and resources to recruit and train students, including labor unions, and American Job Centers. Work with these organizations in local communities to respond to the changing health care environment and to create a demand for health paraprofessionals who work in integrated community health teams in primary care and other health settings;
- Strategies to provide career development and job placements services to assist students in obtaining employment following the training program. Applicants’ specific employment development activities that are designed to help participants gain employability skills and work experience and assist participants in finding employment;
- An understanding of the need for diversity and individuals who are educationally and economically disadvantaged to pursue health professions to improve health equity in the communities; and
- The quality of the approaches to resolve challenges likely to be encountered in designing and implementing proposed activities.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity)

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

The quality of and extent to which the applicant describes:

- The overall evaluation plan;
- The systems and processes that will support the organization's performance management through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes;
- The data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, identifying different cultural groups (e.g., race, ethnicity, language, and tradition) and explaining how the data will be used to inform program development;
- The potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed;
- The expertise, experience, and the technical capacity to carry-out the evaluation plan and collect required performance measures; and
- The capacity to collect and report data on a semi-annual basis, including but not limited to:
 - The number and types of courses, curriculums, or other training programs offered in a health paraprofessional field;
 - The number and demographics of new students trained and the number who graduate during the one-year budget period;
 - The number of graduates who pursue careers in primary care or other health care settings;
 - The number and types of organizations partnered with for community-based field placements in primary care and team-based settings;
 - The number and types of organizations partnered with for career development and job placements; and
 - The employment locations of graduates

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s Work Plan

- The sustainability of the program beyond the Federal funding;
 - The institution should outline a sustainability plan. All applicants must demonstrate strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient; and
- The feasibility and effectiveness of plans for dissemination of project results.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Work Plan and Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

The quality of and extent to which the application demonstrates:

- Evidence of an adequate staffing plan for proposed project including the project organizational chart;
- The percentage of time, including in-kind, dedicated to the project by the Project Director;
- The activities, timeline, and responsible staff to achieve each of the objectives proposed during each year of the three-year project period;
- Evidence of resources to provide culturally and linguistically competent interprofessional education and health literate services.
- Evidence of meaningful support and collaboration with key stakeholders in planning, designing and implementing activities including the development of the application.
- Evidence of successful track record of recruiting students into the training program(s) and key contributors reflect the diversity of the populations and communities served in helping to place the graduates into careers; and
- Evidence of support and commitment by nonprofit and public organizations through a letter of interest that describes their commitment to offering training placements and the plan to assist with employment of the graduates of the program.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV’s Work Plan, Budget, and Budget Justification

The reasonableness of the proposed budget for the one-year project period in relation to the objectives, the complexity of the programmatic activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and work plan, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and

2. Review and Selection Process

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

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2014. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Implementation of United States v. Windsor and Federal Recognition of Same-sex Spouses/Marriages

The following policy applies to:

- all grants except block grants governed by 45 CFR part 96, part 98, and grant awards made under titles IV -A, XIX and XXI of the Social Security Act.
- programs which base eligibility or otherwise make distinctions in program participation or content on such terms as "marriage," "spouse," "family," "household member," or similar references to familial relationship.

A standard term and condition of award will be included in the final Notice of Award (NOA); all grant recipients will be subject to a term and condition that instructs grantees to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction, when applying the terms of the Federal statute(s) governing their awards. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, any policies and procedures which interpret or apply Federal statutory or regulatory references to such terms as "marriage," "spouse," "family," "household member," or similar references to familial relationship to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittals will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

3. Reporting

The successful applicant under this funding opportunity announcement 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 awardee must submit a progress report to HRSA on an annual basis. BHPPr will verify that approved and funded applicants' proposed objectives are accomplished during the one-year project period. Funded applicants will be required to consistently collect, analyze, and report on participation and outcome data in the form of performance reports.

The **BHW Progress Report** has two parts. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the Notice of Award. The applicant should plan to report on dissemination activities in the annual progress report. Copies of any materials disseminated should include the following acknowledgement and disclaimer:

“This project is/was supported by funds from the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under [grant number] and [title] for [grant amount] (specify grant number, title, and total award amount). 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 the BHW, HRSA, DHHS or the U.S. Government.”

- 2) **Performance Reports.** The awardee must submit a Performance Report to HRSA on a **semi-annual** basis. All BHW grantees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Reporting Modernization Act of 2010 (GPRA). In addition, Section 5103 of the Patient Protection and Affordable Care Act requires that BHPPr grantees provide longitudinal data for individuals who receive training and financial assistance from BHW programs. The required performance measures for this program can be found at: <http://bhpr.hrsa.gov/grants/reporting>. Further information will be provided in the Notice of Award.
- 3) **Final Report.** A final report is due **within 90 days after the project period ends**. The Final Report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the BHPPr with information required to close out a grant after completion of project activities. As such, every awardee 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 Notice of Award.

VII. Agency Contacts

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

Ardena N. Githara, MNM
Grants Management Specialist
Division of Grants Management Operations
HRSA Office of Federal Assistance Management
5600 Fishers Lane
Parklawn Building, Office 11A-55
Rockville, Maryland 20857-0001
AGithara@hrsa.gov
Phone: (301) 443-4903
Fax: (301) 443-6343

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

Tia-Nicole Leak, PhD
Social Science Analyst
Division of Health Careers and Financial Support
Bureau of Health Workforce
Parklawn Building, Room 9C-26
5600 Fishers Lane
Rockville, MD 20857
tleak@hrsa.gov
Phone: (301) 443-1134
Fax: (301) 443-0157

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

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

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Two technical assistance calls are scheduled for applicants:

June 19, 2014 at 11:00 AM ET

Call-in Number: 1-800-369-1711

Participant Code: 4110394

Adobe Connect Link: <https://hrsa.connectsolutions.com/hcoptrainta/>

For replay information (The recording will be available until July 15, 2014): 1-866-484-6431

Passcode: 8914

June 24, 2014 at 3:00 PM ET

Call-in Number: 1-800-369-1711

Participant Code: 4110394

Adobe Connect Link: <https://hrsa.connectsolutions.com/hcoptrainta/>

For replay information (The recording will be available until August 24, 2014): 1-888-566-0406

Passcode: 8414

IX. Tips for Writing a Strong Application

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

In addition, BHPr has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at:

<http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.