

U.S. Department of Health and Human Services



Health Resources & Services Administration

## NOTICE OF FUNDING OPPORTUNITY

Bureau of Health Workforce

Division of Nursing and Public Health

***Nurse Education, Practice, Quality and Retention (NEPQR) Simulation Education Training (SET) Program***

**Funding Opportunity Number: HRSA-23-129**

**Funding Opportunity Type(s): New**

**Assistance Listings Number: 93.359**

Fiscal Year 2023

**Application Due Date: July 3, 2023**

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

**Issuance Date:** May 22, 2023

Felicia Peterson, BSN, RN, CCHP  
Project Officer, Division of Nursing and Public Health  
Telephone: (301) 287-9860  
Email: [fpeterson@hrsa.gov](mailto:fpeterson@hrsa.gov)

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 296p (Section 831 of the Public Health Service Act)

## 508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Nurse Education, Practice, Quality and Retention (NEPQR)-Simulation Education Training (SET) Program. The goal of the NEPQR-SET program is to increase the number and capacity of nursing students by addressing the health care needs and improving patient outcomes of rural and/or medically underserved populations.

|  |   |
|--|---|
| Funding Opportunity Title:                   | Nurse Education, Practice, Quality and Retention (NEPQR)- Simulation Education Training (SET) Program |
| Funding Opportunity Number:                  | HRSA-23-129   |
| Due Date for Applications:                   | July 3, 2023  |
| Anticipated FY 2023 Total Available Funding: | \$10,500,000  |
| Estimated Number and Type of Award(s):       | Up to 22 grants   |
| Estimated Annual Award Amount:               | Up to \$500,000 per award subject to the availability of appropriated funds                           |
| Cost Sharing/Match Required:                 | No  |
| Period of Performance:                       | September 30, 2023, through September 29, 2026<br>(3 years)   |

|                      |   |
|----------------------|---|
| Eligible Applicants: | <p>Eligible applicants under PHS Act Section 831 (f) provides, “eligible entity” includes accredited schools of nursing, as defined in section 801 (2), health care facilities, including federally qualified health centers or nurse-managed health clinics, or a partnership of such a school and facility. Domestic community-based organizations, tribes, and tribal organizations are also eligible to apply if otherwise eligible.</p> <p>Schools of nursing affiliated with the proposed project must be accredited public or private non-profit schools. See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) 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](#), except where instructed in this NOFO to do otherwise. Visit [HRSA’s How to Prepare Your Application](#) page for more information.

**Technical Assistance**

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce’s [open opportunities](#) website to learn more about the resources available for this funding opportunity.

## Table of Contents

|  |    |
|--|----|
| <i>I. PROGRAM DESCRIPTION</i> .....  | 1  |
| 1. PURPOSE.....  | 1  |
| 2. BACKGROUND .....  | 1  |
| <i>II. AWARD INFORMATION</i> .....   | 3  |
| 1. TYPE OF APPLICATION AND AWARD .....                                       | 3  |
| 2. SUMMARY OF FUNDING .....  | 3  |
| <i>III. ELIGIBILITY INFORMATION</i> .....                                    | 4  |
| 1. ELIGIBLE APPLICANTS.....  | 4  |
| 2. COST SHARING/MATCHING .....   | 4  |
| 3. OTHER .....   | 5  |
| <i>IV. APPLICATION AND SUBMISSION INFORMATION</i> .....                      | 5  |
| 1. ADDRESS TO REQUEST APPLICATION PACKAGE.....                               | 5  |
| 2. CONTENT AND FORM OF APPLICATION SUBMISSION .....                          | 6  |
| <i>i. Project Abstract</i> .....   | 8  |
| <i>ii. Project Narrative</i> .....   | 9  |
| <i>iii. Budget</i> .....   | 15 |
| <i>iv. Budget Justification Narrative</i> .....                              | 16 |
| <i>v. Standardized Work Plan (SWP) Form</i> .....                            | 16 |
| <i>vi. Attachments</i> .....   | 16 |
| 3. UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)..... | 20 |
| 4. SUBMISSION DATES AND TIMES .....  | 21 |
| 5. INTERGOVERNMENTAL REVIEW .....  | 21 |
| 6. FUNDING RESTRICTIONS .....  | 21 |
| <i>V. APPLICATION REVIEW INFORMATION</i> .....                               | 22 |
| 1. REVIEW CRITERIA.....  | 22 |
| 2. REVIEW AND SELECTION PROCESS .....  | 26 |
| 3. ASSESSMENT OF RISK.....   | 29 |
| <i>VI. AWARD ADMINISTRATION INFORMATION</i> .....                            | 30 |
| 1. AWARD NOTICES .....   | 30 |
| 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS .....                     | 30 |
| 3. REPORTING .....   | 33 |
| <i>VII. AGENCY CONTACTS</i> .....  | 35 |
| <i>VIII. OTHER INFORMATION</i> .....   | 36 |
| <i>APPENDIX A: HIGH BURDEN STATES</i> .....                                  | 37 |
| <i>APPENDIX B: PAGE LIMIT WORKSHEET</i> .....                                | 38 |

# I. Program Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Nurse Education, Practice, Quality and Retention (NEPQR)-Simulation Education Training (SET) Program. The purpose of the NEPQR-SET program is to enhance nurse education and strengthen the nursing workforce by increasing training opportunities for nursing students through the use of simulation-based technology, including equipment, to increase their readiness to practice upon graduation. This training expands the capacity of nurses to advance the health of patients, families, and communities in rural or medically underserved areas experiencing diseases and conditions such as stroke, heart disease, behavioral health, maternal mortality, HIV/AIDS, and obesity.

### Program Goal

The goal of the NEPQR-SET program is to increase the number and capacity of nursing students to address the health care needs and improve patient outcomes of rural and/or medically underserved populations.

### Program Objectives

Implement or expand academic-clinical partnerships to create experiential learning opportunities that prepare nursing students to efficiently address health equity for rural and underserved populations.

Increase the diversity of the nursing workforce to better address the needs of the populations they serve by recruiting and supporting students and faculty, including those from diverse populations.

For more details, see [Program Requirements and Expectations](#)

## 2. Background

The NEPQR-SET program is authorized by Section 831 of the Public Health Service Act.

Clinical practice is a critical yet complex and challenging component of professional development for student nurses.<sup>1</sup> Because new graduate nurses often struggle to apply clinical judgment, the National Council of State Boards of Nursing (NCSBN) has reemphasized competency in clinical judgment as a requirement for registered nurse licensure.<sup>2</sup> Human patient simulation activities are used routinely in nursing education to bridge the gap between theoretical knowledge and practical application of clinical

---

<sup>1</sup> Spence, D.; Zambas, S.; Mannix, J.; Jackson, D.; Neville, S. Challenges to the provision of clinical education in nursing. *Contemp. Nurse* 2019, 55, 458–467

<sup>2</sup> Poledna M, Gómez-Morales A, Hagler D. Nursing students' cue recognition in educational simulation: a scoping review. *Nurse Educ.* 2022;47(5):283-287. doi: 10.1097/NNE.0000000000001198

judgment.<sup>3</sup> Students rely on simulation to support clinical practice experiences to meet regulatory requirements for progression and graduation. Furthermore, the International Nursing Association for Clinical Simulation and Learning (INACSL) states simulation-based training and experiences incorporate best practices from adult learning, education, instructional design, and clinical standards of care.<sup>4</sup> Incorporating these best practices can develop student nurses' professional knowledge, skills, and attitudes while allowing them to train in a safe environment. Expanding innovative simulation-based training can enhance quality, safety, and develop competence and confidence in students and practicing health professionals.<sup>5</sup>

The COVID-19 pandemic created unprecedented challenges in healthcare. As a result, health disparities for individuals that live in underserved communities that are often economically and medically under-resourced and/or geographically isolated, have significantly increased, increasing the need for health care professionals in these communities.<sup>6</sup> NEPQR-SET aims to emphasize and support the training of rural health care professionals in states with high rates of chronic age-related illness, including stroke, heart disease, and chronic obstructive pulmonary disease.

There are a wide variety of training activities for health professions that aim to increase cultural competency and improve health outcomes for underrepresented groups. Moreover, the activities and behaviors of a health care professional can have a significant impact on their patient's health outcomes.<sup>7</sup> Health professionals of various backgrounds, including but not limited to geographic (rural, urban), racial, ethnic, and underrepresented minorities, are more likely to care for those patients reflecting similar populations. In addition, research showed that implicit bias was significantly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes. Implicit attitudes were more often significantly related to patient-provider interactions and health outcomes than treatment processes.<sup>7</sup> Additionally, health professionals from underrepresented minority (URM) groups are more likely to care for URM patients and serve in impoverished areas and thus improve access for

---

<sup>3</sup> Poledna M, Gómez-Morales A, Hagler D. Nursing students' cue recognition in educational simulation: a scoping review. *Nurse Educ.* 2022;47(5):283-287. doi: 10.1097/NNE.0000000000001198

<sup>4</sup> Poledna M, Gómez-Morales A, Hagler D. Nursing students' cue recognition in educational simulation: a scoping review. *Nurse Educ.* 2022;47(5):283-287. doi: 10.1097

<sup>5</sup> Ka Ming Chow, Ricky Ahmat, Alice W.Y. Leung, Carmen W.H. Chan, Is high-fidelity simulation-based training in emergency nursing effective in enhancing clinical decision-making skills? A mixed methods study, *Nurse Education in Practice*, Volume 69, 2023, 103610, ISSN 1471-5953, <https://doi.org/10.1016/j.nepr.2023.103610>.

<sup>6</sup> Andraska EA, Alabi O, Dorsey C, Erben Y, Velazquez G, Franco-Mesa C, Sachdev U. Health care disparities during the COVID-19 pandemic. *Semin Vasc Surg.* 2021 Sep;34(3):82-88. doi: 10.1053/j.semvascsurg.2021.08.002. Epub 2021 Aug 9. PMID: 34642040; PMCID: PMC8349792.

<sup>7</sup> William J. Hall, Mimi V. Chapman, Kent M. Lee, Yesenia M. Merino, Tainayah W. Thomas, B. Keith Payne, Eugenia Eng, Steven H. Day, and Tamera Coyne-Beasley, 2015: Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review *American Journal of Public Health* 105, e60\_e76, <https://doi.org.ezproxyhhs.nihlibrary.nih.gov/10.2105/AJPH.2015.302903>

underserved populations.<sup>8</sup> Therefore, increasing the diversity of the nursing workforce has been shown to decrease disparities and increase health equity<sup>9</sup>. Furthermore, increasing racial and ethnic diversity in simulations and clinical training for nurses is linked to improved access to care, better communication, and improved cultural competence.

Nurses are well positioned to improve health equity, especially for patients and families in rural and underserved communities where health inequities are widespread. A diverse nursing workforce is a high priority for addressing the nursing shortage, meeting the cultural needs of an increasingly diverse population, and achieving health equity in the US.<sup>10</sup> Nurses with diverse backgrounds may be more sensitive to the issues of inequities, and are more likely to work in underserved areas, providing health care to those who experience health disparities.<sup>11</sup> Given the central role of the nurse workforce in providing patient care, it is important that the nursing workforce reflect the diversity of the US population.

To better understand this NOFO, go to the dictionary of key program-related terms at [Health Workforce Glossary](#). In addition, see Appendix A for NEPQR-SET Program definitions for Fiscal Year 2023.

## II. Award Information

### 1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant

### 2. Summary of Funding

HRSA estimates approximately \$10,500,000 to be available annually to fund up to 22 recipients. You may apply for a ceiling amount of up to \$500,000 annually (reflecting direct and indirect costs) per year. Your request for each subsequent year of the period of performance cannot exceed your year 1 request.

---

<sup>8</sup> Glazer, G., Tobias, B., & Mentzel, T. (2018). Increasing healthcare workforce diversity: Urban universities as catalysts for change. *Journal of Professional Nursing*, 34(4), 239-244.

<https://doi.org/10.1016/j.profnurs.2017.11.009>

<sup>9</sup> Glazer, G., Tobias, B., & Mentzel, T. (2018). Increasing healthcare workforce diversity: Urban universities as catalysts for change. *Journal of Professional Nursing*, 34(4), 239-244.

<https://doi.org/10.1016/j.profnurs.2017.11.009>

<sup>10</sup> American Association of Colleges of Nursing. (2020). Fact Sheet: Enhancing Diversity in the Nursing Workforce. Washington, DC. <https://www.aacnursing.org/Portals/42/News/Factsheets/Enhancing-Diversity-Factsheet.pdf>

<sup>11</sup> How Nurses Can Help Address the Health Disparities Problem. (n.d.). Eastern Michigan University Online. Retrieved June 16, 2022, from <https://online.emich.edu/articles/rnbsn/the-health-disparities-problem.aspx#:~:text=Workplace%20Diversity%3A%20A%20diverse%20nursing%20workforce>

The period of performance is September 30, 2023, through September 29, 2026 (3 years). Funding beyond the first year is subject to the availability of appropriated funds in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

### **Limitations on Indirect Cost Rates**

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, 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, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants under PHS Act Section 831 (f) provides, “eligible entity” includes accredited schools of nursing, as defined in section 801(2), health care facilities, including federally qualified health centers or nurse-managed health clinics, or a partnership of such a school and facility. Domestic community-based organizations, tribes, and tribal organizations are also eligible to apply if otherwise eligible.

Schools of nursing affiliated with the proposed project must be accredited public or private non-profit schools. Applicants must provide documentation of current accreditation by a recognized body or bodies or by state agency approved for such purpose by the U.S. Department of Education as [Attachment 8](#).

Eligible applicants located in the 50 states of the U.S., the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, may apply for these funds. Foreign entities are not eligible for this HRSA award.

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

### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.



### 3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

#### **Maintenance of Effort**

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 296b (Section 803(b) of the Public Health Service Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort (MOE) information and submit as [Attachment 4](#).

HRSA will enforce statutory MOE requirements through all available mechanisms.

#### **Beneficiary Eligibility Requirement**

A trainee receiving support from grant funds under this program must be a citizen, non-citizen national of the United States, an individual lawfully admitted for permanent residence to the United States, or any other “qualified alien” under section 431(b) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-193, as amended.

#### **Multiple Applications**

Multiple applications from an organization with the same [Unique Entity Identifier](#) (UEI) are not allowable.

HRSA will only accept your last validated electronic submission before the Grants.gov application due date as the final and only acceptable application.

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

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. Address to Request Application Package**

HRSA requires you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the

directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

**Form Alert:** For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-129 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

## 2. Content and Form of Application Submission

### Application Format Requirements

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

See Section 8.5 of the HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist to assist you in completing your application.

### Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don’t count toward the page limit:

- Standard OMB-approved forms you find in the NOFO’s workspace application package
- Abstract (standard form (SF) "Project\_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.vii Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-129 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

**Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-129 before the deadline.**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachment 9: Other Relevant Documents](#).

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

### **Program Requirements and Expectations**

Successful recipients should address the following program expectations:

- Address critical skill gaps identified in clinical practice with the use of simulation-based technology for care and treatment of communities, patients/populations that are disproportionately burdened by health inequities and access to care. Simulation based training must include:
  - Collaborative interprofessional team-based care.
  - Integration of International Nursing Association for Clinical Simulation and Learning competencies.
  - Populations at highest risk of low health literacy.
  - Integration of health equity as it relates to **at least two** of the following clinical priorities areas:
    - Behavioral/Mental Health,
    - Maternal and Child Health,
    - Homelessness,
    - Survivors of domestic abuse,
    - HIV/AIDS; and/or
    - Aging Populations.
- Allocate funds for an academic nursing faculty/coordinator(s) to support best practice simulation scenarios.

- Establish or enhance strategic academic-practice partnerships to inform simulation scenarios.
- Recruit and retain clinical faculty/preceptors to facilitate clinical and simulation training.
- Increase the diversity of nursing students and faculty by recruiting students and faculty from diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minorities; and
- Evaluate the program:
  - Award recipients must adhere to [HHS Evaluation Policy](#) and evaluation standards and best practices described in [OMB Memorandum M-20-12](#) when evaluating their program.
  - Award recipients are required to participate in federally designed evaluations to assess program effectiveness and efficiency upon request.

### 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 narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

Applicants are expected to develop and upload (in Attachment 7) a Disparities Impact Statement.

#### i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See *Form Alert* in Section IV.1 Application Package. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#). When applicable, identify if a funding priority or preference is being requested.

## NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

| <u>Narrative Section</u>  | <u>Review Criteria</u>   |
|---|--|
| Purpose and Need  | (1) Purpose and Need   |
| Response to Program Purpose:<br>(a) Work Plan<br>(b) Methodology/Approach<br>(c) Resolution of Challenges | (2) Response to Program Purpose<br>(a) Work Plan<br>(b) Methodology/Approach<br>(c) Resolution of Challenges |

| <u>Narrative Section</u>   | <u>Review Criteria</u>   |
|--|--|
| Impact:<br>(a) Evaluation and Technical Support Capacity<br>(b) Project Sustainability | (3) Impact:<br>(a) Evaluation and Technical Support Capacity<br>(b) Project Sustainability |
| Organizational Information, Resources, and Capabilities                                | (4) Organizational Information, Resources, and Capabilities                                |
| Budget and Budget Justification Narrative  | (5) Support Requested  |

**ii. *Project Narrative***

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

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

- *PURPOSE AND NEED* -- Corresponds to Section V's [Review Criterion\(a\) 1](#)

This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve. Use and cite demographic data whenever possible to support the information provided. Provide a clear description of the purpose of the proposed project including:

- Characteristics of the target population(s) served including demographics, health status, social determinants of health, unmet health needs and population health disparities within the target population/community and barriers.
- A Disparities Impact Statement as [Attachment 7](#), which is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.
- Gaps in education and training of nursing students and qualified faculty/preceptors in simulation-based training.
- Simulation-based equipment and training needed to implement the proposed project.
- How you plan to increase the diversity of the nursing workforce by recruiting and retaining diverse nursing students and faculty.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Work Plan; (b) Methodology/Approach; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria 2 (a), (b), and (c).*
- (a) *WORK PLAN -- Corresponds to Section [V's Review Criterion\(a\) 2 \(a\)](#)*

In your application, provide a detailed work plan that demonstrates your experience or ability implementing a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. Applicants should include a brief narrative element outlined below, in addition to completing the SWP.

In your work plan (SWP and narrative) you must:

- Describe the activities or steps you will use to achieve each of the goals and objectives proposed during the entire period of performance.
- Explain how the work plan is appropriate for the program design and the targets fit into the overall timeline of implementation.
- Describe the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the [Purpose and Need](#) Section including:
  - The number of nursing students you plan to train each year with qualified preceptors using grant funds in the proposed project and a plan for the recruitment of students, including those from diverse backgrounds, that will receive training from qualified clinical preceptors including any partnerships used to facilitate efforts.
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities and the extent to which these contributors reflect the needs of the target population served.

The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. Form instructions are provided along with the SWP form and are included in the application package found on Grants.gov. **The Project Director must register in the HRSA electronic handbook (EHB) once award is made, in order to review and finalize the completed SWP.**

- *METHODOLOGY/APPROACH– Corresponds to Section V's [Review Criterion 2 \(b\)](#)*  
 In this section, you must describe your objectives and proposed activities and provide evidence for how they will link to [Purpose and Need](#) and [Program Requirements and Expectations](#). Your approach to these objectives should be specific, measurable, realistic, achievable, and timely (completable within the period of performance). Proposed methods should:

- Include a description of any innovative methods integrating simulation into the clinical training curriculum that you will use to address the identified needs.
  - Include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities.
  - Detail how the project will provide financial and other support to trainees and faculty/preceptors.
  - Describe academic-clinical partnerships to provide community-based clinical training experiences using simulation-based technology to strengthen readiness for practice, including scenarios that address health disparities, social determinants of health and/or needs of rural and/or medically underserved communities.
  - Describe the roles of partners and the relevant system level and organizational change initiatives, educational strategies and curricula enhancements that will be used to accomplish the objectives of the project.
- (c) *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review [Criterion 2 \(c\)](#)*

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

In this section, provide information including:

- Challenges related to project implementation and the achievement of the proposed goals and objectives.
- Challenges related to the workforce development such as recruitment and retention of nursing students and faculty/preceptors.
- Challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.
- Potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.
- Resources and plans available to resolve and overcome these challenges and obstacles.

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

In your application:

- Describe the plan for the NEPQR-SET program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards meeting the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of the funded activities.
- Demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the NEPQR-SET program objectives have been met, and 2) the extent to which these can be attributed to the project.
- Describe the systems and processes that will support your organization's collection of HRSA’s performance management requirements 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. To understand the performance measures that will be used by HRSA to measure “success” go to ([Report on Your Grant](#)).
- As appropriate, describe the data collection strategy to accurately collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery.
- Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
- Describe your process to track trainees after program completion/ graduation for up to 1 year.
- *(b) PROJECT SUSTAINABILITY-- Corresponds to Section V’s Review [Criterion 3 \(b\)](#)*
  - Recipients are expected to sustain key elements of their projects that have been effective in improving practices and that have led to improved outcomes for the target population. Propose a plan for project sustainability after the period of federal funding ends.



- Include a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices that will be retained in curricula after federal funding ends; (b) obtain future sources of potential funding; and (c) provide a timetable for becoming self-sufficient.
  - Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.
- **ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES --**  
*Corresponds to Section V's Review [Criterion\(a\) 4](#)*

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Include information on your organization's current mission and structure, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations (A **project** organizational chart is requested in [Attachment 2](#)).

**Staffing Plan:**

A staffing plan and job descriptions for key faculty/staff must be included in [Attachment 1](#). Describe the minimum qualifications for each faculty position in the job description. Functional and program responsibilities should be specified in the narrative and position descriptions. A position description should not exceed one page in length but can be as short as one paragraph in length due to page limits.

If staff are required but not yet identified, describe the recruitment and retention plan to meet the project's needs. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

**Project Director Qualification:** Identify one Project Director. The Project Director for the proposed project must be a licensed Registered Nurse. NOTE: There may only be one Project Director for the NEPQR-SET project.

**Academic Nursing Faculty/ Coordinator:** The NEPQR-SET project should include an Academic Nursing Faculty/Coordinator to support simulation scenarios and their role in the success and sustainability of the project.

**Capabilities of the Applicant Organization:** Describe how the organizational structure, including the capability and commitment of administration, management, and governing board, is appropriate for the implementation, operations, and oversight necessary to implement integrated services and curriculum enhancements. In addition, applicants should provide evidence of the financial capability and organizational commitment needed to operate the project. Applicants should describe the facilities available to meet the needs of the project. Provide a letter of support from the President of the academic institution

or other higher level academic officer that demonstrates the institution's commitment to the project. In addition, provide a letter of support or commitment from each partner organization or department, internal and external, involved in your proposed project; include letters of support or commitment as [Attachment 6](#).

### **Biographical Sketches**

Provide a biographical sketch for key faculty/staff contributing to the project. The information must be current, indicating the individual's position and sufficient detail to assess the individual's qualifications for the position being sought and consistent with the position description. ***Each biographical sketch should be limited to one page as they count toward the overall page limit.*** Include all degrees and certificates. Biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior Key Person Profile (Expanded) form that can be accessed in the Application Package under "Mandatory."

Biographical sketches should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)
  - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.
- When applicable, biographical sketches must include training, language fluency and experience working with populations that are culturally and linguistically different from their own.

### iii. **Budget**

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

#### Additional Budget Instructions

##### Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the Subaward Budget Attachment(s) Form.

NOTE: The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the attachment in R&R Other Project Information Form, block 12 "Other Attachments." These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "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." Effective January 2023, the salary rate limitation is \$212,100. Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

In addition, the NEPQR-SET Program requires the following:

Equipment is defined as a unit cost of \$5,000 or more and a useful life of one or more years. See [SF-424 R&R Application Guide](#) for details.

This program allows for the budgeting of equipment in support of project simulation activities, including related minor Alteration and Renovation (A&R). Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or load-bearing walls of a facility, or extension of an existing facility) to achieve the following: Increase the floor area; and/or, change the function and purpose of the facility. You may request up to \$20,000 for minor A&R to accommodate the equipment to make the space suitable for use for the proposed project.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, 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, tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

**iv. Budget Justification Narrative**

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

All budgets must provide sufficient details to fully explain and justify the resources needed to accomplish all program objectives.

In your application:

- Describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, NEPQR-SET requires the following:

- List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Provide a detailed itemized per unit cost which shows how costs were estimated and total cost.

*Participant/Trainee Support Costs:* For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, 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. Participants are NOT your employees.

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

**v. Standardized Work Plan (SWP) Form**

As part of the application package submitted through Grants.gov. You must complete and electronically submit the SWP Form by the application due date.

Ensure it includes all the information detailed in Section IV.2.ii. Project Narrative.

**vi. Attachments**

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.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Required)*  
(See Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

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

***Attachment 2: Project Organizational Chart (Required)***

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

***Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or contracts (Required)***

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

***Attachment 4: Maintenance of Effort Documentation (Required)***

You must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

| NON-FEDERAL EXPENDITURES   |   |
|--|---|
| FY 2022 (Actual)   | FY 2023 (Estimated)   |
| Actual FY 2022 non-federal funds, including in-kind, expended for activities proposed in this application. | Estimated FY 2023 non-federal funds, including in-kind, designated for activities proposed in this application. |
| Amount: \$ _____   | Amount: \$ _____  |

***Attachment 5: Request for Funding Preference or Priority (As Applicable)***

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2.](#)

***Attachment 6: Letters of Support and/or Commitment (Required)***

Provide a letter of support or commitment for each organization or department involved in your proposed project. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

*Attachment 7: Disparities Impact Statement (Required)*

A Disparities Impact Statement (DIS) is an instrument used to measure and describe how training will support trainees' capacity to meet the needs of underserved populations.

Please note that **elements of the DIS are often integrated in the Project Narrative in the purpose/need and methodology/approach sections.** Please include any relevant information from those sections into this attachment.

- 1) The efforts your organization will make to prepare trainees to address the social determinants of health, including but not limited to access barriers to health services, and health literacy.
  - For example: after considering data about the percentage of non-English-speaking residents of the local geographical area, design training related to overcoming language barriers to service utilization.
- 2) The strategies your organization will engage to provide high-quality culturally sensitive healthcare to residents in underserved communities by training based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards.
  - For example: In order to improve cultural and linguistic competence, our trainings will utilize the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. This will include a focus on:
    - a. Diverse cultural health practices
    - b. Preferred languages/language translation services
    - c. Training and integration of CLAS Standards, health literacy and other communication needs of the disparity sub-populations identified
- 3) Measure and report where graduates (completers of training programs) are 1 year following completion and how many of them align demographically with the community and/or disparity sub-populations they are serving, such as graduates/program completers from rural areas now practicing in a rural area.

Project activities must comply with the non-discrimination requirements described in [Section VI](#).

*Attachment 8: Accreditation (Required)*

Each applicant must submit their own appropriate accreditation or approval documentation to be deemed eligible. [See Section III.1](#). Applicants whose academic or clinical/community-based organization accreditation/approval status cannot be verified will be considered nonresponsive and deemed ineligible under this funding notice.

Applicants must also include accreditation/approval document(s) for at least one key partner. Example, a Health Center applicant partnering with an accredited

school of nursing, must submit the accreditation for the school of nursing partner (as part of the academic-community based partnership) as well as the Health Center's accreditation/approval to be supported under this announcement.

Applicants must submit documentation that (1) demonstrates continuing accreditation/approval from the relevant accrediting/ approval body and that the entity is not on probation, (2) the name of the accrediting/ authorizing body, (3) the date of initial accreditation/approval and (4) the date of the next expected accrediting/approval body review (or expiration date of current accreditation/approval). Applicants on provisional accreditation status must provide proof of this status. The applicant is responsible for verifying that the project partners maintain current accreditation/approval throughout the project period.

### ***Schools of Nursing/Nursing Program Accreditation***

Schools of nursing/nursing academic programs affiliated with the project must be accredited by a State agency or a recognized body or bodies approved for such purpose by the Secretary of the U.S. Department of Education.

### ***Substantive Change Notification***

Accredited nursing programs that modify (for example, a change to a BSN-DNP program) or add a nursing specialty that requires substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change from the accrediting agency.

### ***Newly Established Programs of Nursing Accreditation***

A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program. The Letter of Reasonable Assurance from the U.S. Department of Education must be submitted with the application.

### ***Clinical Facilities Approval Documentation***

To ensure that clinical organizations in a community-based setting are dedicated to ongoing and continuous compliance with the highest standard of quality health care accreditation/approval to provide health care is required. Clinical/Community-based organizations applying under this NOFO (as part of an academic-clinical partnership) must provide documentation of accreditation/approval by a national, regional, or state accrediting agency or body, such as the Joint Commission.

### *Attachments 9-15: Other Relevant Documents (As Applicable)*

Include here any other documents that are relevant to the application, including letters of support. Also include here any other document that is relevant to the application and that provide further details about the proposal (e.g., Tables, Charts - Gantt or PERT charts, flow charts). For applications that include subawards or funds expenditures on contracts, include an attachment with a description on how your organization will ensure proper documentation of funds.

### **3. Unique Entity Identifier (UEI) and System for Award Management (SAM)**

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another a different 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 two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.



Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.
- If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on our blog](#) to know what to expect.

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

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is **July 3, 2023, at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 R&R Application Guide](#) for additional information.

##### **5. Intergovernmental Review**

The NEPQR-SET is not subject to the provisions of [Executive Order 12372](#), as implemented by 45 CFR part 100.

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

##### **6. Funding Restrictions**

You may request funding for a period of performance of up to 3 years, at no more than \$500,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application](#)

[Guide](#) for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Patient supplies, incentives, medications, transportation costs, vouchers, or gift cards
- Subsidies or paid release time for project faculty
- Construction, major alternations, or renovations
- Foreign travel
- Accreditation, credentialing, membership dues, certification exam fees, continuing education fees, and franchise fees and expenses
- Preadmission costs including college entrance exam costs

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

## **V. Application Review Information**

### **1. Review Criteria**

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Five review criteria are used to review and rank NEPQR-SET applications. Below are descriptions of the review criteria and their scoring points.

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

Reviewers will consider the extent to which you demonstrate how simulation-based training will help to fill identified gaps in training:

- Increase the number and strengthen the capacity of student nurses to address the health care needs of the vulnerable populations for patient safety outcomes and improve health equity of underserved populations.
- Improve nursing workforce readiness for practice and retention in community-based settings in rural and/or medically underserved areas.
- Relieve gaps or support demonstrated success in meeting the educational and training needs of the current and future nursing workforce in the target populations outlined in the [Purpose and Need](#) section
- Address unmet education and training needs of faculty and or preceptors in the use of technology-based simulation; and
- (Attachment 7) Address the SDOH, prepare nursing students to provide culturally competent care, and track graduates' employment in rural and/or medically underserved communities.

*Criterion 2: RESPONSE TO PROGRAM PURPOSE (40 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 (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section [\(a\) Work Plan](#)*

Reviewers will consider if the workplan (narrative and SWP):

- Demonstrates your experience or ability implementing a project of the proposed scope and is appropriate for the program design and the targets fit into the overall timeline of implementation
- Describes the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the [Purpose and Need](#) Section including:
  - The number of nursing students you plan to train each year with qualified preceptors using grant funds in the proposed project; and
  - A plan for the recruitment of students, including those from diverse backgrounds, that will receive training from qualified clinical preceptors including any partnerships used to facilitate efforts.

- Identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities and the extent to which these contributors reflect the needs of the target population served.
- Describes the simulation resources and equipment that will be used to achieve the objectives described in this NOFO.

*Criterion 2 (b): METHODOLOGY/APPROACH (25 points) – Corresponds to Section IV's Response to Program Purpose Sub-section [\(b\) Methodology/Approach](#)*

The reviewers will consider the extent to which you demonstrate an understanding of the [program requirements and expectations](#) of the program and address the highlighted [Purpose and Need](#) Section, and the extent to which you:

- Demonstrate a plan to recruit nursing students and faculty/preceptors including those from diverse backgrounds.
- Demonstrate a plan for how the project will provide support to nursing students and faculty/preceptors.
- Establish or enhance academic-clinical partnerships to provide community-based clinical training experiences using simulation-based technology including scenarios that address health disparities, SDOH and/or needs of underserved communities.
- Describe the roles of partners and the relevant system level and organizational change initiatives, educational strategies and curricula enhancements that will be used to accomplish the objectives of the project.
- Describe how the proposed project plans to strengthen readiness for practice for the next generation of the nursing workforce in rural and underserved areas.

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

The reviewers will consider the extent to which the application provides a clear detailed plan that outlines challenges and provides resolutions related to:

- Project implementation and the achievement of the proposed goals and objectives.
- Workforce development such as recruitment and retention of nursing students and preceptors/faculty, including those from diverse backgrounds.
- Resources and plans available to resolve and overcome these challenges and obstacles.
- Program sustainability and approaches that will be used to resolve such challenges.
- Program performance evaluation.

*Criterion 3: IMPACT (30 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 (20 points) – Corresponds to Section IV’s *Impact Sub-section [\(a\) Evaluation and Technical Support Capacity](#)*

Reviewers will consider the extent to which the application effectively reports on the measurable outcomes being requested, including both the internal program performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a). Specific criteria include:

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- The extent to which the application incorporates data collected into program operations to ensure continuous quality improvement.
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed in such a way that allows for accurate and timely reporting of performance outcomes.
- The extent to which the application anticipates obstacles to the evaluation and proposes how to address those obstacles.
- The extent to which the feasibility and effectiveness of plans for dissemination of project results is described.
- The extent to which project results and activities are replicable by other schools, and the sustainability of the program beyond federal funding.
- The extent to which the evaluation plan includes a process to track trainees after program completion/graduation for up to 1 year.
- The extent to which current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature support the capacity to achieve the outcomes of the proposed project.

*Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV’s Impact Sub-section [\(b\) Project Sustainability](#)*

Reviewers will consider the extent to which you describe a reasonable and feasible plan for project sustainability after the period of federal funding ends, including:

- Describes a clear and detailed plan for project sustainability after the period of federal funding ends.
- The extent to which it clearly articulates likely challenges to be encountered in sustaining the program and describes logical approaches to resolving such challenges.

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

Reviewers will consider the quality and extent to which:

- The project personnel are qualified by training and/or experience to implement and carry out the project.
- The project designates an Academic Nursing Faculty/Coordinator to lead and conduct simulation activities.
- The evidence of support from institution and collaborating partners is clearly demonstrated through letters of support/commitment and/or agreement (Attachments 3 and 6).

*Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget and Budget Narrative](#)*

Reviewers will consider the reasonableness of the proposed budget for **each year** of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget are reasonable given the scope of work, keeping in mind the program funding restrictions.
- The extent to which key personnel have adequate time devoted to the project to achieve project goals, as the impact of in-kind support, if applicable.
- The extent to which project costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect costs.
- The extent to which simulation training equipment is fully itemized and justified.

## **2. Review and Selection Process**

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

## Funding Priorities

This program includes a funding priority, as directed by the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2023 for applicants with a demonstrated commitment to training rural health professionals in States with high rates of chronic age-related illness, including stroke, heart disease, and chronic obstructive pulmonary disease. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. No partial points will be given. The NEPQR-SET program has one (1) funding priority:

### *Priority 1: Age-Adjusted High Burden States (5 Points)*

There are two parts to qualify for this funding priority. The funding priority will be given to applicants that have met both Part 1 and 2, as described below.

**Part 1 of 2:** Applicants are eligible to receive the funding priority if they can provide documentation that demonstrates they are in a State with high rates of chronic age-related illness, including stroke, heart disease, and Chronic Obstructive Pulmonary Disease (COPD) compared to the national average. Please refer to [Appendix A](#) for information regarding the State age-adjusted rate of stroke, heart disease, and COPD. Documentation is required to receive priority. No partial points will be awarded. Please include documentation in [Attachment 5](#).

### **AND**

**Part 2 of 2:** In addition to meeting Part 1, applicants are eligible to receive the funding priority if they can provide documentation that over the past two years (2019-2020 and 2020-2021) 20 percent or more of their program completers/graduates practiced in federally designated rural areas.

Eligibility confirmation can be obtained by using the following link to document the address or addresses used to determine your graduates/program completer's service in rural areas: [HRSA's Rural Health Grants Eligibility Analyzer](#) or "[Am I Rural?](#)"

You must provide a copy of the output from the [HRSA's Rural Health Grants Eligibility Analyzer](#) or "[Am I Rural?](#)" Note that the output included in the attachment should include relevant funding preference eligibility information and must not exceed three pages. Program completer information also can be obtained from the applicant's key partner, documentation establishing the partnership must also be included in [Attachment 5](#).

**Instructions to calculate this percentage:**

List the total number of graduates/program completers employed in rural areas during Academic Year (AY) 2019-2020 plus 2020-2021 divided by the total number of graduates/program completers in 2019-2020 plus 2020-2021, multiplied by 100.

|  |  |
|--|--|
| Total Number of graduates/program completers employed in rural areas | Total Number of all graduates/program completers |
| <b>AY 2019-2020</b><br>N=  | <b>AY 2019-2020</b><br>N=                        |
| <b>AY 2020-2021</b><br>N=  | <b>AY 2020-2021</b><br>N=                        |

Submit this information along with the copy of the federal designation by address as [Attachment 5](#).

**Funding Preference**

This program provides a funding preference as authorized by Section 805 of the Public Health Service Act (42 U.S.C. § 296d). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference to any applicant that demonstrates they meet the criteria for funding priority and preference(s):

Preference shall be given to applicants with projects that will substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments. For this competition, HRSA has interpreted “substantially benefit” to mean those projects that encompass clinical practice training at a site physically located in either (a) a rural area, (b) Medically Underserved Area and/or Population, and/or (c) a State or local health department. Applicants should indicate in the program abstract their request for funding preference consideration. To be considered for Funding Preference, you must supply all supporting data in [Attachment 5](#). Only applications with [Attachment 5](#) will be considered for the funding preference. An applicant may apply for more than one funding preference. However, the applicant can receive only one funding preference. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

| <b>Funding Preference(s)</b>                           | <b>Qualifications to Meet Preference(s)</b>  |
|--|--|
| <b><i>Substantially Benefits Rural Populations</i></b> | Applicants can confirm their eligibility for this funding preference by inserting the address of the partnering clinical training site into <a href="#">HRSA’s Rural Health Grants Eligibility Analyzer</a> or “ <a href="#">Am I Rural?</a> ” (Applicants must include a copy |



| Funding Preference(s)  | Qualifications to Meet Preference(s)   |
|--|--|
|  | <p>of the output from the Analyzer with the application in <a href="#">Attachment 5</a>)</p> <p>Note that if the output exceeds three pages, only the first three pages will count toward the page limit.</p>  |
| <p><b><i>Substantially Benefits Underserved Populations</i></b></p>  | <p>Applicants can confirm their eligibility for this funding preference by demonstrating the partnering clinical training site is located in a geographical area that is serving a federally-designated Medically Underserved Area (MUA)</p> <p style="text-align: center;"><b>OR</b></p> <p>Medically Underserved Population (MUP).</p> <p>The applicant must demonstrate the partnering clinical sites MUA/MUP status by using HRSA's <a href="#">Shortage Designation Advisor</a>.</p> <p>(Applicants must include a copy of the output from Shortage Designation Advisor in <a href="#">Attachment 5</a>).</p> <p>NOTE: If the output exceeds three pages, only the first three pages will count toward the page limit).</p> |
| <p><b><i>Substantially Benefits Public Health Nursing Needs in State or Local Health Departments</i></b></p> | <p>Applicants must demonstrate linkage(s) or practice collaborations with state or local health departments for practitioners and/or student practicum experiences (Practice agreement must be included in documentation in <a href="#">Attachment 5</a>).</p> <p>Note: If the output exceeds three pages, only the first three pages will count toward the page limit).</p>   |

### 3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the

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

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

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

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

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will release the Notice of Award (NOA) on or around the start date of September 30, 2023. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

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

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

## Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at [HRSACivilRights@hrsa.gov](mailto:HRSACivilRights@hrsa.gov).

## Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

### **Requirements of Subawards**

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

### **Data Rights**

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322\(d\)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

### **Health Information Technology (IT) Interoperability Requirements**

Successful applicants under this NOFO agree that:

|   |   |
|---|---|
| Where award funding involves:   | Recipients and subrecipients are required to:   |
| Implementing, acquiring, or upgrading health IT for activities by any funded entity | Utilize health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit <a href="https://www.ecfr.gov/current/title-">https://www.ecfr.gov/current/title-</a> |

|  |  |
|--|--|
|  | <a href="#">45/subtitle-A/subchapter-D/part-170/subpart-B</a> to learn more.   |
| Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act | Utilize health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit <a href="https://www.healthit.gov/topic/certification-ehrs/certification-health-it">https://www.healthit.gov/topic/certification-ehrs/certification-health-it</a> to learn more. |

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

### 3. Reporting

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

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

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

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

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA.

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

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

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

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

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

Further information will be provided in the 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. More specific information will be included in the NOA.

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

## VII. Agency Contacts

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

William Weisenberg  
Grants Management Specialist  
Division of Grants Management Operations  
Office of Federal Assistance Management  
Health Resources and Services Administration  
Phone: (301) 443-8056  
Email: [wwaisenberg@hrsa.gov](mailto:wweisenberg@hrsa.gov)

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

Felicia Peterson  
Project Officer, Division of Nursing and Public Health  
Attn: NEPQR-SET  
Bureau of Health Workforce  
Health Resources and Services Administration  
Telephone: (301) 287-9860  
Email: [FPeterson@hrsa.gov](mailto:FPeterson@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 dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in

the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## VIII. Other Information

**Technical Assistance** - See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application - See Section 4.7 of HRSA's [SF-424 Application Guide](#).



## Appendix A: High Burden States

Use the Healthy People 2020 Priority area and respective topics to document age adjusted high burden of stroke, heart disease, obesity, and COPD.

[Heart Disease and Stroke Maps and Data | cdc.gov](#)

[Interactive Atlas of Heart Disease and Stroke Tables \(cdc.gov\)](#)

[State Estimates - Chronic Obstructive Pulmonary Disease \(COPD\) | CDC](#)

[Workforce Projections \(hrsa.gov\)](#)

**Simulation-based learning:** the use of simulation-based technology for an array of structured activities that represent actual or potential situations in education and practice. These activities allow trainees to develop or enhance knowledge, skills, and ability to analyze and respond to realistic situations in a simulated environment.

## Appendix B: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit. \(Do not submit this worksheet as part of your application.\)](#)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

| <b>Standard Form Name<br/>(Forms themselves do not count against the page limit)</b> | <b>Attachment File Name<br/>(Unless otherwise noted, attachments count against the page limit)</b> | <b># of Pages<br/>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</b> |
|--|--|--|
| Application for Federal Assistance (SF-424 R&R - Box 18)                             | SFLLL (Disclosure of Lobbying Activities)  | <i>My attachment = ____ pages</i>  |
| Application for Federal Assistance (SF-424 R&R - Box 21)                             | Cover Letter Attachment  | <i>My attachment = ____ pages</i>  |
| RESEARCH & RELATED Senior/Key Person Profile)  | Biographical Sketch  | <i>My attachment = ____ pages</i>  |
| Project/Performance Site Location(s)   | Additional Location(s)   | <i>My attachment = ____ pages</i>  |
| RESEARCH & RELATED BUDGET – A. Senior/Key Person                                     | Additional Senior Key Persons  | <i>My attachment = ____ pages</i>  |
| RESEARCH & RELATED BUDGET – C. Equipment Description                                 | Additional Equipment   | <i>My attachment = ____ pages</i>  |
| RESEARCH & RELATED BUDGET – L. Budget Related  | Budget Justification   | <i>My attachment = ____ pages</i>  |
| RESEARCH & RELATED Other Project Information   | 8. Project Narrative   | <i>My attachment = ____ pages</i>  |
| RESEARCH & RELATED Other Project Information   | 9. Bibliography & References Cited   | <i>My attachment = ____ pages</i>  |

| <b>Standard Form Name<br/>(Forms themselves<br/>do not count against<br/>the page limit)</b> | <b>Attachment File Name<br/>(Unless otherwise noted,<br/>attachments count<br/>against the page limit)</b> | <b># of Pages<br/>Applicant Instruction –<br/>enter the number of<br/>pages of the<br/>attachment to the<br/>Standard Form</b> |
|--|--|--|
| RESEARCH &<br>RELATED Other Project<br>Information   | 10. Facilities & Other<br>Resources  | My attachment = ____<br>pages  |
| RESEARCH &<br>RELATED Other Project<br>Information   | 11. Equipment  | My attachment = ____<br>pages  |
| RESEARCH &<br>RELATED Other Project<br>Information   | 12. Other Attachments  | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 1: <i>Staffing Plan<br/>and Job Descriptions for Key<br/>Personnel</i>                          | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 2: <i>Project<br/>Organizational Chart</i>  | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 3: <i>Letters of<br/>Agreement, Memoranda of<br/>Understanding, and/or<br/>contracts</i>        | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 4: <i>Maintenance of<br/>Effort Documentation</i>   | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 5: <i>Request for<br/>Funding Preference and/or<br/>Priority</i>                                | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 6: <i>Letters of<br/>Support and/or Commitment</i>  | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 7: <i>Disparities<br/>Impact Statement</i>  | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 8: <i>Accreditation</i>   | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 9: <i>Other Relevant<br/>Documents</i>  | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 10: <i>Other<br/>Relevant Documents</i>   | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 11: <i>Other<br/>Relevant Documents</i>   | My attachment = ____<br>pages  |
| Attachments Form   | Attachment 12: <i>Other<br/>Relevant Documents</i>   | My attachment = ____<br>pages  |

| <b>Standard Form Name</b><br><i>(Forms themselves do not count against the page limit)</i> | <b>Attachment File Name</b><br><i>(Unless otherwise noted, attachments count against the page limit)</i> | <b># of Pages</b><br><i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i> |
|--|--|--|
| Attachments Form   | Attachment 13: <i>Other Relevant Documents</i>   | <i>My attachment = ___ pages</i>   |
| Attachments Form   | Attachment 14: <i>Other Relevant Documents</i>   | <i>My attachment = ___ pages</i>   |
| Attachments Form   | Attachment 15: <i>Other Relevant Documents</i>   | <i>My attachment = ___ pages</i>   |
| <b># of Pages Attached to Standard Forms</b>   |  | <b>Applicant Instruction:</b><br>Total the number of pages in the boxes above.                                       |
| <b>Page Limit for HRSA-23-129 is 60 pages</b>  |  | <b>My total = ___ pages</b>  |