

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



Bureau of Health Workforce  
Division of Nursing and Public Health

***Advanced Nursing Education Nurse Practitioner Residency Integration Program  
(ANE-NPRIP)***

**Funding Opportunity Number: HRSA-20-118**  
**Funding Opportunity Type(s): New**

**Assistance Listings (CFDA) Number: 93.247**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2020

**Application Due Date: June 8, 2020**

*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, including SAM.gov and Grants.gov,  
may take up to 1 month to complete.*

**Issuance Date: April 6, 2020**

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Authority: 42 U.S.C. § 296j (Section 811(a) of the Public Health Service Act)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP). The purpose of this grant program is to prepare new nurse practitioners (NPs) for primary care or behavioral health practice in integrated, community-based settings, through expansions and/or enhancements to existing 12-month Nurse Practitioner Residency (NPR) programs. For this program, supported nurse practitioner education and training specialties include: Family, Adult Family, Adult-Gerontology, Pediatric, Women's Health Care, Nurse Midwife, and Psychiatric-Mental Health.

Funding Opportunity Title:	Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP)
Funding Opportunity Number:	HRSA-20-118
Due Date for Applications:	June 8, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$5,000,000
Estimated Number and Type of Award(s):	Approximately 5 grants
Estimated Award Amount:	Up to \$1,000,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2023 (three years)

<p>Eligible Applicants:</p>	<p>Eligible applicants are schools of nursing, nurse managed health clinics/centers, academic health centers, state or local governments and other private or public nonprofit entities determined appropriate by the Secretary. Consortia of public or private nonprofit entities that confer degrees, or provide practice support to RNs for NP education in primary care or behavioral health, or other such private or public nonprofit entities are eligible to apply under this funding opportunity. For purposes of this NOFO, a consortium should consist of at least three independent organizations that meet the above qualifications.</p> <p>For-profit entities are not eligible under this NOFO.</p> <p>See <a href="#">Section III.1</a> of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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**Application Guide**

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

**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 at <https://bhw.hrsa.gov/fundingopportunities> to learn more about the resources available for this funding opportunity.

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Fiscal Year (FY) 2020 Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP).

### Program Purpose

The purpose of this program is to prepare new primary care or behavioral health nurse practitioners (NPs)<sup>1</sup> to work in integrated, community-based settings.

### Program Goals

The ANE-NPRIP seeks to increase the number of new primary care or behavioral health NPs serving in integrated, community-based settings. Accredited residency programs or those residency programs in the accreditation process are encouraged to support the placement of residency completers in community-based settings in rural and underserved settings. The program also encourages applicants to assist NP residency completers to remain in these settings.

### Program Objectives

Expand and/or enhance existing 12-month NP residency programs that are accredited or in the accreditation process, in primary care or behavioral health and in an integrated, community-based setting.

### HHS and HRSA Priorities

You are encouraged to select and address one HHS's and HRSA's clinical priorities below.

- Ending the crisis of opioid addiction and overdose in America
- Improving mental health access and care
- Transforming the health care system through value-based care delivery and quality improvement initiatives
- Transforming the workforce –by targeting the need
- Strengthening health care access through telehealth
- Preventing and reducing childhood obesity
- Preventing and reducing maternal mortality
- Ending the HIV epidemic

HRSA has a number of investments targeting opioid use disorder and substance use disorder across its Bureaus and Offices that you may be able to leverage. For information on HRSA-supported resources, Technical Assistance, and training, visit: <https://www.hrsa.gov/opioids>.

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<sup>1</sup> For this program, NP specialties are limited to: Family, Adult Family, Adult-Gerontology, Pediatric, Women's Health Care, Nurse Midwife, or Psychiatric-Mental Health.

HRSA has a number of investments targeting use of telehealth across its Bureaus and Offices that you may be able to leverage. For information on HRSA-supported resources, Technical Assistance, and training, visit: <https://www.hrsa.gov/rural-health/telehealth>.

## 2. Background

This program is authorized by Section 811(a) of the Public Health Service Act (42 U.S.C. § 296j) to support projects that support the enhancement of advanced nursing education and practice.

The demand for primary care services has increased largely due to both a growing population and an aging population. Integrating primary care with behavioral health care, where clinicians collaborate in addressing the needs of the whole person, increases coordination and communication towards a unified set of health goals, while reducing costs, enhancing the experience for patients, and improving population health.<sup>2,3,4</sup>

HRSA's National Center for Health Workforce Analysis projects the demand for primary care physicians will increase by 38,320 full time employees (FTEs) constituting a 17 percent increase (from 224,780 FTEs in 2013 to 263,100 FTEs in 2025).<sup>5</sup> This projected demand in primary care services would result in a shortage of 23,640 physicians needed to provide primary care.<sup>6</sup> In 2016, NCHWA estimated that 18.3 percent of the U.S. adult population suffered from a mental illness, and 28.6 million people used an illicit drug in the past 30 days.<sup>7</sup> Expanding the role of advance practice registered nurses is anticipated to help meet this need for primary care and behavioral health services.

Improving access to primary care providers, like doctors and advance practice registered nurses, is especially important in rural and underserved areas. Rural areas also have proportionally fewer providers in the types of health occupations that tend to require more education and training.<sup>8</sup> In addition, these areas often face significant

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<sup>2</sup> U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (N.D.) What Is Integrated Behavioral Health? Retrieved from <https://integrationacademy.ahrq.gov/about/what-integrated-behavioral-health>

<sup>3</sup> Katon WJ, Unutzer J. (2013). Health reform and the Affordable Care Act: the importance of mental health treatment to achieving the triple aim. *Journal of Psychosomatic Research*, 74(6), pp. 533-537.

<sup>4</sup> Ross, K. M., Klein, B, Ferro, K., McQueeney, D.A., Gernon, R. & Miller, B. (2019). The Cost Effectiveness of Embedding a Behavioral Health Clinician into an Existing Primary Care Practice to Facilitate the Integration of Care: A Prospective, Case-Control Program Evaluation. *Journal of Clinical Psychology in Medical Settings*, 26(1), pp. 59-67.

<sup>5</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/primary-care-national-projections2013-2025.pdf>.

<sup>6</sup> Id.

<sup>7</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2019. Behavioral Health Workforce Projections, 2016-2030. Rockville, Maryland. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/Behavioral-Health-Workforce-Projections.pdf>

<sup>8</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Distribution of U.S. Health Care Providers Residing in Rural and Urban areas. Rockville, Maryland: U.S. Department of Health and Human Services, 2014. Retrieved from <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/nchwafactsheet.pdf>.

health challenges and health disparities.<sup>9</sup> HRSA identified 6,117 mental health provider shortage areas (HPSAs) in the U.S., with 3,730 (60.98 percent) of them situated in rural and partially rural areas.<sup>10</sup> Addressing the gap in primary care providers for rural and underserved populations is of the utmost importance for the health of the Nation. Nurses, specifically NPs in primary care, can help to address this gap, especially when they are working at the top of the scope of licensure.<sup>11</sup>

The National Academy of Sciences recommends establishing ways to develop and finance nursing residency programs, which provide a bridge to practice.<sup>12</sup> NPs are expected to carry a full provider patient load upon graduation and after obtaining licensure/certification. Providing care for rural and underserved populations can be complex and challenging for a new NP graduate transitioning to practice in a rural and underserved setting.<sup>13,14</sup> Although expected to carry a full patient care load upon acquiring their first job, some new NPs report feeling overwhelmed, and especially so when serving patients from rural and other underserved populations.<sup>15</sup>

The ANE-NPRIP facilitates the development of rigorous primary care clinical practice residencies to increase and fortify clinical knowledge and skills and provides an advantageous transition to practice. NPRIPs will allow for the additional opportunity to increase and fine tune health care skills with the presence and guidance of a preceptor. Further, a residency with an academic affiliation will enable the development and standardization of curricula and competencies.<sup>16</sup> For states requiring a transition to practice period, the NPRIP Program may meet this requirement (assuming it meets all the documented requirements outlined in this NOFO, i.e., community-based academic partnership providing primary care or behavioral health, with a preference for those serving rural and/or underserved populations) based on the preceptorships and oversight provided during the residency rotation.

The lower concentration of NPs in rural and underserved areas relative to urban and other settings contributes to the challenges of meeting the health needs of these populations, who have complex health care needs requiring knowledgeable and skilled primary care providers.<sup>17</sup> Post-graduation rural employment by nursing students seems

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<sup>9</sup>Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Vuong, A. M., Kash, B. A., Schulze, A., & Helduser, J. W. (2015). Rural Healthy People 2020: New Decade, Same Challenges. *The Journal of Rural Health*, 31, 326–333. doi:10.1111/jrh.12116

<sup>10</sup> Health Resources & Services Administration. (2019). First quarter of fiscal year 2020 designated HPSA quarterly summary. Retrieved from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

<sup>11</sup> Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey (2014). Retrieved from <https://members.aamc.org/eweb/upload/13-225%20WC%20Report%202%20update.pdf>

<sup>12</sup>National Academies of Sciences, Engineering, and Medicine. (2016). *Assessing Progress on the Institute of Medicine Report: The Future of Nursing*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21838>.

<sup>13</sup> Flinter, M., & Hart, A. M. (2017). Thematic elements of the postgraduate NP residency year and transition to the primary care provider role in a Federally Qualified Health Center. *Journal of Nursing Education and Practice*, 7(1), 95-106.

<sup>14</sup> Rieselbach, R. E., Crouse, B. J., & Frohna, J. G. (2010). Health centers: Addressing the workforce crisis for the underserved. *Annals of Internal Medicine*, 152, pp. 118-22.

<sup>15</sup> Flinter, M., & Bamrick, K. (2017). Training the next generation: Residency and fellowship programs for nurse practitioners in Community Health Centers. Retrieved from <https://www.weitzmaninstitute.org/sites/default/files/NPResidencyBook/NPResidencyBook.pdf>.

<sup>16</sup> Harper, D., McGuinness, T., Johnson, J. (2017). Clinical residency training: Is it essential to the Doctor of Nursing Practice for nurse practitioner preparation? *Nursing Outlook*, 65(1), pp. 50-57. doi: 10.1016/j.outlook.2016.08.004

<sup>17</sup> Flinter, M., & Bamrick, K. (2017). Training the next generation: Residency and fellowship programs for nurse practitioners in Community Health Centers. Retrieved from <https://www.weitzmaninstitute.org/sites/default/files/NPResidencyBook/NPResidencyBook.pdf>.

to be linked to life experiences in and connections to small communities as well as exposure to rural practice settings during training.<sup>18</sup> Graduate nursing students who attended a program with a rural focus also seem to be more likely to practice in rural areas.<sup>19</sup> As such, assuring the required skill set and addressing the maldistribution of clinicians can be addressed through a NPRIP program.

## **Program Definitions**

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the ANE-NPRIP:

**Consortium** – An association or agreement of at least three separately owned and governed, public or private nonprofit entities that confer degrees or provide practice support, formed to undertake an enterprise beyond the resources of any one member. A consortium has a clearly documented, binding agreement of resource support and roles/responsibilities (See Attachment #6). Consortiums are able to align resources and strategies, achieve economies of scale and efficiency, and address challenges more effectively as a group than as single entities. For the purposes of this program, each entity making up the consortium meets the program’s eligibility criteria in Section III.1 of the NOFO, and the applicant has the legal authority to apply and to receive the award.<sup>20</sup> An entity can be a partner to multiple ANE-NPRIP NOFO applications, but can only be an applicant on one application.

**Faculty Paid Release Time** – Release time is administratively authorized time spent away from the employee’s normal job responsibilities to participate in sponsored or sanctioned programs without loss of pay and without charge to paid time off (PTO) leave. Release time is considered work time; therefore, such time is counted when computing overtime.

**Infrastructure** – The basic operational costs needed to manage the NPRIP program.

**Maldistribution** – Shortages of health care providers in some locations, such as rural and underserved areas, with other locations having a sufficient or an excess number of health care providers.

**Meaningful Use of Technology** – Meaningful Use is defined by the use of certified Electronic Health Record (EHR) technology in a meaningful manner (for example electronic prescribing); ensuring that the certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of care; and that in using certified EHR technology the provider must submit to the Secretary of Health & Human Services (HHS) information on quality of care and other measures. Examples include, but are not limited to, telehealth, health informatics,

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<sup>18</sup> Bushy A, Leipert BD. Factors that influence students in choosing rural nursing practice: a pilot study. *Rural Remote Health*. 2005 Apr-Jun;5(2):387. Epub 2005 Apr 19.

<sup>19</sup> Fatima, Y., Kazmi, S., King, S., Solomon, S. & Knight, S. (2018). Positive placement experience and future rural practice intentions: Findings from a repeated cross-sectional study. *Journal of Multidisciplinary Healthcare*, 11, 645-652

<sup>20</sup> 2 CFR 25.200.

and/or others that are in compliance with Health Information Portability and Accountability Act.

**NP Residency Accreditation** – For the purposes of this NOFO, a NP residency program is a program officially recognized as meeting all of the NP residency accreditation standards of practice by a national NP residency accrediting organization.

**Residency** – A training program that provides an individual or group of individuals (known as "residents") with post-graduate advanced clinical training.

**Resident** – For the purposes of this NOFO, a resident is a licensed and certified NP who is enrolled with a government or private payer so that direct billing is possible for their own patient visits.

**Social determinants of health (SDOH)** – This include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks. Addressing SDOH, such as intimate partner violence, is a HRSA objective to improve the health and well-being of individuals and the communities in which they reside.

**Sustainability** – The ability to be sustained, supported, upheld, or confirmed. Projects under this Program will demonstrate sustainability by continuing their 12-month ANE-NPRIP without federal funding support after the period of performance ends.

**Telehealth** – The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

**Underserved** – Refers to a population not receiving adequate health care, for example, due to inability to pay or barriers to health care access.

## **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 expects approximately \$5,000,000 to be available annually to fund approximately five recipients. You may apply for a ceiling amount of up to \$100,000 annually per NP resident (includes both direct and indirect, facilities and administrative costs) per year. HRSA expects each applicant to train no less than four NP residents annually, but no more than 10 NP residents annually.

This funding covers all project costs for the awardee, not just NP resident salaries. The period of performance is September 1, 2020 through August 31, 2023 (3 years).

Funding beyond the first year is subject to the availability of appropriated funds for the ANE-NPRIP in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

## III. Eligibility Information

### 1. Eligible Applicants

Eligible applicants are accredited schools of nursing, nurse managed health clinics/centers, academic health centers, state or local governments and other private or public nonprofit entities determined appropriate by the HHS Secretary. For the purposes of this NOFO, FQHCs are eligible applicants.

The NP residency program must be accredited by a recognized, professional NP accreditation organization, or be in the process of accreditation.<sup>21</sup> At minimum, the applicant has completed the NP residency program self-assessment and has submitted either a notice of intent to apply or an application to a NP residency accrediting organization. The most successful applicants will have either an accredited NP residency program, or have had the initial on site full assessment by the NP residency accrediting organization. The NP residency program must maintain its accreditation throughout the period of performance. Loss of active accreditation status may be cause for HRSA to cease or reduce recipient funding levels beyond the first project period year.

Consortiums may apply for these funds, if otherwise eligible. Each entity must meet the eligibility requirements for this NOFO. HRSA will make one award per consortium to the applicant of the consortium provided it is an eligible entity and has the legal authority to apply for and to receive the award on behalf of the other consortium members. An entity can be a partner to multiple ANE-NPRIP NOFO applications, but can only be an applicant on one application. See Section III.2 Eligibility – Other, below.

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<sup>21</sup> American Nurses Credentialing Corporation Practice Transition Accreditation Program (<https://www.nursingworld.org/organizational-programs/accreditation/ptap/>), National Nurse Practitioner Residency and Fellowship Training Consortium (<https://www.npostgradtraining.com/>)

Domestic faith-based and community-based organizations, tribes, and tribal organizations may apply for these funds, if otherwise eligible.

In addition to the 50 states, only eligible applicants in 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.

Individuals and for-profit entities are not eligible applicants under this NOFO. Individuals should consult directly with the academic institution where they receive their training (not HRSA) regarding components of or experiences at that training program.

### **Beneficiary Eligibility for NP Resident Participants**

To be eligible for the ANE-NPRIP, the NPs trained through the support provided by this HRSA program must meet all of the following:

- Be a graduate from a Primary Care or Behavioral Health NP Program, have an NP certification and be licensed and certified no longer than 18 months before the start of the residency program;
- Be a citizen of the U.S., a non-citizen national, or a foreign national who possesses a visa permitting permanent residence in the U.S. Individuals on temporary or student visas are not eligible to receive ANE-NPRIP support; and
- Agree to be a full-time participant in the ANE-NPRIP; NPs enrolled in graduate school (i.e., completing a master's or doctoral degree) at the start of the NP residency program are not eligible NP residents.

### **Appointment of NP Residents and Length of Support<sup>22</sup>**

NPs in primary care or behavioral health who agree to commit to a full-time residency program in a community-based setting qualify for an appointment as an ANE NP resident.

An NP resident may be appointed at the beginning of any residency period, including a summer session, which falls within the budget period. All NP residents must be full-time in the residency program. HRSA financial support is limited to 12 consecutive months for any one NP resident. The most successful projects utilize a documentation process as a part of their hiring/onboarding that is compliant with the provisions of this NOFO (and all applicable programmatic and grant requirements), is signed by the Project Director and NP resident, and is maintained by the recipient institution for a period of at least three years after submission of the final expenditure report, primarily for auditing and data collection purposes.

NP residents must agree to provide the recipient institution with the following:

- The necessary information to complete the project's hiring/onboarding documentation. The NP resident should receive a copy of the completed documentation;

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<sup>22</sup> Flinter, M., & Bamrick, K. (2017). Training the next generation: Residency and fellowship programs for nurse practitioners in Community Health Centers. See pages 103 & 114. Retrieved from <https://www.weitzmaninstitute.org/sites/default/files/NPResidencyBook/NPResidencyBook.pdf>

- Data regarding professional activity following completion of the ANE-NPRIP; and
- A National Provider Identifier (NPI) number.

Note: An entity must contact the HRSA project officer for any requested change in NP resident status.

Funding will not follow an individual NP who transfers out of the awardee's program, even if the program accepting that resident is also a recipient of ANE-NPRIP or another HRSA grant program. If a resident (or residents) transfer(s) out of the awardee's program, HRSA's funding to the awardee will be reduced by up to \$100,000 annually per transferred resident.

### **Termination of Nurse Practitioner Residents**

The recipient institution is responsible for monitoring the success of each NP resident. In monitoring the residents, awardees must agree to the following guidelines related to residents and cease funding NP residents in the following circumstances:

- If a resident is unable to complete the residency program supported by the ANE-NPRIP award;
- If a resident withdraws from the recipient institution prior to the scheduled completion of the ANE-NPRIP;
- If a resident fails to meet the predetermined academic standards of the recipient institution; or
- If a resident requests to terminate the ANE-NPRIP support.

The ANE-NPRIP awardee should have standard operating procedures in place for the recruitment, training, retention, rescheduling, and termination of participants for the ANE-NPRIP Program. If a portion of the ANE-NPRIP training needs to be repeated, scheduling this activity to occur immediately following the conclusion of the award recipient cohort's ANE-NPRIP is strongly encouraged and guidelines on this process should be incorporated into the standard operating procedures. Guidelines on how to recoup costs obligated in the case of termination of participants should also be included in the standard operating procedures.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

### Ceiling Amount

The ceiling amount is based directly on the number of NPs supported in the residency program multiplied by \$100,000 per year, at a minimum of \$400,000 per year with 4 NPs and a maximum of \$1,000,000 per year with 10 NPs. HRSA will consider any application that exceeds the ceiling amount per year non-responsive and will not consider it for funding under this notice. Refer to the budget information section for more specific information.

### Accreditation

HRSA will consider any application that fails to include the required accreditation documentation in **Attachments 1, 2** and/or **3** non-responsive and will not consider it for funding under this notice. Organizations that are in the process of having their NP residency program accredited at the time of application submission must receive accreditation by September 30, 2021. If any accreditation is lost or expires during the period of performance, HRSA may take appropriate action.

### Deadline

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

### 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 during the fiscal year prior to receiving the award, as required. Complete the Maintenance of Effort information and submit as **Attachment 8**.

### Multiple Applications

Multiple applications from an organization are not allowable. Eligible applicants can submit only one application per organization, campus, clinical facility, or consortium; multiple applications from a single organization, campus, clinical facility, or consortium are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. A clinical facility is defined as a health care facility, whether part of a system or not, which has its own grounds containing its own leadership (chief nursing officer, chief medical officer, chief executive officer, etc.). Independent organizations are those entities that have unique DUNS numbers.

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

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

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** applicants to apply electronically. HRSA encourages applicants to apply through [Grants.gov](https://www.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 <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You are strongly encouraged to select “subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package 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. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

### 2. Content and Form of Application Submission

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

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

#### **Application Page Limit**

The total size of all uploaded files included in the page limit may not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches) attachments, and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO.

Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. The Research and Related Senior/Key Person Profile (Expanded) form itself does not count against the page limit, but the attached biographical sketches do count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-20-118, it may count against the page limit. Therefore, only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge applicants to take appropriate measures to ensure their application does not exceed the specified page limit.**

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

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

- 1) You, on behalf of the applicant organization certify, 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. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 13**: Other Relevant Documents.

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

## **Program-Specific Instructions**

### **Program Requirements**

Applicants must demonstrate to HRSA that they will be able to carry out the following activities:

- 1) **Conduct a Primary Care or Behavioral Health NP-Residency Program in an Integrated Community Based Setting:**
  - a. The program must establish linkages, as required by PHS Act section 802(d), with relevant educational and health care entities for the project and must have in place or establish an academic clinical partnership to develop and implement the ANE-NPRIP Program.
  - b. This partnership must include:
    - i. an ongoing feedback mechanism with rapid cycle quality improvement (RCQI);

- ii. an academic clinical partnership Advisory Council and a schedule of reoccurring meetings (e.g., at least quarterly) as part of a multifaceted feedback loop for RCQI.
- c. The program must provide NP resident support in the form of salaries to full-time residents who are licensed and certified NPs receiving 12 continual months of immersive clinical and didactic training at a primary care or behavioral health community-based entity.

## 2) Recruit Participants:

- a. Applicants must document the utilization of standardized outreach, recruitment and retention plans to engage state licensed and certified NPs in the specialty areas of primary care or behavioral health focus at the time of starting the program.
- b. Applicants must document a targeted pool of NPs by geographic area (region, state, county or local area), and how they will recruit NPs from this pool who have demonstrated a desire to practice in community-based settings, particularly in rural and/or underserved settings, upon program completion.

## 3) Train Participants:

- a. Training at the ANE-NPRIP residency program must begin by January 15, 2021.
- b. Applicants must provide interprofessional team-based, clinical, and didactic training experiences along the practice continuum in integrated community-based settings. This **Interdisciplinary team-based clinical practice training model** must incorporate clinical rotations from both routine to specialty clinics.
- c. The most competitive applicant training programs should include preceptor development and NP primary care or behavioral health competencies with a rural or underserved population-specific curriculum.
- d. The training programs are encouraged to incorporate telehealth and meaningful use of technology (i.e., health informatics, and/or others that are in compliance with Health Insurance Portability and Accountability Act).

## 4) Create Linkages:

- a. Each academic clinical partnership must have a signed Memorandum of Understanding (MOU), which outlines specific aspects of the partnership: name of partnership applicant organization, name and address of partner(s) and timeframe of agreement. The MOU must also document the mutual benefit of the academic practice partnership, telehealth collaboration, agreement to participate in RCQI meetings and carry out related activities, and strategize for sustainability, curriculum development, and other types of support to be provided by

- members of the partnership (placement of NP graduates, curriculum development, etc.) (See Section iv - Budget Justification).
- b. Consortiums (as applicable) must have a binding relationship and signed agreement (**Attachment 6**) between/among the community-based entity members and the academic partner, and the agreement establishing the relationship must describe the roles and responsibilities of each entity.
  - c. If the applicant determines the need, funds may be used to secure technical assistance for ANE-NPRIP Program expert consultation. Helpful resources for technical assistance ANE-NPRIP Program consultation are listed below:
    - i. American Nurses Credentialing Corporation Practice Transition Accreditation Program  
<https://www.nursingworld.org/organizational-programs/accreditation/ptap/>
    - ii. National NPR and Fellowship Training  
<https://www.nppostgradtraining.com/>
- 5) **Employment Assistance Post Residency** – Applicants must explain how they plan to implement employment assistance strategies to connect residency program participants to employment, especially in rural and/or underserved areas.
- a. Recruit, train, develop, support, and evaluate preceptors as program collaborators to enhance NP resident, preceptor, and clinical staff professional development.
  - b. Connect program graduates with the HRSA Health Workforce Connector (<https://connector.hrsa.gov/connector/>) and other existing employment support resources so they can obtain employment providing primary care or behavioral health to rural and/or underserved populations, preferably community-based clinical settings.
- 6) **Participate in Cohort Collaboration** - To provide support and ensure project success, collaborate (face-to-face and/or virtually) at a minimum of at least quarterly in the first project year and at least twice annually during the period of performance with other ANE-NPRIP Program award recipients and participate in HRSA-driven program evaluations during and upon completion of the period of performance.
- 7) **Designate Project Staff** - Applicants must identify appropriate personnel to carry out the ANE-NPRIP project. HRSA believes an effective ANE-NPRIP Program may generally include, but are not limited to many of the following personnel (or similar roles):
- a. Health Education Specialist (HES)
  - b. Health Education Coordinator (HEC)
  - c. Health Information Technology Coordinator (HITC)
  - d. Evaluation Coordinator
  - e. Clinical Liaison Lead (CLL)

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

**i. Project Abstract**

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

The Abstract must include:

1. A brief overview of the project as a whole;
2. Specific, measurable objectives that the project will accomplish;
3. Which of the clinical priorities will be addressed by the project, if applicable;
4. How the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project);
5. Description of project's behavioral health integration, if applicable;
6. Type of funding preference requested, if applicable;
7. The number of NPs in total, and by specialty, as applicable;
8. NP residency start date for each year; and
9. The funding amount requested.

**ii. Project Narrative**

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

Applicants who propose a telehealth component to their work plan are encouraged to reach out to one of the twelve HRSA-supported Regional Telehealth Resource Centers located at <https://www.hrsa.gov/rural-health/telehealth/index.html>, which provide technical assistance to organizations and individuals who are actively providing or interested in providing telehealth services to rural and/or underserved communities.

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

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

First, briefly describe the purpose of the proposed project. Outline the needs of the community and the proposed training program. The applicant must describe and document: 1) the need for the NP training by discipline; 2) the training plan and how it integrates behavioral health into primary care, or primary care into behavioral health, as applicable, and 3) the employment placement plan post residency program. Use and cite demographic data whenever possible to support the information provided.

You must:

- Discuss the need for these funds, and how the proposed project activities will strengthen the applicant’s ability to increase the distribution and readiness of primary care or behavioral health NPs in community-based rural and underserved settings, as applicable;
- Describe the community that will benefit from the proposed project activities. Include information, and quantitative data to the extent feasible, such as the demographics of the population, the health status of the community, health literacy, SDOH, rural and/or underserved status, relevant barriers or gaps in accessing primary or behavioral care and other elements in support of your proposal;
- Describe the need for primary care or behavioral health NP residency programs in the benefiting community, including a description of the catchment area where the NP residents supported by the ANE-NPRIP program will most likely and/or intend to be employed following completion of the ANE-NPRIP (**Attachment 12**);
- Include the proposed number and specialty of NPs the ANE-NPRIP will support for each of the three project years, and data describing where those participants are currently employed and/or the school of nursing from which they recently graduated;
- Discuss the applicant organization’s willingness to, or past performance in, collaborating with a group of fellow HHS grant recipients; and
- Describe the number of NPs who have been targeted to participate as preceptors in the ANE-NPRIP, or who have at least two years of experience, the demographics of those NPs, their specialty<sup>23</sup> and data describing where those potential preceptors are currently employed, if not with the applicant organization.
  - We anticipate that competitive applicants will build a pipeline of preceptors for the ANE-NPRIP using nursing staff at primary care or behavioral health delivery sites in rural and underserved areas such as FQHCs, Community Health Centers and Rural Health Clinics. Additionally, current or former HRSA scholars that have been trained or have demonstrated a commitment to work with rural or underserved populations should be considered.<sup>24</sup>
  - The following are links to some HRSA programs that may be resources for building a primary care or behavioral health NP resident pipeline:
    - Nurse Corps Scholarship Program  
<https://bhw.hrsa.gov/loansscholarships/nursecorps/scholarship>

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<sup>23</sup> For this program, NP specialties are limited to: Family, Adult Family, Adult-Gerontology, Pediatric, Women’s Health Care, Nurse Midwife, or Psychiatric-Mental Health.

<sup>24</sup> Nurse Corps or NHSC Scholars could be beneficiaries of the ANE-NPRIP program, in that they could defer their service obligation in order to receive further training through the ANE-NPRIP program. Once the one year post graduation training has been completed, they would complete their service obligation in a designated facility. Nurse Corps and NHSC loan repayment participants that are currently fulfilling service obligations could serve as preceptors for the ANE-NPRIP Program, however such a role would not be required under the terms of their NHSC or Nurse Corps obligation. Once completing their HRSA service obligations, Nurse Corps and NHSC loan repayment alumni could also serve as preceptors for the ANE-NPRIP program. Since they would have already completed their service obligations, they would have first-hand experience working with rural or underserved populations—thus a benefit to the site and to the community being served.

→ National Health Service Corps  
Scholarship Program  
<https://www.nhsc.hrsa.gov/scholarships/index.html>

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

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>).

You must:

- Provide a detailed description of the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance summarized in a table format with numbered goals/objectives/sub-objectives, activities and corresponding timeframe in quarter periods, and responsible person(s);
- Provide a comprehensive overview of the ANE-NPRIP and documentation of commitment and plans to develop an NP resident and preceptor curriculum; list models that have been reviewed for this project;
- Describe the evidence based plan for determining quantifiable NP resident and preceptor level of practice readiness;
- Provide interprofessional team-based care with clinical, and didactic training experiences along the practice continuum in integrated, community-based settings;
- The most competitive applicant training programs have integrated behavioral health and should include preceptor development and NP primary care or behavioral health competencies with a rural or underserved population-specific curriculum;
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of this application and, further, the extent to which these contributors reflect the populations and communities served;
- Document how the project addresses telehealth and other health care technology training models, and related HHS and HRSA priorities, as applicable;
- Describe, where applicable, plans to secure and work with a NP residency expert consultant with experience in implementing and overseeing NP residency programs<sup>25</sup>. This consultant will assist in the

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<sup>25</sup> Helpful resources for technical assistance NPR Program consultation include but are not limited to: the American Nurses Credentialing Corporation Practice Transition Accreditation Program (<https://www.nursingworld.org/organizational-programs/accreditation/ptap/>) and the National NPR and Fellowship Training Consortium <https://www.npostgradtraining.com/>

development, implementation, and evaluation of launching the ANE-NPRIP; and

- Describe how you will incorporate behavioral health integration and utilize the standardized training requirements in the development and execution of your proposed project. See the following references for further information on standardized training:
    - National Nurse Practitioner Residency and Fellowship Training Consortium:  
<https://www.nppostgradtraining.com/Accreditation/Standards>
    - American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP)<sup>™</sup>:  
<https://www.nursingworld.org/organizational-programs/accreditation/>
- (b) *METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*

You must describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities, if applicable. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. In your project information, explain why your project is innovative and provide the context for why it is innovative.

Specifically, you must describe:

- A project that conducts a significant amount of their clinical training for the NP residency program in community-based settings, with a preference for those that provide primary or behavioral health care for rural and underserved populations, like FQHCs;
- An academic clinical partnership between one or more clinical organization in a community-based setting, preferably in a FQHC or in rural and/or underserved settings, and a school of nursing that will enhance the didactic and clinical training of NPs in primary care or behavioral health in the residency program;
- An overview of behavioral health integration within the NPR, as applicable;
- A feedback cycle (via flowchart or otherwise) illustrating communication and collaboration plans, checks, and balances between the academic institution and clinical organization in a community-based setting;
- How the awarded organization plans to collaborate face-to-face or virtually with other ANE-NPRIP awardees at a minimum of at least quarterly in the first project year and at least twice annually during the period of performance for input on project activities, continuous quality

- improvement, dissemination of lessons learned and effective NP residency models;
- Mechanisms to identify, recruit, train, develop, support, and evaluate preceptors to enhance clinical and didactic ANE-NPRIP training;
  - The number and disciplines of NP residents targeted to be trained each of the three project years;
  - An overview of preceptor development curriculum for this application and project activities related to the preceptor development that includes, but is not limited to:
    - a standardized preceptor orientation process; and
    - preceptor professional development activities (e.g. in-services, skills sessions, group journal discussions, and online resources).
  - The utilization of standardized outreach, recruitment and retention plans to engage state licensed and certified NPs in the areas of primary care or behavioral health;
  - A targeted pool of NPs by geographic area (region, state, county or local area), and how they will recruit NPs from this pool who have demonstrated a desire to practice in integrated, community-based settings, particularly in rural and/or underserved settings, upon program completion; and
  - How they plan to implement employment assistance strategies to connect residency program participants to primary care or behavioral health community-based setting employment, especially in rural and/or underserved areas. This can include, but is not limited to, connecting program graduates with the HRSA Health Workforce Connector (<https://connector.hrsa.gov/connector/>) and other existing employment support resources.

### **Logic Model**

You must submit a logic model (**Attachment 4**) for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. You can find additional information on developing logic models at the following website: [https://www.cdc.gov/eval/tools/logic\\_models/index.html](https://www.cdc.gov/eval/tools/logic_models/index.html).

While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*

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

In this section information should include, but is not limited to, the following:

- Describe the plan for identifying and addressing barriers to recruitment, training, retention, and employment of NP residents, preceptors, and faculty that reflect the communities you are proposing to serve, and whether that will impact development and/or starting up a ANE-NPRIP focused on primary care with behavioral health integration (as applicable); with active NP residents in the program no later than January 15, 2021;
  - Describe the plan to ensure that the NP resident experiences support curricular and NP competencies focused in primary care and behavioral health (as applicable). The most successful projects include topics such as provider wellness/clinical resiliency, and rural/ underserved population-specific health care;
  - Include a plan to ensure the high quality of ANE-NPRIP curricula and experiences;
  - Describe a plan for resolving challenges and working with preceptors, clinic staff, and within academic-practice partnership to ensure all NP residents receive quality guidance;
  - Develop, plan, implement, and evaluate interprofessional team-based, clinical and didactic training;
  - Assist ANE-NPRIP completers in obtaining employment in community-based settings especially rural and/or underserved areas; and
  - Identify obstacles for implementing the program performance evaluation plan, which utilizes meaningful outcome measures (i.e., the results of the program, typically describing changes in people or systems), and the solutions to resolve these challenges.
- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*
  - *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)*

You must describe a plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting the goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities;

and a description of how all key evaluative measures will be reported. The establishment of an ANE-NPRIP Advisory Council is a required part of this process.

You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project. This includes:

- Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find similar examples of the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>.
- Describe the data collection strategy to accurately collect, track, manage, analyze, store, and report data (e.g., NP residents, preceptors, academic/clinical faculty and staff, training programs and curricula, data management software, etc.) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.
- Document your process for assuring the data collection, management, storage, and following-up with NP residents after ANE-NPRIP completion for up to one year, such as by collecting participants' National Provider Identifiers (NPI). (Note: NP residents who receive funds under this award opportunity are required to apply for an NPI for the purpose of collecting employment demographics after the conclusion of the ANE-NPRIP.) HRSA anticipates gathering NPI data as part of regular performance reporting.
- Indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.
  - You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>.
  - This process should include establishing an academic clinical partnership Advisory Council and a schedule of recurring meetings (at least quarterly the first project year) as part of a multifaceted feedback loop, to generally include, but not limited to the following: Health Education Specialist (HES), Health Education Coordinator (HEC), Health Information Technology Coordinator (HITC), evaluation coordinator, and academic dean (or equivalent), consultants and faculty, clinical and academic organization leadership, as well as any other relevant participants. Establishment of an ANE-NPRIP Advisory Council creates a regular process for a feedback loop with experts and an opportunity for systematic quality improvement.

**Performance Reporting Plan:** You must describe the systems and processes that will support your organization's annual collection of HRSA's performance measurement requirements for this program. At the following link, you will find examples of required data forms: <http://bhw.hrsa.gov/grants/reporting/index.html>.

All award recipients are required to collect and report the number of individuals who have been directly and indirectly impacted by the award, including, but not limited to: number of currently enrolled individuals or participants, graduates/completers, and attrition; the gender, age, race, and ethnicity of all individuals; the disadvantaged background status of all individuals, and the rural or underserved residential background of all individuals.

In order to evaluate the initial and long term impact of the ANE-NPRIP, applicants must describe their capacity to collect and report data such as, but not limited to the following, on an annual basis:

- The characteristics of clinical training sites;
- The number and characteristics of preceptors and residents who are trained, and residents who complete the ANE-NPRIP;
- The number of NP residents working or who have accepted a position in a rural/underserved community-based setting and employment at the project site, upon completion of the residency and each year afterward for the remainder of the grant period;
- Training program characteristics;
- The NP discipline(s) of the residents and preceptors;
- The National Provider Identifier for each NP resident;
- Characteristics of faculty and staff development programs and activities, curriculum development, continuing education activities, and interprofessional team-based, clinical and didactic training experiences;
- Number and disciplines of other interprofessional trainees who participated in team-based care alongside NP residents;
- Number of patient encounters NP residents have in a medically underserved communities (MUC), rural areas, and/or community-based settings;
- Number of patients treated by NP residents; and
- ANE-NPRIP accreditation status. Further information about NPR Program Accreditation Standards is available at <https://www.nppostgradtraining.com/Accreditation/Standards> and <https://www.nursingworld.org/organizational-programs/accreditation/ptap/>.

You must describe any potential obstacles and how those obstacles will be resolved for the following areas:

- Implementing the program performance evaluation;
- Meeting HRSA's performance measurement requirements;
- Participating in a HRSA-driven program evaluation; and
- Dissemination of ANE-NPRIP activities, findings, project results and best practices.

**Performance Evaluation Plan:** You must describe your plan for a program performance evaluation. This plan should monitor ongoing processes and progress toward meeting award goals and objectives. The evaluation plan should

include descriptions of the inputs from your logic model (e.g., evaluation of key staff, organizational support, collaborative partners, budget, and other resources), key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. Key staff should be included in **Attachment 5**.

The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess:

- The extent to which program objectives have been met;
- The results of the program, typically describing changes in people or systems;
- That these accomplishments can be attributed to the activities of the proposed project; and
- Dissemination strategies for project outcome and/or outputs.

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

You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to identify resources and a time frame for achieving self-sufficiency. The academic clinical partnership awardee should document a plan that explains, by the end of project year three, that it has the resources and structure in place to continue operating an ANE-NPRIP.

Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's/consortium's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in **Attachment 7**.)

Applicants must identify appropriate personnel to carry out the ANE-NPRIP project. HRSA believes an effective ANE-NPRIP may generally include, but are not limited to many of the following personnel (or similar roles).

- a. **Health Education Specialist (HES)** who collaborates with the academic-clinical team to assess the clinical entity's capacity for the ANE-NPRIP and infrastructure

- prior to the development of the ANE-NPRIP, curriculum development including population-based topics; provides professional development activities of preceptors and other clinical staff based upon needs assessments.
- b. **Health Education Coordinator (HEC)** who is the point of contact for day-to-day operations, and the educational liaison with clinical administration, preceptors, residents and academe; collaborates with HES and HITC on curriculum development; and conducts monthly meetings with each resident.
  - c. **Health Information Technology Coordinator (HITC)** who has experience in telehealth, health informatics, and Health Information Portability and Accountability Act compliance and that assures successful health information technology models are incorporated in the community-based clinical activities to which the new NPRs have been accustomed from previous academic practice training experiences; supports and facilitates telehealth initiatives.
  - d. **Evaluation Coordinator** who uses best practice instruments to capture meaningful and key data (i.e., the results of the program, typically describing changes in people or systems), and reports findings to Advisory Council.
  - e. **Clinical Liaison Lead (CLL)** from the clinical organization in a community-based setting that serves as the counterpart to academic dean and facilitates information exchange between the primary care or behavioral health NPR and the academic advanced nursing education partner; ensures preceptors function as program partners.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 5** (Staffing Plan and Job Descriptions for Key Personnel). In this plan, describe proposed number and discipline of preceptors to be a part of the NP residency project. However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form, which can be accessed in the Application Package under “Mandatory.” Include biographical sketches for persons occupying the key positions, not to exceed **TWO pages** in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - Institution and location
  - Degree (if applicable)
  - Date of degree (MM/YY)

- Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Section D (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

Please provide the following information as indicated below:

- **Project Director Qualification:** The Project Director (PD) for the proposed project must be a master's or doctoral level RN with demonstrated competence (e.g., publications, funded research), appropriate academic preparation, clinical expertise, and experience as an educator. **NOTE: There may only be one PD for the ANE-NPRIP project.**
- **Capabilities of the Applicant Organization:** Provide a summary of the capacity of your organization to carry out the project. Include descriptions of how care of rural and/or underserved populations is woven throughout curricula and clinical training.
- **Description of Community-Based Health Clinic(s):** Describe the clinical organization(s) in a community-based setting where the ANE-NPRIP will take place, including the type of clinical departments, number of preceptors, and population(s) served.
- **Community Support:** Describe all community support or other resources involved in the proposed project, as applicable. Include significant letters of support via **Attachment 11.**
- **Linkages:** Describe established and/or planned linkages with relevant educational and interprofessional educational programs, and health care entities. List any HRSA funded projects in which partners have participated.

**iii. Budget**

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

Note: Per Maintenance of Effort requirements, HRSA funds cannot be used to support salaries for the applicant’s currently employed NP residents, if such residents were previously supported by the applicant. The ANE-NPRIP funds budgeted for salaries must be used to support only newly recruited NP residents.

**Subawards/subcontracts**

All applicants must provide a plan and budget reflective of the number of NP residents that will be trained per year. For example, if you are applying for up to \$400,000, your plan and budget should reflect training for at least four NP residents (see table below for more specific information). For this NOFO, an applicant may not request more than \$1,000,000 in total project costs (both direct and indirect costs).

Total Funding Overview

# NP Residents Trained	Funding	Comments
4	Applicant may apply for up to \$400,000	<ul style="list-style-type: none"> <li>• No less than 4 and no more than 10 ANE-NPRIP supported NP residents each year</li> <li>• The ANE-NPRIP must provide NP resident support in the form of salaries to full time residents who are receiving no more and no less than 12 consecutive months of immersive clinical and didactic training in a community-based setting.</li> <li>• NP resident salaries are paid to new NPs who begin the NPR on the applicant’s planned NP residency start date within the budget period. Grant funds do not support salaries paid for applicant FTEs of NP residents already participating in a NP residency program in progress.</li> <li>• The awarded funds cover total project costs, which include both direct and indirect costs, including subawards, salaries, travel and administrative costs.</li> <li>• For this NOFO, prospective NP residents (i.e. from your developed NP resident “pipeline”) can</li> </ul>
6	Applicant may apply for up to \$600,000	
10	Applicant may apply for up to \$1,000,000	

		be counted as part of the project's number of NP residents trained, if they were not previously supported by the applicant (See Maintenance of Effort in Section III.3).
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**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Further Consolidated Appropriations Act, 2020 (Public Law 116-94), signed into law on December 20, 2019, states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

Applicants shall reference Section VI.3 6. Funding Restrictions and the SF-424 R&R Application Guide to ensure appropriateness of proposed budget.

**iv. Budget Justification Narrative**

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

The budget justification narrative must 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, the ANE-NPRIP requires the following:

The estimated number of resident participants for which support is being requested over the three year period of performance. Please list the costs itemized by salary and fringe. In addition, list the nursing specialty of the NP resident. Ensure that the grant fund support per full-time NP resident does not exceed 70 percent of the geographical market compensation. Please Note: The total number of NP residents for which funds are being requested must be consistently reported in the Budget (SF-424 R&R Budget Forms in Section B).

**Consultant(s):** In the budget justification, identify each consultant, their credentials, the services he/she will perform, total number of days, travel costs, and total estimated costs. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise and the scope of work, for at least the first project year, and provide a rationale for this need.

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

**v. Program-Specific Forms**

As part of the application submitted through Grants.gov, you must also complete and submit the ANE Program-Specific Data Form (ANE Table 1) as **Attachment 9**.

**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.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label each attachment.

***Attachment 1: Clinical Facilities Documentation and Program Approval Documents - Required***

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 requires accreditation/approval/recognition to provide health care. Clinical organizations in a community-based setting applying under this NOFO must provide documentation of accreditation by a national, regional, or state accrediting agency or body, such as the Joint Commission on Accreditation Association for Ambulatory Health Care, Inc., or provide documentation of certification/licensure by federal/state/local government supported agency.

**Applicants who are also Federally Qualified Health Centers must provide documentation of their FQHC designation.**

This information must be clearly documented, to **include the period of time covered by the accreditation or recognition document**. In addition to the required clinical facility's accreditation/recognition document, **clinical facilities applying to this funding announcement and partnering with academic Schools of Nursing must also include the academic accreditation document for each nursing program to be supported under this announcement**, as described above.

The applicant is responsible for maintaining a current accreditation/recognition document for each of their partners and satellite clinical sites.

*Attachment 2: Academic School of Nursing Letters of Accreditation and Program Approval Documents - **Required***

All nursing programs that are applying under this notice and/or associated with the project must be accredited for the purpose of nursing education. Schools of nursing providing primary care or behavioral health NP education programs affiliated with the proposed project must be accredited by a recognized body or bodies or by a state agency approved for such purpose by the Secretary of the U.S. Department of Education. These agencies include the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN). Applicants must submit **an official letter of accreditation** as proof of accreditation specifically stating that accreditation has been granted and the period of time covered by the accreditation.

In addition to the required academic accreditation document, the **academic institution applying to this funding announcement and partnering with clinical facilities must also include the clinical accreditation/recognition document(s) for each clinical facility to be supported under this announcement**.

**Newly Established Programs of Nursing Accreditation**

A new program of nursing (in operation) 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.

## 1. Substantive Change Notification

Accredited nursing programs that modify (for example, change from a baccalaureate program to a doctoral of nursing practice program) or add a nursing specialty (for example, Psychiatric Mental Health NP Program) that require substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change from the accrediting agency.

## 2. Approval of New Nursing Programs

Applicants must provide documentation of all approvals needed to enroll students into a new master's or doctoral program. This includes approval from the State Board of Nursing, as appropriate. This must be documented by evidence, such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing.

### *Attachment 3: NP Residency Program Accreditation Documentation and Program Approval Documents or Summary of In Process NP Residency Program Accreditation Document - **Required***

All applicants must provide documentation of NP residency program accreditation, or if not yet accredited, provide a summary document describing actions being taken towards NP residency accreditation with a timeline in table format. Applicants with NP residency accreditation must **submit an official letter of NP residency accreditation** as proof of accreditation specifically stating that accreditation has been granted and the **period of time covered by the accreditation**.

### *Attachment 4: Work Plan and Logic Model - **Required***

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Also include the required **logic model** in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

### *Attachment 5: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) - **Required***

Provide the qualifications and nature/scope of the work to be provided by each consultant slated to serve on the project. Provide job descriptions as appropriate. Keep each job description to one page in length as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

### *Attachment 6: Letters of Agreement, Memoranda of Understanding (MOUs), and/or Description(s) of Proposed/Existing Contracts (project-specific)*

Provide any documents that describe working relationships between your organization/consortium 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 (LoA)/MOUs are signed and dated and include the name of partnership applicant organization, name and address of partner(s) and timeframe of agreement. 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.

**Documents must be signed and dated by the Project Director of the proposed grant and at least one member of the senior leadership team from all parties involved and must not be dated earlier than six (6) months prior to the close of this funding opportunity.** Senior leadership may include, but is not limited to, Dean, Chief Nursing Officer, Chief Medical Officer, Department Chair, President, Department Director, etc.

MOU and consortium (see definition) documentation if appropriate, and/or LoA must be signed by all network member Chief Executive Officers, Board Chairs or tribal authorities to signify their formal commitment as network members. An acceptable MOU/LoA, such as those between academic and clinical partnerships, and/or a consortium as applicable, must describe each partner's role and contributions to the partnership; the network purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and membership benefits. The MOU/LoA must also include a formal communication process for informing any unforeseen changes including, but not limited to, changes in financial, human, educational, or physical resources. The MOU must also document the mutual benefit of the academic practice partnership, telehealth collaboration, agreement to participate in RCQI meetings and carry out related activities, and strategize for sustainability, curriculum development, and other types of support to be provided by members of the partnership (placement of NP graduates, curriculum development, etc.)

If applicable, MOUs from each existing consortium member that identifies the organization's roles and responsibilities in the project, the activities in which they will be included, and how the organization's expertise is pertinent to the project. The MOU must indicate understanding of the benefits that the consortium will bring to the member and, as applicable, to the target rural and/or underserved area. The MOU must also include a statement indicating that the proposed or existing consortium member understands that the ANE-NPRIP award is to be used for the activities proposed in the work plan; and that the award is not to be used for the exclusive benefit of any one consortium member. Stock or form letters are not recommended.

***Attachment 7: Project Organizational Chart - Required***

Provide a one-page figure that depicts the organizational structure of the *project* (not the *applicant organization*). This chart should include community stakeholders, providers, preceptors, faculty, and residents and describe communication pathways to help inform the development of curriculum, training, and evaluation methodology.

**Attachment 8: 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	
<p style="text-align: center; margin: 0;">FY 2019 (Actual)</p> <p>Actual FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$ _____</p>	<p style="text-align: center; margin: 0;">FY 2020 (Estimated)</p> <p>Estimated FY 2020 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$ _____</p>

**Attachment 9: ANE Program-Specific Data Form - Required**

Applicants must submit the completed ANE Program-Specific Data Form (ANE Table 1) included as Appendix A of this NOFO in this attachment. The table must be filled out and uploaded with the other documents when submitting your application. Consistent with the program purpose, this table reflects the applicant’s plans for NP resident support and the academic partner’s past performance in producing graduates/completers who go on to work in areas with rural, underserved, and public health nursing needs.

**The academic partner is responsible for providing data on students and graduates of their NP education programs from the previous year, Jan 1, 2019 to December 31, 2019.** This table is to be filled out and submitted along with the other required application documents.

**Attachment 10: Request for Funding Preference**

If requesting a Funding Preference, include information and data supporting your request for the Funding Preference as requested in **Section V.2**.

The applicant requesting a Funding Preference, because the applicant is a FQHC, or because their project substantially benefits rural or underserved populations, or helps to meet public health nursing needs in state or local health departments, must include information and data supporting their request for the Funding Preference as requested in **Section V.2**.

**Attachment 11: Letters of Support**

Provide a letter of support, and other documents as applicable, for each organization or department involved in your proposed project. Letters of support

must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), **must** be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, personnel/staff, space, equipment, and placement of residents for clinical learning experiences, preceptors, and employment for future NP residents).

All letters of support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section (see Section IV.2). Letters of support pertinent to an application submitted after the deadline will not be forwarded to objective review.

Include relevant letters of support from the Dean of the School of Nursing, University Officials, Chief Nursing Officers, and Chief Executive Officers and relevant letters from key collaborating organizations, clinical sites in community-based settings, and consultants.

**Note:** Include only letters of support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

***Attachment 12: Description of Catchment Area and Post ANE-NPRIP Employment Capacity - Required***

Describe your catchment area including patient population, clinical sites and type (FQHC, Rural Health Clinics, etc.), numbers and disciplines of health care providers, geographical area. Clearly label this attachment. Applicants also need to document the plan describing that the NPs who complete the proposed ANE-NPRIP will be employed in community-based settings, preferably in rural and or underserved catchment areas.

***Attachment 13: Tables, Charts, and other relevant documents etc.***

Provide a copy of your indirect cost rate agreement, as applicable, and include here any other document that is relevant to the application and that provide further details about the proposal (e.g., Gantt or PERT charts, flow charts).

**3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

**UPDATED [SAM.GOV](#) ALERT:** For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more about this and the current login process for SAM.gov.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer required to be part of HRSA's Application Package and the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

**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 *June 8, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications 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 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

## 5. Intergovernmental Review

The ANE-NPRIIP is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

## 6. Funding Restrictions

You may request funding for a period of performance of three years, at no more than \$1,000,000 per year in total costs (which includes direct **and** indirect costs). Refer to the budget information for more specific information regarding this ceiling. The grant fund support per full-time NP resident cannot exceed 70 percent of the geographical market compensation.

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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

Funds under this announcement may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#) or other certain purposes, including but not limited to:

- Paid release time for project faculty;
- Payment of temporary personnel replacement costs for the time faculty/preceptors/participants are away from usual worksite during involvement in project activities;
- Accreditation, including accreditation related costs/fees, credentialing, licensing, continuing education (costs for preparation and awarding continuing education hours), and franchise fees and expenses; preadmission costs, promotional items and memorabilia; and animal laboratories;
- Incentive payments are not allowed for program participants, including but not limited to purchasing gift cards or gas cards;
- Construction or renovations;
- Foreign travel.

Co-PDs are not permissible for this funding; there may be only be one Project Director who must be a Master's or Doctorally prepared Registered Nurse.

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

all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be 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 critical 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.

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

Review criteria are used to review and rank applications. The ANE-NPRIP has five review criteria. See the review criteria outlined below with specific detail and scoring points.

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

Reviewers will consider whether a clear purpose and evidence of a significant and compelling need for advanced practice NP residents in primary care or behavioral health likely to benefit the community in which they train, has been presented. The extent to which the application demonstrates the problem and associated factors contributing to the problem, including the quality of and extent to which the application addresses:

- Relevant demographic data, health care data, health status indicators, health literacy data, SDOH, rural and/or underserved status;
- Measureable gaps and/or barriers relating to primary care or behavioral health staffing, and provider wellness and clinical resiliency (as applicable);
- Clear and compelling justification for how the partnership(s) or consortium will use the requested funds to meet the needs and address the measurable gaps and/or barriers this population faces in accessing and interacting with primary or behavioral health care services;
- Likelihood that the proposed training project will increase NP resident readiness for practice in integrated community-based settings, like FQHCs, after program completion, including serving rural and underserved populations;

- Emphasis on direct health service delivery and experiential/educational immersion in delivering care, including within FQHCs, rural and underserved settings during training as applicable;
- Education needs of NPs or NP residents in primary care or behavioral health in preparing them to provide services to the population described;
- The number of NPs in primary care or behavioral health that have been targeted to participate as preceptors in the ANE-NPRIP, or that have been employed by their organization over the last five years; and
- Experience in collaborating with other clinical organizations in community-based settings, schools of nursing, or participation in consortiums to advance the field of nursing or increase access to integrated care in community-based settings, including rural or underserved settings.

*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 (15 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan*

Reviewers will consider the extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the key activities that will effectively achieve those goals and objectives. The description should include a timeline, stakeholders, and a description of the populations and communities served.

Reviewers will consider the quality and effectiveness of applicant plans to address the following:

- Provide interprofessional team-based care with behavioral health integration, clinical, and didactic training experiences along the practice continuum in integrated, community-based settings. This interdisciplinary team-based clinical practice training model must incorporate clinical rotations from both routine to specialty clinics, including areas providing behavioral health;
- Enhancement of academic clinical partnership, including formal RCQI mechanisms for feedback and evaluation between the clinical organization in a community-based setting/consortiums and academic institution(s), with a description of regularly scheduled meetings and deliverables projected for all partners;
- Description of current resources, staff and partners, and/or plans to acquire and put in place all the necessary requirements during the start-up time frame;
- Clearly describe goals and timelines in the work plan that will assure an active program with NP resident participants by no later than January 15, 2021;
- Documentation of the selection of, and consultation with, an NPR Program expert consultant (as applicable);
- Development, implementation and evaluation of an ANE-NPRIP that incorporates feedback or technical assistance from an NPR Program expert consultant (as applicable) and Advisory Council RCQI;

- A comprehensive overview of the ANE-NPRIP, including proposed number and specialty of residents to be trained by and for each project year;
- A plan to ensure faculty, preceptors, and clinical staff support receive training to understand the unique health care needs of rural and underserved populations, including behavioral health as well as receive training about provider wellness and clinical resiliency (as applicable);
- A new or enhanced preceptor development curriculum which includes competency assessment;
- An evidence based plan for determining quantifiable NP resident and preceptor level of practice readiness;
- Use of a database and existing evidence-based tools and methods to manage preceptorships, and monitor and measure NP residency clinical experiences and competencies;
- Collaborations supporting cultural competence related to rural and/or underserved populations; and
- Documentation of how the project addresses telehealth and other health care technology training models, and related HHS and HRSA priorities, as applicable.

*Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach*

You must describe a methodology that will be used to address the stated purpose, needs, goals, and objectives of the proposed project. The methodology should include approaches, tools, strategies, and rationales for the following program fundamentals.

Reviewers will consider the quality, relevance, and extent to which the applicant:

- Demonstrates how the academic clinical partnership(s) or consortium will effectively support the goal/purpose of the ANE-NPRIP;
- Discusses the strength of the academic clinical partnership between a clinical organization in a community-based setting and school of nursing (i.e., evidence of a shared mission/vision, shared and leveraged resources);
- Details the quantity, quality, frequency, duration, variety, depth, levels of immersion, and exposure to the care environment and target population; and plans/evidence of how NP residents' training experiences may be tailored based on the feedback loop established through the partnership, as well as the planned or established curriculum;
- Describes how clinical training in the residency programs takes place in community-based settings, with a preference for those that provide integrated primary and behavioral health care for rural and underserved populations;
- Documents mechanisms to identify, recruit, train, develop, support, and evaluate primary care or behavioral health preceptors to enhance clinical and didactic ANE-NPRIP training;
- Documents past performance in, and future plans for, recruiting NP residents in primary care or behavioral health who reflect the population served, with demonstrated commitment to work in community-based settings;

- Explains plan to implement employment assistance strategies to connect residency program participants to primary care or behavioral health community-based setting employment, especially in rural and/or underserved areas, like FQHCs, such as through the use of the Health Workforce Connector;
- Documents how the awarded organization plans to engage, collaborate and communicate with HRSA staff and other ANE-NPRIP awardees or organizations for input on project activities, continuous quality improvement, dissemination of lessons learned and effective residency models; and
- Describes how their organization will ensure that funds sub-awarded or expended on contracts, are properly documented.

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

The extent to which you demonstrate an understanding of potential obstacles and barriers during the design and implementation of the project, as well as the effectiveness of your plans for dealing with identified challenges that may arise.

Reviewers will consider how well the planned strategies:

- Identify and address barriers and resolutions to recruitment, training, retention and employment of NP residents, preceptors, and faculty that reflect the population served and which impact the starting period of the applicant’s residency program to ensure a commitment no later than January 15, 2021 of a minimum of four active participants in the program;
- Identify and address challenges within the ANE-NPRIP and/or the academic clinical partnership;
- Outline a plan to ensure high quality of ANE-NPRIP experiences and curricula, which includes provider wellness and clinical resiliency; and
- Describe strategies to overcome obstacles in using meaningful outcome measures (i.e., the results of the program, typically describing changes in people or systems), in evaluation of the ANE-NPRIP and related processes. Identify barriers in the service area; challenges to implementing the work plan; or obstacles for implementing the program performance evaluation plan and the solutions to resolve these challenges.

*Criterion 3: IMPACT (25 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability*

*Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity*

Reviewers will consider the extent to which the applicant is able to effectively report on the measurable outcomes requested:

- Data Collection Strategy and any potential obstacles for successful implementation
  - Describes the process for collecting and storing data and reporting on the recruitment, training, development and retention of project participants, especially the follow-up with NP residents after ANE-NPRIP completion for

- up to one year, such as by collecting students' National Provider Identifiers (NPI);
  - Describes how data is collected, managed, analyzed, and tracked;
  - Documents use of meaningful outcome measures (i.e., the results of the program, typically describing changes in people or systems);
  - Outlines the strategies to measure project process and impact/outcomes;
  - Describes in detail how the data will be used to inform program development and service delivery; and
  - Outlines the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.
- The plan must include RCQI to show continuous monitoring of ongoing project processes, outcomes of implemented activities, progress towards meeting grant goals and objectives and the implementation of revisions to planned activities and curriculum.
- Performance Evaluation Plan
  - Describes plan for a program evaluation, which includes technical assistance from an NPR Program expert consultant, as applicable. This plan should monitor ongoing processes and progress towards meeting grant goals and objectives. It should include descriptions of the inputs from the applicant's logic model, key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported.
  - Demonstrates evidence that the evaluative measures selected will be able to identify meaningful outcomes (i.e., changes in people or systems) and to assess:
    - The extent to which program objectives have been met;
    - That these accomplishments can be attributed to the activities of the proposed project; and
    - Dissemination strategies for project outcome and/or outputs.
- Performance Reporting Plan
  - Describes the systems and processes that will support the organization's annual collection of HRSA's performance measurement requirements for this program;
  - Includes a description of how applicant will effectively track performance outcomes, including how applicant will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA;
  - Describes applicant capacity to collect, store and report data involving numbers and characteristics of all aspects of the ANE-NPRIP on an annual basis; and
  - Describes any potential obstacles for the following and how those obstacles will be overcome:
    - Implementing the program performance evaluation
    - Meeting HRSA's performance measurement requirements
    - Participating in a HRSA-driven program evaluation
    - Interprofessional team based, clinical and didactic training experiences

- Dissemination Plan
  - The evaluation and reporting plan should also indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be generalizable, and the degree to which the project activities are replicable. Dissemination plans should include academic-practice partners when possible.

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

Reviewers will evaluate the extent to which you provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions that will be taken to:

- Provide a clear and detailed plan for project sustainability, identifying resources and a time frame for achieving self-sufficiency;
- Highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices;
- Describe efforts to obtain future sources of non-federal funding;
- Maintain NP residency accreditation;
- Expand your relationships between community-based settings, academic institutions, and other interprofessional partners providing primary or behavioral health care in community-based settings, particularly FQHCs, and rural and underserved populations; and
- Address future ANE-NPRIP training and placement needs.

*Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities*

Reviewers will consider the extent to which applicants:

- Describe their organizational information, resources and capabilities to begin the ANE-NPRIP focused in primary care or behavioral health with active participants in the program no later than January 15, 2021;
- Identifies appropriate personnel to carry out the ANE-NPRIP project;
- Include descriptions of current resources and partners, and/or plans to acquire and put in place all the necessary requirements;
- Provide an organizational chart for the period of performance, which graphically delineates the roles, responsibilities, and activities;
- Identify appropriate personnel to carry out the ANE-NPRIP project. HRSA believes an effective ANE-NPRIP may generally include a Health Education Specialist, a Health Education Coordinator, Health Information Technology Coordinator, Evaluation Coordinator and/or Clinical Liaison Lead;
- Describe experience in collaborating with other schools of nursing or clinical institutions to advance the field of nursing and/or availability and willingness to regularly work with other ANE-NPRIP award recipients toward common goals of determining best practices related to this program’s purpose; and

- Describe how the organization’s current mission, structure and activities (as well as partner organizations’ current missions, structure and activities) align with the purpose and requirements of this NOFO.

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

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

- The extent to which the applicant’s budget and justification reasonably describes the costs of the entire project;
- The extent to which the applicant documents execution of the start and progression to the minimally required number of NP residents per year;
- Key personnel have adequate time devoted to the project to achieve project objectives;
- The line item budget for each year of the proposed project period clearly shows which activities are supported each year, provides a clear budget justification narrative that fully explains each line item and any significant changes from one year to the next;
- The extent to which the budget request is consistent with the scope of work and proposed project outcomes; and that all personnel, disbursement, and support obligations are succinctly and clearly documented;
- The number of NP residents annually proposed in order to receive continued support; and
- Strict adherence to Funding Restrictions and the SF-424 R&R Application Guide to ensure appropriateness of proposed budget.

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

The objective review process provides an objective evaluation 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

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

### **Funding Preferences**

This program provides a funding preference for some applicants as authorized by Section 805 of the Public Health Service Act and as directed in the Joint Explanatory Statement accompanying the Further Consolidated Appropriations Act of 2020. Section 805 requires a funding preference be applied for applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments. In addition, this program includes a funding preference for an applicant that is a Federally Qualified Health Center.

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. Applicants should indicate in the program abstract their request for funding preference consideration. Only applications that include the required information will be considered for the funding preference. All data is subject to verification. 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:

#### Qualification 1: FQHC Preference

You can request funding preference if your organization is designated as a FQHC. You may support your request for a Funding Preference by specifying your FQHC status as outlined in the application abstract and submitting documentation in **Attachment 10** as described in Section V.2. Applicants with a FQHC designation will receive a Funding Preference.

#### Qualification 2: Rural Preference

You can request funding preference if your clinical training sites are located in rural areas. In order to determine their eligibility for the rural preference, you must input the address of the clinical training site(s) in HRSA's Rural Health Grants Eligibility Analyzer (<http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>) and include a copy of the output with the application (**Attachment 10**). HRSA will award the funding preference based on this documentation and the data from the applicant tables submitted in Attachment 9, as described above. If needed, you may choose to list the addresses and rural designation of the clinical training sites on the same page.

#### Qualification 3: Underserved Preference

You can request funding preference if your clinical training sites are located in a Health Professional Shortage Area (HPSA). In order to determine their eligibility for the underserved preference, you must input the address of the clinical training site(s) in HRSA's HPSA (Health Professional Shortage Area) Finder (<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>) and include a copy of the output with the application (**Attachment 10**). HRSA will award the funding preference based on this documentation and the data from the applicant tables submitted in Attachment 9, as described above. If needed, you may choose to list the addresses and HPSA designation of the clinical training sites on the same page.

#### Qualification 4: Public Health Nursing Needs Preference

You can request funding for this preference if your project will help meet the public health nursing needs in state or local Health Department. You must include documentation explaining how their project will meet these needs in **Attachment 10**, such as a signed letter from the organization describing the NP graduate or graduates' employment which is meeting the public health nursing needs. HRSA will award the funding preference based on this documentation and the data from the applicant tables submitted in Attachment 9, as described above.

### **Other Funding Consideration:**

Due to the similar activities between this program and the FY 2019 ANE NPR program, HRSA may not make awards to current FY 2019 ANE-NPR awardees if their current NP residency projects have Psychiatric Mental Health Nurse Practitioner (PMHNPs) as part of their current program and have **two or more** of the following attributes:

- Behavioral health specialty rotations;
- Interdisciplinary team members that include certified and licensed Psychiatric Mental Health providers (PMHNPs and Psychiatrists) or Licensed Behavioral Health Providers<sup>26</sup>; or
- Education that includes certified and licensed Psychiatric Mental Health providers (PMHNPs and Psychiatrists) or Licensed Behavioral Health Providers<sup>27</sup>.

### **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.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

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<sup>26</sup> Mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master's and doctoral level programs), social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling.

<sup>27</sup> As in footnote above.

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 issue the Notice of Award (NOA) prior to the start date of September 1, 2020. 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](#).

#### **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 federally 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 data rights.

### 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.

Further information will be available in the NOA.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the 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. 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 Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide HRSA with information required to close out 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. Financial reports must be submitted electronically through the EHBs system. 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 [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

## VII. Agency Contacts

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

Barbara Ellis Grants Management Specialist  
 Division of Grants Management Operations, OFAM  
 Health Resources and Services Administration  
 5600 Fishers Lane, Mailstop 10SWH03  
 Rockville, MD 20857  
 Telephone: (301) 443-1738  
 Email: [bellis@hrsa.gov](mailto:bellis@hrsa.gov)

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

Debra Parchen  
 Nurse Consultant/Project Officer, Division of Nursing and Public Health  
 Attn: ANE-NPR Integration Program  
 Bureau of Health Workforce  
 Health Resources and Services Administration  
 5600 Fishers Lane, Room 11N128B  
 Rockville, MD 20857  
 Telephone: (301) 443-2597  
 Email: [DParchen@hrsa.gov](mailto:DParchen@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

Email: [support@grants.gov](mailto:support@grants.gov)

Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

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

## **VIII. Other Information**

### **Technical Assistance**

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) 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 at <https://www.hrsa.gov/grants/find-funding?status=All&bureau=640> to learn more about the resources available for this funding opportunity. Visit HRSA's "Apply for a Grant" website at <https://www.hrsa.gov/grants/apply-for-a-grant> and HRSA's "How to Prepare Your Application" at <https://www.hrsa.gov/grants/apply-for-a-grant/prepare-your-application>.

### **Tips for Writing a Strong Application**

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

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.

## Appendix: A

OMB Number 0915-0375  
Expiration Date May 31, 2020

Public Burden Statement: The purpose of this data collection is to determine if the institution meets the Statutory Funding Preference. HRSA staff will calculate the median rate. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0375 and it is valid until 5/31/2020. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

**Table 1 - ANE: Rural, Underserved, and/or Public Health Practice Settings Data**

**Graduate Data from 01/01/2019 to 12/31/2019**

<u>Practice Settings</u>	<u>NP</u>	<u>CNS</u>	<u>NMW</u>	<u>CRNA</u>	<u>Grand Total</u>
<b>State or Local Health Departments</b>					
<b>Rural Populations / Settings</b>					
<b>Medically Underserved Communities</b>					
1. Total Number of Graduates Employed in these Settings (from 01/01/2019 - 12/31/2019)					
2. Total Number of Graduates (from 01/01/2019 - 12/31/2019)					
3. Percentage of Graduates Employed in these Settings (SFP) (Number 1 divided by Number 2)					

**Instructions for Completing Table 1 - ANE: Rural, Underserved, and/or Public Health Practice Settings & HPSA Data - Graduate Data from 1-1-2019 to 12/31/2019**

In order to be eligible for the Funding Preference, applicants must complete Table 1.

Data on Table 1 should reflect graduate totals for NPs who completed program/degree requirements between 01/01/2019 and 12/31/2019. For purposes of this Notice of Funding Opportunity (NOFO), the columns labeled *CNS* and *CRNA* have been blacked out and should not be completed (Note: Clinical Nurse Specialist and Certified Registered Nurse Anesthetist programs are not eligible for this NOFO.)

Complete Table 1, as appropriate, providing data on the number of NP graduates in academic year 01/01/2019 - 12/31/2019 who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or medically underserved populations, or in state or local health departments. **Each NP graduate**

**is to be counted only once.** Table 1 is used to determine if the institution meets the Statutory Funding Preference.

In the “Total Number of Graduates” row, enter the total number of graduates who completed degree requirements between 01/01/2019 - 12/31/2019 in the appropriate column. Enter the grand total: The Grand Total will be calculated by HRSA. Numbers omitted in this row of Table 1 will not be counted.

In the “Percentage of Graduates Employed in these Settings” row, the percentage figure will be calculated by HRSA. Percentage of Graduates Employed in these Settings = Total Number of Graduates Employed in these Settings (from 01/01/2019 - 12/31/2019) divided by Total Number of Graduates (from 01/01/2019 - 12/31/2019).