

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

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

Funding Opportunity Number: HRSA-20-110

Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.359

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: June 1, 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 1, 2020

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Authority: 42 U.S.C. § 296p and 42 U.S.C. § 296p-1 (Public Health Service Act, Sections 831 and 831A)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for Fiscal Year (FY) 2020 Nurse Education, Practice, Quality and Retention (NEPQR) - Simulation Education Training (SET) Program. The purpose of this program is to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. This includes using simulation-based technology, including equipment, to advance the health of patients, families, and communities in rural and medically underserved areas experiencing diseases and conditions that affect public health such as: high burden of stroke, heart disease, behavioral and mental health, maternal mortality, HIV/AIDS, and/or obesity. This program intends to strengthen the capacity of undergraduate public health nursing students to address the complex health care needs of those living in rural and medically underserved areas as authorized by Public Health Service (PHS) Act sections 831 and 831A. The program seeks to accomplish this, through expanding the use of technology-based learning to meet the needs of rural and underserved populations.

Funding Opportunity Title:	Nurse Education, Practice, Quality and Retention (NEPQR)-Simulation Education Training (SET) Program
Funding Opportunity Number:	HRSA-20-110
Due Date for Applications:	June 1, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$2,000,000
Estimated Number and Type of Award(s):	Up to four cooperative agreement(s)
Estimated Award Amount:	Up to \$500,000 (Fully funded at the outset for use over the period of performance)
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2022 (2 years)
Eligible Applicants:	Eligible applicants include accredited schools of nursing, health care facilities, or a partnership of such a school and facility. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

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(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://bhw.hrsa.gov/fundingopportunities/default.aspx> 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 Nurse Education Practice Quality and Retention (NEPQR)-Simulation Education Training (SET) Program.

Program Purpose

The NEPQR-SET program aims to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities, including the use of simulation-based technology, including equipment, to advance the health of patients, families, and communities in rural and medically underserved areas experiencing diseases and conditions that affect public health such as: high burden of stroke, heart disease, behavioral and mental health, maternal mortality, HIV/AIDS and or obesity.

Program Goals

The NEPQR-SET program seeks to expand the use of experiential learning and innovative simulation-based technology to strengthen the capacity of undergraduate public health nursing students to better address population health outcomes in rural and underserved areas.

Program Objective

The objective of the NEPQR-SET program is to strengthen the capacity of undergraduate public health nursing students to address complex public health care needs.

HRSA and HHS Priorities

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

- Ending the crisis of opioid addiction and overdose in America
- Improving mental health access and care
- Transforming the healthcare 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

2. Background

The NEPQR Training Program is authorized by Sections 831 and 831A of the Public Health Service Act. The three priority areas defined in the statute for this program are (1) Education, (2) Practice, and (3) Retention.

The NEPQR-SET program addresses the following priority areas:

- Education Priority 2: To provide education in new technologies, including distance learning methodologies (§831).
- Practice Priority 2: To provide care for underserved populations and other high-risk groups such as the elderly, individuals living with HIV/AIDS, individuals with substance use disorder (SUD)s, the homeless, and victims of domestic violence (§831).
- Practice Priority 3: To provide coordinated care, and develop other skills needed to practice in existing and emerging organized health care systems (§831).
- Retention Priority 2: To improve the retention of nurses, and enhance patient care that is directly related to nursing activities, by enhancing collaboration and communication among nurses and other health care professionals, and also by promoting nurse involvement in the organizational and clinical decision making processes of a health care facility (§831).

Changes in the U.S. health care system have placed increased emphasis on care provided in community-based practice settings, rather than in hospitals and other health institutions. This shift has caused for a needed change in the dynamic of the nursing workforce, including an increased emphasis on preparing nursing students to work in community-based settings and as public health nurses, in order to better address population health outcomes. Public health nurses apply systems-level thinking to assess the potential or actual assets, needs, opportunities, and inequities of individuals, families, and populations and translate this assessment into action for public good.¹ With their positions embedded within communities, public health nurses are vital to the interprofessional teams needed to assure that all people have equitable access to high quality care and healthy environments.² Their assessment skills, primary prevention focus, and system-level perspectives can assure that local and state needs are met, services and programs are coordinated, and communities are engaged.

Simulation-based training has become an essential part of educating health care providers over the past two decades. It has demonstrated benefits in nursing, developing strong, effective practice skills, and providing exposure to a variety of authentic life situations within a safe environment, to prepare graduating nurses for the practice environment.³ Due to the rapid changes in nursing education, patient safety, complex conditions of patients, and best practices for addressing needs of patients with complex health care needs, expanding simulation-based education for public health nurses as part of their clinical education may provide opportunities to practice more effectively without compromising the health and well-being of patients.

¹ Swider, S., Krothe, J., Reyes, D., Cravetz, M. (2013). The Quad Council practice competencies for public health nursing. *Public Health Nursing*. doi: 10.1111/phn.12090

² American Public Health Association. (2013). ACA basics and background. Retrieved from: <https://www.apha.org/~media/files/pdf/membergroups/phn/nursingdefinition.ashx>

³ Swider, S., Krothe, J., Reyes, D., Cravetz, M. (2013). The Quad Council practice competencies for public health nursing. *Public Health Nursing*. doi: 10.1111/phn.12090

⁴ McGaghie, W. C., Issenberg, S. B., Cohen, M. E. R., Barsuk, J. H., & Wayne, D. B. (2011). Does simulation-based medical education with deliberate practice yield better results than traditional clinical education? A meta-analytic comparative review of the evidence. *Academic Medicine*, 86(6), 706.

⁵ Kim, J, Park, J, and Shin, S. (2016), Effectiveness of simulation-based nursing education depending on fidelity: A meta-analysis, *BMC Medical Education*, p. 2-8.

³ Aebersold, M., Tschannen, D., (May 31, 2013) "Simulation in Nursing Practice: The Impact on Patient Care" *OJIN: The Online Journal of Issues in Nursing* Vol. 18, No. 2, Manuscript 6.

Research supports that simulation-based education with deliberate practice is effective in achieving specific clinical goals related to patient safety.⁴ Simulation-based education and training has been shown to be effective at validating competencies and helping to transition new graduates into clinical practice, along with educating nursing students how to recognize, respond and improve their skills and abilities to specific populations such as geriatric populations without impacting real patients.⁵ Expanding the use of simulation-based education in training public health nurses can bring similar benefits to this critical type of nurses. In the creation of simulation-based education programs, ensuring the faculty and staff are prepared with the appropriate skills and knowledge is essential to their success. Core competencies for best practice have been defined by the American Nurses Association (ANA) Scope and Standards of Public Health Nursing and the International Nursing Association for Clinical Simulation and Learning (INACSL)⁴. These identified skill sets and competencies align with and support effective public health nursing education and practice in transforming healthcare delivery systems and supporting the health of communities.

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 NEPQR-SET Program for Fiscal Year 2020:

Public Health Nursing: the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

Population health: the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It involves applying health strategies, interventions, and policies at the population level rather than through the episodic, individual-level actions common within acute care.

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

High Poverty Community: Community where the poverty rate is greater than 11.8% which was the official poverty rate for 2018, the most recent year available.⁵ Use U.S. Census Bureau [Poverty Estimates from 2018](#) to determine if your community meets this definition.

Poverty: HRSA uses the [HHS Poverty Guidelines](#) to determine poverty by household. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau.

⁴ Information on core competencies can be found at the National Council of State Boards of Nursing National Simulation Guidelines for Prelicensure Nursing Programs: <https://www.ncsbn.org/9535.htm> as well as the International Association for Clinical Simulation and Learning Simulation Standards: <https://www.inacsl.org/>

⁵ United States Census Bureau. Income and Poverty in the United States: 2018. Available at: <https://www.census.gov/library/publications/2019/demo/p60-266.html>

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA shall:

- Provide ongoing input in all phases of the project to accomplish the goals;
- Participate, as appropriate, in meetings or site visits;
- Review and approve project information prior to dissemination;
- Provide direction, assistance and referral in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA-funded projects, and other resource centers and entities relevant to the project's mission;
- Provide guidance concerning the content, structure and format of required reports;
- Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
- Provide information resources; and
- Support and direct the dissemination of effective clinical and/or community practice models that emerge from the NEPQR-SET Program, and identify opportunities to expand best practice models to diverse populations.

The cooperative agreement recipient's responsibilities will include:

- Fulfilling program requirements as detailed in Section IV.2 of this NOFO;
- Developing, implementing, and conducting an impact evaluation of their proposed project to ensure that they meet the goals outlined in Section I of this NOFO;
- Work with HRSA to evaluate priorities and respond to HRSA reporting requirements;
- Engaging, collaborating, and communicating with HRSA staff for input on project activities, quality improvement, and dissemination of lessons learned and effective practice models;
- Participating in HRSA-provided training and technical assistance as appropriate;
- Engaging with relevant stakeholders to ensure project success and sustainability;
- Engaging, collaborating, and communicating with other NEPQR-SET awardees in a learning community to share practice innovations and leverage resources;
- As applicable, ensuring that equipment purchases, supported all or in part by NEPQR-SET funding, will be maintained, tracked, and disposed of in accordance with 45 CFR Part 75.302; and
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the [SF424 R&R Application Guide](#) (**Acknowledgement of Federal Funding**).

2. Summary of Funding

HRSA expects approximately \$2,000,000 to be available to fund four recipients. You may apply for a ceiling amount of up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) with a two-year period of performance. The period of performance is September 1, 2020 through August 31, 2022 (2 years).

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

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

III. Eligibility Information

1. Eligible Applicants

In accordance with Sections 831(g) and 831A(f) of the PHS Act, eligible applicants include accredited schools of nursing, health care facilities, or a partnership of such a school and facility.

Schools of nursing affiliated with the proposed project must be accredited public or private schools. Applicants must provide documentation of current accreditation by a recognized body or bodies or by a state agency approved for such purpose by the U.S. Department of Education as **Attachment 5**.

In addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Tribes and Tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

Individuals are not eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$500,000 over the two-year period of performance, non-responsive and will not consider it for funding under this notice.

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 maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by Sec. 803(b) of the Public Health Service Act. Complete the Maintenance of Effort information and submit as Attachment 6.

Multiple Applications

Eligible applicants may submit only one application in response to this NOFO. Multiple applications from any single organization are not allowed. Separate 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 your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

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 or required attachments will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <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. You must submit the information outlined in the [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You 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 (bio-sketches) 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-20-110, it may count against the page limit. Therefore, we strongly recommend you 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 you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under 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 10**: 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 are required to establish the following activities:

- Develop and implement innovative, reliable evidence based simulation training programs that include provisions for rural or medically underserved populations burdened by chronic illnesses such as stroke, heart disease, behavioral and mental health, maternal mortality, HIV/AIDS and obesity. Simulation must include:
 - Use of collaborative, interprofessional team-based care
 - Integration of Public Health Nursing Competencies⁶
- Allocate a full-time academic nursing faculty/coordinator to support best practice simulation scenarios;
- Establish or enhance strategic academic, practice, and community partnerships to inform simulation scenarios; and
- Provide longitudinal community health-based clinical experiences for nursing students to improve access to primary care within medically underserved communities.

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; and

⁶ Public Health Nursing Competency information can be found on the following sites:
Quad Council Coalition Public Health Competencies: <http://www.quadcouncilphn.org/documents-3/2018-qcc-competencies/>
National Council of State Boards of Nursing National Simulation Guidelines for Prelicensure Nursing Programs: <https://www.ncsbn.org/9535.htm>
International Association for Clinical Simulation and Learning Simulation Standards: <https://www.inacsl.org/>

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.

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.

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](#)

Using a numerical, data-rich/supported response to the extent possible, you must describe the purpose and need for the proposed project, including:

- Characteristics of the target population(s) served including demographics, health status, social determinants of health, unmet health needs and population health disparities within the target population/community and barriers;
 - Unmet education and training needs of current and future public health nursing workforce; including recruitment and retention barriers;
 - Gaps in the current public health nursing workforce;
 - Gaps in the current use of simulation-based learning technology training;
 - Type of simulation-based training needed, including specific simulation training equipment;
 - Gaps in the implementation and use of public health nursing competencies and curricula modifications/enhancements needed; and
 - Education and training gaps in simulation-based training of nursing faculty and preceptors.
- **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 as **Attachment 1**. You must state objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed and clearly explain how they will be implemented that demonstrates your experience implementing a project of the proposed scope. A sample work plan can be found here: <http://bhwh.hrsa.gov/grants/technicalassistance/workplantemplate.docx>). The work plan must include:

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

- Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance;
 - Describe the simulation resources and equipment that will be used to achieve the objectives, following your institutional procurement policies in accordance with 45 CFR 75.
 - Explain how the work plan is appropriate for the program design and the targets fit into the overall timeline of implementation;
 - Describe the timeframes, deliverables, and key partners required during the period of performance to address each of the needs described in the Purpose and Need Section;
 - Identify meaningful support and collaboration with key stakeholders (including community, academic and organizational partners) in planning, designing and implementing all activities, including development of the application and the extent to which these contributors reflect the needs of the target population served; and
 - Describe how your organization will ensure the funds are properly documented, if funds will be sub-awarded or expended as contracts.
- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*

In this section, you must describe your objectives and proposed activities, and provide evidence for how they will link to the project purpose, stated needs and requirements listed in [Section IV. Program Requirements](#). Your approach to these objectives should be specific, measurable, realistic, achievable, and timely (completable within the period of performance). Proposed methods should:

- Describe the roles of partners and the relevant system level and organizational change initiatives, educational strategies and curricula enhancements that will be used to accomplish the objectives of the project;
- Describe how the proposed project plans to leverage existing standards of practice and/or education paradigms to strengthen readiness for practice for the next generation of the public health nursing workforce;
- Provide evidence supporting the effectiveness and/or evidence behind the proposed methodologies, by citing literature, reflecting on prior experience, and using data to the extent feasible; and
- Explain why your project is innovative and provide the context of why you believe this is so.

Logic Model

You must submit a logic model for designing and managing the project as **Attachment 1**. A logic model is a one-page diagram that presents the conceptual framework for a project and explains the links among program elements to achieve the relevant outcomes. For the purposes of this announcement, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., beliefs about how the program will work based on research, best practices, and experience);

- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, etc.);
- Target population (e.g., individuals served);
- Activities (e.g., approach, key interventions);
- Outputs (i.e., direct products or deliverables of program activities); and
- Outcomes (i.e., program results, change in people or systems).

Your logic model should consider both your own program’s activities and outcomes as well as those of HRSA and the NEPQR-SET program (i.e., the cooperative agreement objectives). Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. You can find additional information on developing logic models at the following website:

https://www.cdc.gov/eval/tools/logic_models/index.html.

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

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

In this section, provide information including, but not limited to:

- Challenges related to project implementation and the achievement of the proposed goals and objectives (e.g., recruitment of students into proposed project team; billing/payment systems; and health information technology);
 - Challenges related to the workforce development such as recruitment and retention and interprofessional education and training; and
 - Resources and plans available to resolve and overcome these challenges and obstacles.
- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V’s Review [Criteria #3](#) (a) and (b).*
 - *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criterion #3 (a)*

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

and a description of how all key evaluative measures will be reported. The proposed plan should describe:

- Impact evaluation plan (e.g., description of inputs, variables measured, and evidenced-based tools to be used);
- The extent to which the proposed simulation-based training program improves outcomes; and
- The extent to which assessment of progress toward increasing the number of public health nurses practicing at the full scope of their license.

You must also describe your plan to use evidenced-based evaluative tools to measure the impact of the project.

You must also 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 the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to identify measures and evidenced-based tools to evaluate 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.

You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope and the degree to which the project activities are replicable.

▪ *(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:

- Highlight key elements of your projects under this award, e.g., training methods or strategies, which have been effective in improving practices;
- Describe a business model that demonstrates the added value of public health nurses on interprofessional teams;
- Provide a timetable for becoming self-sufficient;
- Leverage strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population;
- Demonstrate commitment to support, to the extent possible, the education and training of current students to enter the public health nursing workforce;
- Demonstrate commitment to support, to the extent possible, the use of simulation-based technology implemented through this funding opportunity beyond the period of federal funding;

- Disseminate outcomes as a result of the implementation of public health nursing competencies and replicable evidenced-based practices; and
 - Describe challenges that are likely to be encountered in sustaining the program and resources 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 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 4**). You must include the following information:

Key Personnel

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

Academic nursing faculty/ Coordinator: Identify one full-time individual to support simulation scenarios and their role in the success and sustainability of the project.

Capabilities of the Applicant Organization: Describe how the organizational structure, including the capability and commitment of administration, management and governing board, is appropriate for the implementation, operations, and oversight necessary to implement integrated services and curriculum enhancements. In addition, applicants should provide evidence of the financial capability and organizational commitment needed to operate the project. Applicants should describe the facilities available to meet the needs of the project. Provide a letter of support from the President of the academic institution or other higher level academic officer that demonstrates the institution's commitment to the project. In addition, provide a letter of support from each partner organization or department, internal and external, involved in your proposed project; include letters of support as **Attachment 8**.

Staff: Describe capacity and institutional mechanisms to implement the project. Provide the qualifications and position descriptions for the leadership and care team; include as **Attachment 2**. Include a biographical sketch (no more than 2 pages) for key personnel; bio sketches should be uploaded in the Research and Related Senior/Key Person Profile (Expanded) form. If staff are required but not yet identified, describe the recruitment and retention plan to meet the project's needs.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 2** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded as attachments in the Research and Related Senior/Key Person Profile (Expanded) form, which can be accessed in the Grants.gov workspace Application Package for this NOFO 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.

iii. Budget - Corresponds to Section V's Review [Criterion #5](#)

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.

The project will be fully funded at the outset for use over the period of performance. Therefore, only one SF-424 Research and Related (R&R) budget form is required and must reflect a single budget period of two years. See additional instructions under budget justification.

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.

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

Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. See [SF-424 R&R Application Guide](#) for details.

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

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 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 fiscal years, as required by law.

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

iv. Budget Justification Narrative Corresponds to Section V's Review [Criterion #5](#)
 See Section 4.1.v of HRSA's [SF-424 R&R Application Guide](#). Although there is only one SF 424 R&R budget form required for the entire period of performance, applicants must submit individual budgets for each 12-month increment of activity for funding requested at the time of application. This yearly breakdown must be included in the budget justification narrative ONLY. Each year must be clear and concise, with totals for each section that aligns with the SF-424 R&R budget form and MUST include a total requested per year.

The budget justification narrative must describe all line-item federal funds (including sub-awards and equipment), proposed for this project. Please note: all budget justification narratives count against the page limit. List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Provide a detailed itemized per unit cost which shows how costs were estimated and total cost.

NARRATIVE GUIDANCE	
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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation 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. 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. Clearly label **each attachment**.

Attachment 1: Work Plan (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 sub-awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) (Required)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, 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 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (As applicable)

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

Attachment 4: Project Organizational Chart (Required)

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

Attachment 5: Accreditation (Required)

Schools of nursing 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. Applicants must submit documentation that demonstrates continuing accreditation from the relevant accrediting body and are not on probation, (2) the name of the accrediting body, (3) the date of initial accreditation, (4) the date of the next expected accrediting body review (or expiration date of current accreditation), and (5) a web link to the accreditation information on the accrediting body website (if available). Applicants on provisional accreditation status must provide proof of this status. Applicants whose accreditation status cannot be verified will be considered nonresponsive and deemed ineligible under this funding notice.

Substantive Change Notification

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

Newly Established Programs of Nursing Accreditation

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

Attachment 6: Maintenance of Effort Documentation (Required)

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

NON-FEDERAL EXPENDITURES	
FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY2019 non-federal funds, including in-kind, expended for activities proposed in this application.	Estimated current FY2020 non-federal funds, including in-kind, designated for activities proposed in this application.
Amount: \$ _____	Amount: \$ _____

Attachment 7: Request for Funding Preference (As applicable)

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

Attachment 8: Letters of Support (Required)

Provide a letter of support, 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, staff, space, equipment, etc.).

Attachment 9: Other Relevant Documents (As applicable)

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

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

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

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.

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 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 1, 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 NEPQR-SET Program 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 up to 2 years, at no more than \$500,000 (inclusive of direct **and** indirect costs) over the two-year project period.

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

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with 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](#).

Funds under this notice may not be used for purposes specified in HRSA’s [SF-424 R&R Application Guide](#). In addition, funds may not be used for the following purposes:

- Patient supplies, incentives, medications, transportation costs, vouchers, or gift cards
- Construction, major alternations or renovations
- Provision of child care/child care costs
- Honoraria
- Foreign travel
- Accreditation, credentialing, membership dues, certification exam fees, continuing education fees, and franchise fees and expenses
- Preadmission costs including college entrance exam costs
- Promotional items and memorabilia; food and drinks, and animal laboratories

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 NEPQR-SET Program has five (5) 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 the quality and extent to which you demonstrate how simulation-based training will help to:

- Improve public health nursing workforce readiness for practice and retention in community-based interprofessional teams;
- Relieve gaps, or support demonstrated success in meeting the educational and training needs of the current and future public health nursing workforce in the defined service area;
- Lessen gaps, or support demonstrated success in meeting public health nursing competencies;
- Decrease the gaps in the current use of simulation-based learning technology training;
- Increase the number of public health nursing students trained on simulation-based training, including specific simulation training equipment;
- Address unmet public health education and training needs of faculty and or preceptors in the use of technology-based simulation; and

- Resolve gaps and needs of Public Health Nursing workforce that inhibit delivery of care.

*Criterion 2: **RESPONSE TO PROGRAM PURPOSE** (30 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges*

*Criterion 2 (a): **WORK PLAN** (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan*

Reviewers will consider the quality of the applicant’s response, including whether you propose goals, objectives, and a timeline to ensure successful implementation of the project. Reviewers will consider the extent to which you:

- Outline a clear, comprehensive, and specific set of goals and objectives with corresponding measures, activities, timeframes, deliverables, and key partners to ensure successful implementation of the project;
- Develop a work plan that accounts for all functions or activities identified in the application;
- Describe the simulation resources and equipment that will be used to achieve the objectives described in this NOFO;
- Describe in adequate detail the activities, timeframes, deliverables, and key partners required during the period of performance to address the needs described in the Purpose and Need section;
- Include a logic model that illustrates all components of the proposed project, demonstrates that the methodology/approach proposed is sufficient to meet the structural and community-based needs identified in the needs statement, and aligns with HRSA performance measures for the NEPQR-SET program;
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall implementation timeline;
- Develop a plan for the dissemination of project structure, approach, outcomes, and lessons learned (e.g., conferences, presentations and publications);
- Provide a plan for linking interprofessional practice to improvements in the experience of care, the health and safety of an identified population, and reductions in cost; and
- Describe how your organization will ensure the funds are properly documented, if funds will be sub-awarded or expended on contracts or consultants.

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

The application will be evaluated on the extent to which you demonstrate an understanding of the program requirements and expectations, and the extent to which you demonstrate:

- The overall innovative approach is plausible and aligns with the stated purpose of the funding opportunity;
- Use of Simulation-based training experiences and equipment likely to yield graduates ready to practice in community-based interprofessional care teams, including duration, role/skill set, location, and team composition that demonstrate patient safety, prevention of errors, and facilitate engaged learning;

- Didactic and/or clinical curricula aligns strategies for recruitment, placement and retention of current and future Public Health Nurses likely to practice in community-based settings in medically underserved communities; and
- Workforce model that enhances a student's ability to work to the full extent of their education and scope of practice in community-based settings.

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

Reviewers will consider the extent to which you:

- Describe the full breadth of potential obstacles and challenges encountered during the design and implementation, evaluation and sustainability of activities described in the work plan; and
- Outline a reasonable and actionable plan and innovative approaches to address challenges identified.

Criterion 3: [IMPACT](#) (35 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider the extent to which you are able to effectively report on the measurable outcomes requested. This includes both your internal program performance evaluation plan and HRSA's required performance measures.

Specific criteria include:

- The overall quality of the impact evaluation plan (descriptions of the inputs, key processes, variables to be measured, identify evidenced-based tools, expected outcomes of the funded activities, and how key measures will be reported);
- Demonstrated expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement;
- The extent to which the activities are defined by proposed objectives and will achieve measureable outcomes;
- The quality of the methods and proposed approach for using results, and how performance outcomes will inform program development and service delivery;
- The application describes the impact evaluation plan using evidenced-based tools to assess effectiveness of program learning outcomes (Ensuring validity and reliability of instruments is integral to the process; instruments that lack validity and reliability should not be used);
- The strength of your plan to utilize both quantitative and qualitative data to accurately and promptly inform quality improvement efforts, periodically review program progress, and make adjustments in order to optimize program output;
- The extent to which the simulation-based equipment and training scenarios can be attributed to improving outcomes;
- The extent to which the long-term impact of the project is tracked and measured to assess progress toward increasing the number of public health nurses practicing at the full scope of their license in community-based settings; and

- Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles.

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

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

- A business model that demonstrates the added value of public health nurses on interprofessional care teams;
- Demonstrate commitment to support, to the extent possible, the use of simulation-based equipment and related technology implemented through this funding opportunity beyond the period of federal funding;
- The ongoing engagement of current and future public health nurses to advance the goals of the program;
- Outline a plan for challenges that are likely to be encountered in sustaining the program and resources that will be used to resolve such challenges;
- Targeted job placement services for graduates in community-based settings;
- Strategies to build needed capacity to achieve efficient and sustainable community health nursing curricula and clinical training practices; and
- The dissemination of outcomes as a result of the implementation of public health nursing competencies and replicable evidenced-based practices.

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

Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Reviewers will also consider the extent to which you clearly articulate:

- The degree to which the applicant describes how it will sustain the project after the period of federal support. Sustainability plans should also include future funding sources, initiatives and strategies;
- A time table for becoming self-sufficient and a plan to addresses challenges in achieving self-sufficiency;
- The quality and availability of facilities and personnel to fulfill the programmatic, fiscal, and administrative needs and requirements of the proposed project (include the project's organizational chart);
- The extent to which the project identifies the Project Director is a Licensed Registered Nurse;
- The extent to which the project designates a full time Academic Nursing Faculty/Coordinator to lead and conduct simulation activities;
- The quality and availability of personnel (i.e., level of effort) is reasonable and sufficient to carry out the proposed activities;
- The quality of the evidence of support from institution and collaborating partners and practice sites (**Attachments 3 and 8**); and

- The quality of organization that will enable the applicant to engage in impact evaluation activities.

Criterion 5: [SUPPORT REQUESTED](#) (15 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 each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and required resources sections, links to the statement of activities, simulation equipment, evaluation plan, and are reasonable given the scope of work, keeping in mind the program funding restrictions;
- The extent to which key personnel have adequate time devoted to the project to ensure commitment, are reasonable, and achieve project objectives as well as the impact of in-kind support, if applicable;
- The extent to which the application follows the program-specific budget guidelines under Section IV and the [SF-424 R&R Application Guide](#), costs are clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost;
- The extent to which simulation training, including but not limited equipment, is fully itemized and justified.

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 Priorities

This program includes funding priority as directed in the Joint Explanatory Statement accompanying the Further Consolidated Appropriations Act of 2020. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The NEPQR-SET program has two (2) funding priorities:

Priority 1: Age-Adjusted High Burden States (2 Points)

Funding Priority will be given to applicants that are located in a medically-underserved area in a State with an age-adjusted high burden of stroke, coronary heart disease, and obesity. Please refer to Appendix 1 for information regarding the State age-adjusted rate of stroke, heart disease, and obesity. Documentation is required to receive priority. No partial points will be awarded. Please include documentation in Attachment 7.

Priority 2: High Poverty Rate (2 Points)

Funding Priority will be given to applicants that support high poverty rate communities. Please refer to Appendix 1 for the U.S. Census Bureau Small Area Income and Poverty Estimates. You must submit the full address of partnering clinical practice sites and the “all ages poverty estimate rate” of the county in which partnering clinical sites are located. Documentation is required to receive priority. No partial points will be awarded. Please include documentation in Attachment 7.

Funding Preferences

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

Preference shall be given to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. For this competition, HRSA has interpreted “substantially benefit” to mean those projects that encompass clinical practice training at a site physically located in either (a) a rural facility, (b) a geographic Health Professional Shortage Area, or Medically Underserved Area, and/or (c) a State or local health department.

Applicants should indicate in the program abstract their request for funding preference consideration. To be considered for Funding Preference, you must supply all supporting data in **Attachment 7**. Only applications with **Attachment 7** will be considered for the funding preference. An applicant may receive only one funding preference.

Funding Preference(s)	Qualifications to Meet Preference(s)
<i>Substantially Benefits Rural Population</i>	Applicants can confirm their eligibility for this funding preference by inserting the address of the partnering clinical training site into HRSA’s Rural Health Grants Eligibility Analyzer or “Am I Rural?” (Applicants must include a copy of the output from the Analyzer with the application in Attachment 7)

<p><i>Substantially Benefits Underserved Populations</i></p>	<p>The applicant must be located in a geographical area that is defined as a Health Professional Shortage Area (HPSA) or serving a federally-designated Medically Underserved Area (MUA)</p> <p style="text-align: center;">OR</p> <p>Medically Underserved Population (MUP). HRSA will use the address of the applicant from the SF-424 R&R to verify the funding preference using HRSA's Shortage Designation Advisor. (Applicants must include a copy of the output from Shortage Designation Advisor in Attachment 7).</p>
<p><i>Substantially Benefits Public Health Nursing Needs in State or Local Health Departments</i></p>	<p>Applicants must demonstrate linkage(s) or practice collaborations with state or local departments for practitioners and/or student practicum experiences (Practice agreement must be included in documentation).</p>

3. Assessment of Risk

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

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

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

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](#).

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 01, 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 Sub-awards

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 sub-recipients 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 sub-recipient 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.

SF-428 Tangible Personal Property (equipment) reporting requirements will be delineated in the NOA.

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 [FAPIIS](#), 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:

Jacqueline Dickerson
 Grants Management Specialist
 Division of Grants Management Operations, OFAM
 Health Resources and Services Administration
 5600 Fishers Lane
 Rockville, MD 20857
 Telephone: (301) 443-6512
 Email: JDickerson@hrsa.gov

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

Kirk Koyama, MSN, RN, PHN, CNS
Nurse Consultant
Division of Nursing and Public Health, BHW
Health Resources and Services Administration
5600 Fishers Lane, Room 11N104A
Rockville, MD 20857
Telephone: (301) 443-4926
Email: kkoyama@hrsa.gov

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

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

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

Logic Models

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/eval/tools/logic_models/index.html.

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

Technical Assistance

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

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424R&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>.

Resources:

National Council of State Boards of Nursing National Simulation Guidelines for Pre-licensure Nursing Programs: <https://www.ncsbn.org/9535.htm>

International Association for Clinical Simulation and Learning Simulation Standards: <https://www.inacsl.org/>

Quad Council Coalition Public Health Competencies: <http://www.quadcouncilphn.org/documents-3/2018-qcc-competencies/>

Appendix I

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

[CDC Division for Heart Disease and Stroke Prevention: Data Trends & Maps](#)

Use the Poverty Estimate, All ages to demonstrate high-poverty rate.

<https://www.census.gov/data/datasets/2018/demo/saipe/2018-state-and-county.html>