U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Nursing Workforce Diversity-Eldercare Enhancement (NWD-E2) Program

Funding Opportunity Number: HRSA-20-117
Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.178

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: June 4, 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. § 296m (Section 821 of the Public Health Service Act)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Nursing and Public Health, is accepting applications for the Fiscal Year (FY) 2020 Nursing Workforce Diversity-Eldercare Enhancement (NWD-E2) Program. The overall purpose of the NWD program is to increase and strengthen the eldercare workforce in rural counties where there are health care disparities related to access and delivery of care through the expansion of educational opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses). The NWD-E2 program provides enhanced eldercare education and training opportunities to nursing students from disadvantaged backgrounds, including underrepresented racial and ethnic minorities among registered nurses. This program aims to achieve a sustainable eldercare nursing workforce equipped with the competencies necessary to address healthcare disparities related to access and delivery of care of elderly populations in rural and underserved areas.

Funding Opportunity Title:	Nursing Workforce Diversity - Eldercare Enhancement (NWD-E2) Program
Funding Opportunity Number:	HRSA-20-117
Due Date for Applications:	June 4, 2020
Anticipated Total Annual Available FY 2020 Funding:	$1,000,000
Estimated Number and Type of Award(s):	Up to two grants
Estimated Award Amount:	Up to $500,000 per year
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, nursing centers, academic health centers, State or local governments, and other private or public non-profit entities determined appropriate by the Secretary. Eligible faith-based organizations, community-based organizations, and Tribes and Tribal Organizations can apply for these funds if otherwise eligible. For profit entities are not eligible under this notice of funding opportunity (NOFO). Individuals are not eligible to apply for these funds. See Section III-1 of this 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 Nursing Workforce Diversity (NWD)-Eldercare Enhancement Program, referred to as NWD-E2.

Program Purpose
The overall purpose of the NWD program is to increase nursing education opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses). The purpose of this NOFO is to strengthen the eldercare workforce in rural communities where there are health care disparities related to access and delivery of care through the expansion of these opportunities for students from disadvantaged backgrounds.

Program Goals
The Nursing Workforce Diversity- Eldercare Enhancement (NWD-E2) program provides enhanced eldercare education and training opportunities to nursing students from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses.

Program Objectives
The objective of the NWD-E2 program is to achieve a sustainable eldercare nursing workforce by providing enhanced educational opportunities to individuals from disadvantaged backgrounds. The program seeks to equip the nursing students with the competencies necessary to address health care disparities related to access and delivery of care of elderly populations in rural and underserved areas.

Program Priorities
You are encouraged to select and address one HHS's and HRSA's clinical priorities below, as applicable.

- 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

2. Background

This program is authorized under Section 821 of the Public Health Service (PHS) Act (42 U.S.C. § 296m). In nursing education, multiple factors including social, environmental, and structural determinants have powerful effects on an institution's ability to retain students from disadvantaged backgrounds. These factors, social in nature, present as educational determinants that impede the success of disadvantaged student populations. Similarly as with achieving desired health outcomes, the use of a social determinants framework in education, can help to identify the economic, social, environmental, and structural support barriers that can impede a student's success, thus increasing an institution's ability to support its students from enrollment through

graduation. Financial and interpersonal levers such as scholarships, loans, and mentoring are necessary, but not wholly sufficient to recruit, enroll, retain, and graduate underrepresented populations needed to diversify the workforce[1]. Therefore, workforce structural and multi-level approaches at the systems level guided by the social determinants of education must be used in order to enhance scholarship, stipend, and pre-entry mentoring activities.

Evidence shows that individuals from disadvantaged, including underrepresented racial/ethnic minority providers more often practice in underserved areas and thereby improve access to health care for the most vulnerable communities[2]. The current nursing workforce does not reflect the ethnic and cultural diversity of rural and underserved communities in the United States. According to a 2017 survey conducted by the National Council of State Boards of Nursing (NCSBN) and The Forum of State Nursing Workforce Centers, nurses from minority backgrounds represent 19 percent of the registered nurse (RN) workforce[3]. A 2018 National Sample Survey of Registered Nurses (NSSRN) conducted by National Center for Health Workforce Analysis (NCHWA) in collaboration with the U.S. Census Bureau, shows that only 26.7 percent of RNs were from racial/ethnic minority groups compared to 73.3 percent White, non-Hispanic RNs, accounting for the largest proportion[4]. A diverse health care workforce contributes to continued efforts to meet the needs of a diverse population and to better achieve population health equity. Diversity in nursing has been linked to improved health care delivery, increased cultural competence and increased patient satisfaction.

Reflective of the growth of America's increasingly diverse population, the elderly population has also become more racially and ethnically diverse. By 2030, over 20 million of America's elderly population will identify as a member of a minority group. Between 2017 and 2060, the share of the older population that is non-Hispanic white is projected to drop by 22 percentage points, from 77 percent to 55 percent. During this same time period it is projected that Hispanic, Black-non Hispanic, and Asian non-Hispanic populations making up 42% of the elderly population[5].

As this population becomes more diverse, the need for culturally competent professionals will become increasingly more important in order to sufficiently address the complex health and social needs of older Americans. The care for these individuals may be complicated by functional deficits, cognitive deficits, and mental and behavioral

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[1] World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the Social Determinants of Health*. (Final Report of the Commission on Social Determinants of Health). Geneva.

[2] Sullivan, L.W. (2004). Missing persons: Minorities in the Health Professions. A Report of the Sullivan Commission on Diversity in the Healthcare Workforce. Located at: http://www.aacn.nche.edu/media-relations/SullivanReport.pdf

[3] American Association of Colleges of Nursing (AACN) > News & Information > Fact Sheets > Enhancing Diversity in the Nursing Workforce. (n.d.). https://www.aacnnursing.org/News-Information/Fact-Sheets/Enhancing-Diversity

[4] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2019. Technical Report for the National Sample Survey of Registered Nurses, Rockville, Maryland.

[5] Scommegna, P., Mather, M., and Kilduff, L., (2018) *Eight demographic trends transforming Americas older population*. Retrieved from Population Reference Bureau: https://www.prb.org/eight-demographic-trends-transforming-americas-older-population/

health problems. Additional challenges include language and cultural differences, poverty, and social isolation[6]. These challenges are especially burdensome for those that live in rural communities.

In coming years, the nation's population is anticipated to have an increasingly larger component of older Americans, relative to other age groups. As a result of this, the number of jobs related to eldercare will increase, with an expected 1.6 million new jobs being added to the economy. Registered nurses are the largest and one of the most essential healthcare occupations for providing coordinated care to the aging population. A projected 439,200 RN positions will be added to the workforce by 2024[7]. In order to provide a foundation for developing care sensitive to elderly populations, education should focus on improving the recognition of age-related changes in older adult patients and enhancing communication skills with older patients and their families[8].

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 NWD-E2 Program for Fiscal Year 2020:

Disadvantaged background – An individual who comes from an economically and/or educationally disadvantaged background.

Economically disadvantaged – An individual from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *[Federal Register](#)* annually.

Educationally disadvantaged – An individual from a social, cultural, or educational environment that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program.

Eldercare – is specialized care that is designed to meet the needs and requirements of senior citizens (persons 65 years old or older) at various stages. Eldercare encompasses high-quality care that requires a health care team with a diverse range of skills for addressing this population's physical, mental, cognitive, and behavioral needs.

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[6] National Advisory Council on Nurse Education and Practice (NACNEP). (2019, May 21). *The 139th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP)* [webinar and teleconference]. Retrieved from https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/meetings/2019/nacnep-may-21-2019-minutes.pdf

[7] Rolen, E. (2017). *The Growing Need for Eldercare Workers.* Retrieved from U.S. Department of Labor website: http://blog.dol.gov/tag/aging-population

[8] Capezuti, E., Boltz, M., Cline, D., Dickson, V. V., Rosenberg, M., Wagner, L., Nigolian, C. (2012). Nurses Improving Care for Healthsystem Elders- a model for optimizing the geriatric nursing practice environment. *Journal of Clinical Nursing, 21*(21-22), 3117-3125. doi:10.1111/i.1365-2702.2012.04259x

Social determinants of education – The conditions in which people are born, grow, live, work and age, including inherent factors and barriers in the education system itself. These circumstances are shaped by social, physical, economic and educational factors at national and local levels, which are influenced by policy choices. Different factors occur simultaneously. The social determinants of education are mostly responsible for educational inequities—the unfair and avoidable differences in education access and success at the national and local levels. The NWD program seeks to address the social, physical, economic, and educational factors that affect the academic access and hence increase the likelihood of educational success of students from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) in addition to addressing the social, environmental, and structural factors that affect an institution's ability to recruit, retain, and graduate students of this same student population.

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 $1,000,000 to be available annually to fund two recipients. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 1, 2020 through August 31, 2022 (2 years). Funding beyond the first year is subject to the availability of appropriated funds for NWD-E2 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.

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 subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include accredited schools of nursing, nursing centers, academic health centers, State or local governments, and other private or public non-profit entities determined appropriate by the Secretary. Eligible faith-based organizations, community-based organizations, and Tribes and Tribal Organizations can apply for these funds if they are otherwise eligible.

For profit entities are not eligible under this Notice of Funding Opportunity.

Individuals are not eligible to apply.

Project Participants
Project participants (students and trainees educated/supported as a result of HRSA programmatic funding provided through NWD-E2) must be enrolled in an accredited nursing program and be a citizen of the United States, a non-citizen national of the United States, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants and may not receive NWD-E2 grant support.

Accreditation
Schools of nursing affiliated with the proposed project must be an accredited public or private non-profit collegiate, associate degree or diploma school of nursing. 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 9**.

Applications that do not include this documentation will be considered non-responsive and will not be considered for funding under this announcement.

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 per year, for a total of $1,000,000 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 during the fiscal year prior to receiving the award, as required by Section 803(b) of the Public Health Service Act 42 U.S.C. § 296b(b). Complete the Maintenance of Effort information and submit as **Attachment 6.**

Multiple Applications
Eligible applicants may submit **only one** application to this NOFO. Multiple applications from any single organization are not allowed. 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.

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 (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-20-110, 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 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 8**: Letters of Support.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

Program Requirements

Applicants must implement a comprehensive systems approach using <u>all</u> of the following evidence-based strategies:
- *Social Determinants of Education*- assessing the social determinants that impeded the educational success of students from disadvantaged backgrounds, identifying the needs of these students, and implementing tailored, evidence-based strategies to address their identified social determinants and needs.
- *Academic and peer supports*– tailoring services necessary to facilitate and maintain the success of students from disadvantaged backgrounds.
- *Mentoring*– incorporating professional, academic, and peer mentors, including those from diverse backgrounds underrepresented among registered nurses.
- *Student financial support*– tailoring resources to address the social determinants and needs of students from disadvantaged backgrounds.
- *Academic, clinical, and community partnerships* –addressing the social determinants that impede access to education and success of students from disadvantaged backgrounds; and building partnerships that strengthen the training standards and provide extensive education and training opportunities to produce a competent eldercare nursing workforce.

Partnerships are required to:
- Implement a system for **recruitment** of nursing students from disadvantaged backgrounds most committed to practicing in settings that improve access to eldercare in medically underserved communities;
- Provide enhanced **clinical training** experiences for undergraduate nursing students in community-based settings, including primary care delivery sites, with an emphasis on eldercare;
- Enhance didactic and clinical training **curricula** to integrate the care of elderly populations in rural areas and underserved areas with an emphasis on chronic disease prevention, population health, and health equity; and
- Identify a **partnership liaison** as a formal facilitator between academic, clinical and community partnerships.

i. *Project Abstract*
   See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

   The Abstract must include:
   1. Whether you are applying under a funding preference or priority
   2. A brief overview of the project as a whole
   3. Specific, measurable objectives that the project will accomplish
   4. Which of the clinical priorities will be addressed by the project, if applicable; and

5. 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*

The Project Narrative 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](#)*

You must identify and describe the characteristics of targeted student and community populations and provide a comprehensive framework and description of the proposed project. You must ensure to directly link all aspects of the project to the goals and objectives, including contribution to diversifying the eldercare nursing workforce. Successful applications will contain the information below.

You must describe the following:
- Demographic data of the geographic area where education and training will occur;
- Local and state needs and resources necessary to support the health care of elderly population.
- Gaps in eldercare education and training of current and future nursing workforce;
- Unmet education and training needs of the target student population that will participate in this project;
- Establishment or enhancement of academic, clinical, and community partnerships that will increase the eldercare educational opportunities for students from disadvantaged backgrounds;
- Challenges (with supporting evidence) applicant organizations have experienced with enrolling, retaining, and graduating students from disadvantaged backgrounds;
- Implementation or enhancement of academic environments that are adaptive to diverse student needs and facilitate academic success;
- and
- Social determinants of education of students to be recruited that impede the success of the identified target student population.

NOTE: You must cite externally available, verifiable data whenever possible to support the information provided in the need section. All data is subject to verification.

- *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).*

In this section, you must provide a detailed work plan that is comprehensive, feasible, and demonstrates your experience implementing a project of the proposed scope.

You must:
- Provide a detailed description of the specific activities, timeline, and implementation activities of each of the evidence-based strategies and the project personnel responsible for completing the activities;
- Explain how the work plan is appropriate for the program design and how the targets for key activities, personnel, and resources fit into the overall timeline of NWD-E2 program implementation;
- Implement a system for recruitment of nursing students from disadvantaged backgrounds most committed to practicing in settings that improve access to eldercare in medically underserved communities;
- Provide enhanced clinical training experiences for undergraduate nursing students in community-based settings with an emphasis on eldercare;
- Deliver continuing professional development for practicing RNs, clinical preceptors, and faculty with an emphasis on eldercare;
- Enhance didactic and clinical training curricula to integrate the care of elderly populations in rural areas and underserved areas with an emphasis on chronic disease prevention, population health, and health equity;
- Identify a partnership liaison as a formal facilitator between academic, clinical and community and partnerships;
- Project the number of students from the identified target population to be enrolled, retained, and graduated who will receive support through the proposed project; and
- Identify meaningful support and collaboration with key internal and external partners in planning, designing and implementation of program activities.

    A Sample work plan can be found here:
    http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2(b).*

Describe your project goals and objectives and how they will address the project purpose and stated needs. You must describe how the objectives link to each of the previously described requirements listed in Section IV. Program Requirements.

You must describe:
- Your commitment to enrolling, retaining, and graduating students from disadvantaged backgrounds;

- The approaches used to overcome the identified gaps in educational opportunities for students from disadvantaged backgrounds stated in the previous purpose and needs section, including challenges and successes of using these approaches;
- How the assessment of the social determinants affecting students from disadvantaged backgrounds in the target student population and the identification of the students' needs will be incorporated into the evidence-based strategies;
- How implementation of the evidence-based strategies will enhance the ability to address the challenges that impede recruitment, retention, and graduation of students from disadvantaged backgrounds; and
- The enhancement of didactic and clinical training curricula to integrate the care of elderly populations in rural and underserved areas with an emphasis on chronic disease prevention, population health and health equity.

You must submit a **logic model (Attachment 1)** 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. 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; the students to be trained);
- 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).

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 (i.e., recruitment and retention of students from disadvantaged backgrounds);
- Challenges related to the eldercare workforce development such as recruitment and retention;
- Challenges related to establishing or expanding academic, clinical and/or community partnerships;
- Challenges with increasing the number of didactic or experiential learning hours focused on eldercare; 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 Criterion #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:

- Describe systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. Including potential obstacles and plan to address those obstacles. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html.
- 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; variables to be measured; expected outcomes of the funded activities;
- Describe how all key evaluative measures will be reported and demonstrate program objectives have been met and are attributed to the project;
- Data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes;
- 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 the procedure for assuring the data collection, management, storage, and reporting for individuals participating in the program and for up to one year post participation; and
- Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

In **Attachment 2**, you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form.

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 project 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/.

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

You must provide a clear plan for project sustainability after the period of federal funding ends. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges. You must describe:

- Actions to highlight key project elements (e.g., training methods or strategies) which have been effective in improving practices;
- Plan to obtain future funding;
- Timetable to become sustainable in the absence of federal funding;
- Plan to sustain a culture of diversity and inclusion; and
- Demonstrate commitment to support, to the extent possible, the activities implemented through this funding opportunity beyond the period of federal funding – including: recruitment of nursing students from disadvantaged backgrounds, improving access to eldercare in medically underserved communities, and efforts to strengthen professional development opportunities, curricula, and partnerships.

- *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.)**

Specifically, you must describe:
- Facilities and infrastructure in place to implement the evidence-based strategies;
- Qualifications, training, and/or experience of key personnel that demonstrate the ability to support students from disadvantaged backgrounds;
- Education and training needs of key personnel and other staff and how they will be prepared to participate in implementation of the project;

- Organizational structure, including the capacity and commitment of administration, faculty, and staff is appropriate for the operational and oversight needs necessary to implement the requirements of this funding opportunity;
- Partnerships with other entities both internal and external to the applicant's academic institution including the type and role of the partners and any leveraged resources;
- Percentage of time, including in-kind, dedicated to the project by the Project Director;
- Founding and guiding policies, organizational structure(s), strategic plan, recruitment and supportive strategies and program initiatives that demonstrate institutional commitment to train students from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses with a focus on eldercare education and training; and
- Evidence of transformative learning and active faculty development and continuing professional development that demonstrates commitment to eldercare education and training.

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 the populations 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.

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.

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.

A **minimum** of 30 percent of the total annual budget must be allocated to participant/trainee support (See Participant/*Trainee Support Costs budget category description below).*

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 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iii. *Budget Justification Narrative*
See Section 4.1.v of HRSA's *SF-424 R&R Application Guide*.

The **NWD** program requires the following:

Personnel Costs: Applicants shall identify only one Project Director. The Project Director for NWD projects must be a licensed Registered Nurse.

Indirect Costs for Training Grants: Indirect costs under training grants 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 actual direct cost base for purposes of this calculation.

Participant/Trainee Support Costs: A **minimum** of 30 percent of the total annual budget must be allocated to participant/trainee support costs. List tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Budget breakdown must separate trainee costs, and include a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

On the SF-424 R&R, do not enter a dollar amount for tuition, fees, health insurance or subsistence. Follow the form directions.

> ***Scholarships***: Student scholarships cover tuition, fees, books, and other related educational expenses. Scholarship funds must be disbursed in logical increments throughout the academic or calendar year and may or may not cover the total expenses required by the school. Awards dedicated for tuition should be disbursed at the beginning of each period within the academic year (e.g., semester, quarter, term). A student can receive both a scholarship and a stipend as long as the award limitations are not exceeded and awards do not cover the same expenses. Students are designated to receive scholarships by the applicant institution in accordance with the guidelines established by the applicant organization. The proposed project must use NWD scholarship funds in a manner that will meet the needs of eligible students. The budget narrative must indicate the number of students to receive scholarships for each year of the grant and the proposed amount of each scholarship per student. Whatever is stated in the budget narrative should concur with the total amount listed in the budget line item.
>
> ***Stipends:*** Student stipend support is provided to assist in covering a student's general living expenses. The budget narrative must indicate the stipend rate (e.g., $500/month), the number of stipends to be awarded, and the total stipend amount for each educational level as appropriate. It is the responsibility of the applicant to justify the basis for the stipend rate requested. Stipends are to be prorated and paid to eligible participants at regular intervals during the budget period.

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.

Narrative Section	Review Criteria
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 (below)	(5) Support Requested

iv. *Attachments*

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

Attachment 1: (Required) Work Plan
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 2: (Required) Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's SF-424 R&R Application Guide)
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, 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: (As applicable) Letters of Agreement, and/or Description(s) of Proposed/Existing Contracts (project-specific)
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: (Required) Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 5: (As applicable) Tables, Charts, etc.
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 6: (Required) Maintenance of Effort Documentation
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.

<table>
<tr><td colspan="2">NON-FEDERAL EXPENDITURES</td></tr>
<tr>
<td>FY 2019 (Actual)

Actual FY 2019 non-federal funds, including in-kind, expended for activities proposed in this application.

Amount: $_____</td>
<td>FY 2020 (Estimated)

Estimated FY 2020 non-federal funds, including in-kind, designated for activities proposed in this application.

Amount: $_____</td>
</tr>
</table>

Attachment 7: (As applicable) Request for Funding Factor
To receive a funding preference and/or priority, include a statement that the applicant is eligible for a funding preference and identify the preference or priority. Include documentation of this qualification. See Section V.2.

Attachment 8: (Required) Letters of Support
Provide documentation of reciprocal partnerships between your institution and each organization or department involved in your proposed project. Documentation must be written in the form of a letter 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.). Letters of support should include the role of each partner in the conduct of the proposed project, and how the expertise and resources of each partner complements those of other partners.

Attachment 9: *(Required) Accreditation Documentation*
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 10: *(Required) Documentation of Private or Public Non-profit Status*
Applicants applying as a private non-profit must submit verification from the Internal Revenue Service (IRS) of non-profit 501(c)(3) status signed by an authorized representative of the IRS.

Applicants applying as a tax-exempt public education institution under IRS Section 511 must submit verification from the IRS in the form of a Government Information Letter. Please visit the IRS website for more information:

https://www.irs.gov/government-entities/federal-state-local-governments/governmental-information-letter

Attachment 11 *(As applicable): Other Relevant documentation*
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. 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 4, 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

NWD-E2 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

Applicants responding to this announcement may request funding for a period of performance of up to two (2) years, at no more than $500,000 per year in total costs (direct and indirect), for a total of $1,000,000 over the two-year period of performance.

Funds under this announcement 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:

a. Establishment of a skills lab as the sole project focus;
b. Provision of child care/ child care costs; and
c. Accreditation, Credentialing, Licensing and Franchise fees and expenses;
d. College entrance exam costs.

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.

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. If you are interested in using another method, consult with the grants management specialist.

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 NWD-E2 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 extent to which the proposed project addresses your contribution to increase nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses, and expand the eldercare workforce and the extent to which you clearly:

- Demonstrate the unmet education and training needs of the current and future eldercare nursing workforce;
- Address the unmet healthcare needs of the target elderly population, including the unmet social determinants of health; and
- Provide a detailed assessment of the recruitment, enrollment and retention challenges, among students from disadvantaged backgrounds, along with an estimate of the specific types and amount of resources that would be required to mitigate the challenges.

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 determine the extent to which you:

- Cleary and comprehensively, specify program goals, objectives and sub-objectives including the concrete steps that will be used to achieve them. The description should include timeline, partners, and a description of the populations and communities served;

- Collaborate and include key partners in planning, designing and implementing appropriate activities, including developing the application and the extent to which these contributors reflect the populations and communities served;
- Cleary illustrate the breadth and scope of the work plan, which should be complete, comprehensive, and feasible within the performance period;
- Demonstrate the feasibility of the projected number of students (as both gross estimate and percentage of total student population) who will receive support over the performance period;
- Clearly identify project goals, inputs, target population, and activities throughout the Logic model (**Attachment 1**); and
- Integrate social determinants and their associated evidence-based mitigation strategies into the project goals and objectives and the likelihood the approach will help you to meet program outputs and projected outcomes.

Criterion 2 (b): METHODOLOGY/APPROACH (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider whether you proposed activities that meet all of the Program Requirements of the NOFO, and if they are sufficient to ensure successful implementation of the NWD-E2 project. Reviewers will consider the extent to which you:

- Describe the proposed project that will be effective in meeting the healthcare needs of the elderly population(s) being served through increasing nursing education opportunities for individuals who are from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses;
- Identify the education and training needs of the target student population;
- Address the program objectives including the roles of partners, system level initiatives, the educational/teaching strategies to be implemented, and curricula/training materials that will be used to accomplish the objectives of the project;
- Describe the proposed activities that are innovative for preparing the workforce to practice in settings that support eldercare;
- Develop and incorporate elder care in student curricula and training; and
- Demonstrate how enhancing existing, or developing new, reciprocal partnerships aimed at establishing and supporting training experiences for students from disadvantaged backgrounds will improve health outcomes for older adults while promoting age-friendly sites and systems.

Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

Reviewers will determine the extent to which you articulate potential obstacles and challenges during the implementation of the project, as well as describe a reasonable and actionable plan for dealing with identified contingencies that may arise. Reviewers will determine the quality and extent to which you describe:

- Challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan;
- Resolutions or approaches to address the challenges identified;
- Barriers regarding the social determinants in the target student population and describes evidence-based approaches that will be or have been attempted in the past to mitigate these barriers; and
- Resources and supports in the surrounding community to assist targeted elderly population.

Criterion 3: IMPACT (30) points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY   (10 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

Reviewers will consider the quality of your plan to report on the measurable outcomes being requested, including both internal program performance evaluation plan and HRSA's required performance measures. Reviewers will consider the extent to which you:

- Provide evaluative measures that can effectively assess whether project objectives will be met, as well as your ability to effectively report on measurable outcomes;
- Demonstrate the use of evaluative measures to demonstrate program impact including:
  - How well the program objectives have been met, and
  - How well these can be attributed to the project.
- Demonstrate the capacity of the institution to track, collect and report required performance measures on an annual basis, including:
  - Student diversity data such as the number and percent of students from disadvantaged backgrounds retained in the nursing program during the project year;
  - Demographic descriptions of students from disadvantaged backgrounds; and
  - Student financial support.
- Provide an evaluation plan that includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes.

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

Reviewers will consider the quality of the response in which you describe a feasible and actionable plan for project sustainability after the period of federal funding ends. Reviewers will also consider the extent to which you:

- Provide a description of an effective plan for project sustainability after the period of federal funding ends;
- Include strategies to obtain future sources of potential income, as well as a timetable for becoming self-sufficient; and
- Articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (20 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities

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

- The quality and availability of facilities, resources, and personnel to fulfill the required needs of the project;
- Project personnel that are qualified by training and/or experience to implement and sustain the project;
- Key personnel are enabled to leverage resources to maximize the project success;
- Key personnel invest adequate time to the project to ensure commitment and achievement of project objectives;
- Meaningful support and collaboration with internal and external stakeholders and partners;
- Enhancement of existing curriculum, training, and early exposure to didactic and experiential learning methods for nursing education specific to eldercare; and
- Development of a collaborative shared vision, outcomes, and goals of internal and external stakeholders and partners towards enhancements in eldercare education and training.

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

Your application will be reviewed for the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the activities, and the anticipated results. Reviewers will consider the extent to which:

- Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- Key personnel have adequate time devoted to the project to achieve project objectives;
- Only one Project Director is identified and is a licensed Registered Nurse;
- The budget justification is detailed, clear, includes a narrative description and adequately aligns with the proposed line item budget;
- A minimum of 30 percent of total annual budget is allocated to participant/trainee support;
- Trainee stipends, and other participant/trainee costs are reasonable and supportive of the project objectives; and
- The proposal follows the budget guidelines specified in the NOFO and the SF-424 R&R Application Guide.

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.

For this program, HRSA will use priorities and preferences.

Funding Priorities
This program includes funding priorities 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. The Objective Review Committee adjusts the score by a set, pre-determined number of points. Applicants eligible for both priorities may apply for and receive up to 4 priority points total. The NWD-E2 Program has two (2) funding priorities:

Priority 1: Poverty and Elderly Population Rates **(2 Points)**
Funding priority will be given to training programs serving one or more communities that have (1) a poverty rate exceeding 32 percent <u>and</u> a median household income below $34,000 a year as reported by the U.S. Census Bureau's Small Area Income and Poverty Estimates program for 2017 **and** (2) are located in a State with an elderly

population that exceeds 15 percent of the total State's population as reported by the U.S. Census Bureau for 2018. Please refer to Appendix 1 for community and state qualification guidelines. You must submit the full address of partnering clinical sites as documentation to meet this priority. No partial points will be awarded. Please include documentation in **Attachment 7**.

Priority 2: Increased Educational Opportunities in Historically Black Colleges and Universities **(2 Points)**
Funding priority will be granted to established and reputable nursing programs in historically black colleges or universities that can demonstrate increased educational opportunities for individuals from disadvantaged backgrounds. Documentation includes, but is not limited to, nursing program enrollment and demographic data for the last four academic years and a description of any supportive activities implemented for students from disadvantaged backgrounds. Please include documentation in **Attachment 7**.

Funding Preferences
This program provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Please note that applicants who do not receive a funding preference will be given full and equitable consideration during the review process. An applicant may receive only <u>one</u> funding preference. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s). To be considered for a funding preference, applicants must demonstrate in **Attachment 7** that they meet the criteria for the preference(s) as follows:

Funding Preference(s)	Qualifications to Meet Preference(s)
Substantially Benefits Rural Population	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). **OR**
Substantially Benefits Underserved Populations	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) **OR**

	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).
Substantially Benefits Public Health Nursing Needs in State or Local Health Departments	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).

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 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 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.

HRSA program staff developing/writing the NOFO will determine if the following policies are applicable and should remain in the NOFO.

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.

Award recipients may also be asked to collect and report the following qualitative data:

- Frequent assessment and evaluation of social determinants used to inform incoming class in order to tailor evidence-based strategies;
- Strategies for rapid-cycle quality improvement to test the effectiveness of the project and plan for ongoing feedback and improvement;
- Measures of institutional progress toward the implementation of program requirements;
- Depth and increase of institutional support for the grant program and activities from leadership, faculty, and staff during the progress of the project;
- Level of involvement and activities with academic, clinical and community partnerships; and
- Progress toward a sustainable and diverse academic environment.

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:

G. Sapphire Marc-Harris, M. Ed.
Senior Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, 10NWH04
Rockville, MD 20857
Email: SMarc-Harris@hrsa.gov

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

Aja Williams MS, RN
Project Officer
Attn: Nursing Workforce Diversity Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, 11N94B
Rockville, MD 20857
Telephone: (301) 945-9658
Fax: (301) 443-0791
Email: Awilliams4@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

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.

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.

Resources
EthnoMed: ethnic-specific modules on the health and health care of multicultural older adults based on *peer reviewed geriatrics curriculum for a multi-cultural population*. Developed by members of the Collaborative of Ethnogeriatric Education, with support from the Bureau of Health Workforce, and **Health Resources and Services Administration.** https://geriatrics.stanford.edu/ethnomed.html

Appendix 1

Counties that have a poverty rate exceeding 32 percent and a median household income below $34,000 a year (2017)[9]

State	County	Poverty Percent, All Ages	Median Household Income
Alabama	Barbour County	33.4	32,490
Alabama	Bullock County	34.4	29,113
Alabama	Greene County	33.2	28,108
Alabama	Perry County	37.2	26,703
Alabama	Sumter County	35.9	26,495
Alaska	Kusilvak Census Area	37.5	31,250
Arizona	Apache County	33.1	33,053
Arkansas	Lee County	37.3	28,875
Arkansas	Phillips County	39.8	27,663
Arkansas	St. Francis County	33.7	31,561
Georgia	Calhoun County	35.1	33,889
Georgia	Clay County	33.1	29,122
Georgia	Jenkins County	32.8	32,472
Georgia	Randolph County	33.6	30,847
Georgia	Stewart County	36.2	31,800
Georgia	Telfair County	34.6	31,354
Georgia	Terrell County	33.0	33,939
Georgia	Wheeler County	37.4	31,001
Kentucky	Bell County	36.7	28,150
Kentucky	Breathitt County	36.2	27,372
Kentucky	Clay County	41.7	26,386
Kentucky	Floyd County	32.2	32,841
Kentucky	Harlan County	41.5	25,815
Kentucky	Knott County	34.6	31,788
Kentucky	Knox County	32.2	28,586
Kentucky	Lawrence County	32.8	28,672
Kentucky	Lee County	33.7	28,084
Kentucky	McCreary County	34.4	28,024
Kentucky	Magoffin County	32.1	28,077
Kentucky	Martin County	35.8	30,177
Kentucky	Owsley County	36.8	25,344
Louisiana	East Carroll Parish	46.7	26,431
Louisiana	Madison Parish	38.9	29,507
Louisiana	Tensas Parish	34.9	27,959
Mississippi	Adams County	32.5	31,044
Mississippi	Claiborne County	42.6	28,518
Mississippi	Coahoma County	34.8	28,921
Mississippi	Holmes County	40.8	24,783
Mississippi	Humphreys County	38.4	26,489
Mississippi	Issaquena County	38.1	28,075
Mississippi	Jefferson County	34.1	27,925
Mississippi	Leflore County	42.2	25,569

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[9] Source: Census Bureau's Small Area Income and Poverty Estimates program for 2017
https://www.census.gov/data/datasets/2017/demo/saipe/2017-state-and-county.html

State	County	Poverty Percent, All Ages	Median Household Income
Mississippi	Noxubee County	34.5	30,130
Mississippi	Quitman County	40.9	26,740
Mississippi	Sharkey County	35.5	28,842
Mississippi	Sunflower County	36.2	29,704
Mississippi	Tallahatchie County	35.2	30,998
Mississippi	Washington County	32.7	30,865
Mississippi	Wilkinson County	33.1	27,962
Mississippi	Yazoo County	33.9	33,051
Missouri	Shannon County	35.9	29,152
New Mexico	McKinley County	37.8	31,746
South Carolina	Allendale County	36.7	28,135
South Dakota	Buffalo County	43.3	22,679
South Dakota	Corson County	42.4	30,446
South Dakota	Jackson County	36.2	32,023
South Dakota	Mellette County	38.0	32,358
South Dakota	Todd County	50.4	29,046
South Dakota	Ziebach County	56.7	29,985
Tennessee	Lake County	39.9	31,144
Texas	Brooks County	35.0	28,106
Texas	Willacy County	35.0	30,392

State Population from 2018 [10]

Geography	Population Estimate (as of July 1) - 2018 - Both Sexes; Total	Population Estimate (as of July 1) - 2018 - Both Sexes; 65 years and over	Percent Population 65+
Alabama	4,887,871	826,894	17%
Alaska	737,438	87,011	12%
Arizona	7,171,646	1,258,250	18%
Arkansas	3,013,825	511,827	17%
California	39,557,045	5,669,025	14%
Colorado	5,695,564	808,229	14%
Connecticut	3,572,665	615,121	17%
Delaware	967,171	181,086	19%
District of Columbia	702,455	85,303	12%
Florida	21,299,325	4,358,071	20%
Georgia	10,519,475	1,460,409	14%
Hawaii	1,420,491	260,967	18%
Idaho	1,754,208	278,282	16%
Illinois	12,741,080	1,992,961	16%
Indiana	6,691,878	1,055,021	16%
Iowa	3,156,145	539,830	17%
Kansas	2,911,505	462,241	16%
Kentucky	4,468,402	730,626	16%
Louisiana	4,659,978	718,433	15%
Maine	1,338,404	275,999	21%
Maryland	6,042,718	931,136	15%
Massachusetts	6,902,149	1,139,100	17%
Michigan	9,995,915	1,716,604	17%
Minnesota	5,611,179	889,802	16%
Mississippi	2,986,530	474,475	16%
Missouri	6,126,452	1,033,964	17%
Montana	1,062,305	198,902	19%
Nebraska	1,929,268	303,666	16%
Nevada	3,034,392	476,181	16%
New Hampshire	1,356,458	245,645	18%
New Jersey	8,908,520	1,438,527	16%
New Mexico	2,095,428	366,189	17%
New York	19,542,209	3,213,534	16%
North Carolina	10,383,620	1,689,265	16%
North Dakota	760,077	116,637	15%
Ohio	11,689,442	1,995,022	17%
Oklahoma	3,943,079	619,553	16%

[10] Source: Population as of 2018 as reported by Census
https://factfinder.census.gov/bkmk/table/1.0/en/PEP/2018/PEPSYASEX/0100000US.04000

Geography	Population Estimate (as of July 1) - 2018 - Both Sexes; Total	Population Estimate (as of July 1) - 2018 - Both Sexes; 65 years and over	Percent Population 65+
Oregon	4,190,713	738,691	18%
Pennsylvania	12,807,060	2,335,630	18%
Puerto Rico	3,195,153	661,215	21%
Rhode Island	1,057,315	182,254	17%
South Carolina	5,084,127	899,915	18%
South Dakota	882,235	146,854	17%
Tennessee	6,770,010	1,109,697	16%
Texas	28,701,845	3,602,320	13%
Utah	3,161,105	350,478	11%
Vermont	626,299	121,207	19%
Virginia	8,517,685	1,315,401	15%
Washington	7,535,591	1,164,232	15%
West Virginia	1,805,832	359,878	20%
Wisconsin	5,813,568	985,473	17%
Wyoming	577,737	95,375	17%