U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Health Careers and Financial Support

Health Careers Opportunity Program: The National HCOP Academies

Funding Opportunity Number: HRSA-18-007
Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.822

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: May 29, 2018

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date*:* March 27, 2018

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Authority: Section 739 of the Public Health Service Act (42 USC 293c).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW) is accepting applications for the fiscal year (FY) 2018 Health Careers Opportunity Program (HCOP), herein after referred to as the "National HCOP Academies." The goal of the National HCOP Academies is to expand and better prepare the health care workforce of the 21st century by funding projects to increase and support opportunities for individuals from disadvantaged backgrounds to enter a health profession.

More specifically, the purpose of the National HCOP Academies grant program is to: 1) promote the recruitment of qualified individuals from disadvantaged backgrounds into the health professions, including allied health programs; 2) improve retention, matriculation and graduation rates by implementing tailored enrichment programs designed to address the academic and social needs of disadvantaged students; and 3) provide opportunities for community-based health profession training in primary care, emphasizing experiences in rural and underserved communities.

Funding Opportunity Title:	Health Careers Opportunity Program: The National HCOP Academies
Funding Opportunity Number:	HRSA-18-007
Due Date for Applications:	May 29, 2018
Anticipated Total Annual Available FY18 Funding:	$12,794,000
Estimated Number and Type of Award(s):	Up to 20 grants
Estimated Award Amount::	Up to $640,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2023 (5 years)

| Eligible Applicants: | Eligible applicants include accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities including community colleges, technical colleges and tribal colleges.

See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information. |
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Application Guide

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

<u>Technical Assistance</u>

There will be a technical assistance (TA) session/webinar for applicants for this notice of funding opportunity. A taped replay of the audio portion and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: http://bhw.hrsa.gov/grants/diversity/hcop.html.

HRSA has scheduled the following technical assistance webinar and conference call to help you understand, prepare, and submit an application for this NOFO. The webinar and conference call are scheduled for:

Webinar

Day and Date: Tuesday, April 17, 2018
Time: 2:00 p.m. – 3:30 p.m.
Call-in Number: 888-950-9564
Participant Code: 3373316
Weblink**:** https://hrsaseminar.adobeconnect.com/hcop_nofo/
Playback Number: 800-964-4665
Passcode: 1926
Expires: JUN-17-18 10:59 PM (CT)
Replays are generally available one hour after a call ends.

Conference Call

Day and Date: Tuesday, May 1, 2018
Time: 2:00 p.m. – 3:00 p.m.
Conference Number: 888-950-9564
Participant Passcode: 3373316
Playback Number: 866-363-4070
Passcode: 4321
Replays are generally available one hour after a call ends.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the National HCOP Academies.

Program Purpose
This notice solicits applications for the FY 2018 Health Careers Opportunity Program (HCOP) hereinafter referred to as the "**National HCOP Academies.**"

The purpose of this grant program is to assist individuals from disadvantaged backgrounds to enter a health profession through the development of academies that will support and guide them through the educational pipeline. Based on Section 739 of the Public Health Service Act, academies are expected to focus on: 1) promoting the recruitment of qualified individuals from economically or educationally disadvantaged backgrounds into health professions, including allied health programs; 2) improving retention, matriculation and graduation rates by implementing tailored enrichment programs designed to address the academic and social needs of economically or educationally disadvantaged students; and 3) providing opportunities for community-based health professions training in primary care settings, emphasizing experiences in rural and underserved communities.

The National HCOP Academies will focus on three key milestones of education: 1) high school graduation, and matriculation into a two or four-year college/university (including allied health professions programs); 2) graduation from a two-year or four-year college/university (including allied health professions programs); and 3) matriculation into graduate-level health professions programs, retention and completion of a graduate-level health professions or allied health professions program (e.g., post-baccalaureate programs).

Program Requirements
The National HCOP Academies provide a variety of academic and social supports to individuals from disadvantaged backgrounds through formal academic and research training, programming, and student enhancement or support services. The National HCOP Academies recipients will provide counseling and mentoring services to assist students in successfully completing their education and training, student stipends, financial planning resources, and health care careers and training information. Financial planning resources may also be provided to the parents/guardians of the students.

This program's goal is to lead to matriculation into the applicant or partner organization's 2- or 4-year college/university, health or allied health professions school or employment in primary care settings in rural and underserved communities. Recipients must develop an HCOP Academy in coordination with partner high schools, technical and vocational training programs, and/or colleges and universities. Applicants must have articulation agreements in place within their own institution and/or with partner institutions allowing for students' matriculation to the next level of the education

pipeline (e.g., 2- or 4-year college, university, or a graduate level health or allied health professions program) as described in the three key milestones referenced above.

The National HCOP Academies recipients should design activities to support students through degree completion and into employment in a primary care setting in a rural area and/or medically underserved community.

Applicants should propose activities to meet all nine statutorily authorized activities outlined below.

1) **Recruitment:** Identify, recruit, and select individuals from disadvantaged backgrounds, as defined below, for education and training in a health professions;

2) **Facilitating Entry:** Facilitate the entry of individuals from disadvantaged backgrounds into health or allied health professions schools;

3) **Counseling, Mentoring and other Services:** Provide counseling, mentoring or other services (including retention activities) designed to assist individuals from disadvantaged backgrounds to successfully complete their education at a health professions school;

4) **Preliminary Education and Health Research Training:** Provide preliminary education and health research training designed to assist students to successfully complete regular courses of education at health professions schools, or refer individuals to institutions providing such preliminary education. This must be completed prior to the entry of individuals into the regular course of education at a school, including graduate programs in behavioral or mental health.

5) **Financial Aid Information Dissemination:** Publicize existing sources of financial aid available to students in the education program at such a school or those who are undertaking training necessary to qualify them to enroll in such a program;

6) **Primary Care Exposure Activities:** Carry out programs under which individuals gain experience regarding a career in a field of primary health care through working at facilities of public or private non-profit community-based providers of primary health services;

7) **Develop a More Competitive Applicant Pool:** Conduct activities to develop a larger and more competitive applicant pool through partnerships with institutions of higher education, school districts, and other community-based entities; and

8) **Stipends:** Provide stipends to individuals for general living expenses to help defray students' cost(s) for any period of health professions education at a health professions school; not to exceed twelve months.

9) **Scholarships:** Provide scholarship support to individuals to cover tuition, fees, books, and other related educational expenses for any period of health professions education at a health professions school, not to exceed $10,000 in an academic year. Awards 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 scholarship award limitation is not exceeded and the awards do not cover the same expenses.

In support of these nine authorized activities, HRSA is requiring that proposed projects include the following structured programs and may include unstructured activities under certain constraints (see below).

An **Unstructured Activity** is generally a stand-alone single training activity that is not part of a designed curriculum or set of activities. HRSA strongly encourages applicants to use only up to 15 percent of their total budget toward **unstructured** activities and/or health care exposure activities.

A **Structured Program** is a formal student enhancement program of a specified length with a specially designed curriculum or set of activities in which designated National HCOP Academies' students participate to enhance their academic performance. All structured programs should include:
- *Stipend payments (defined above)*
- *Curricula* that includes but is not limited to:
  - Preliminary education and health research trainings, such as standardized test preparatory training, study skills trainings, math and science enrichment courses; and
  - Health Research Training on current and emerging issues, including as applicable, opioid abuse, mental health, and childhood obesity.
- *Specialized Training* in:
  - primary care, community-based settings; and
  - rural and medically underserved communities.

Below are the six criteria which are eligible for the National HCOP Academies. The first criteria listed below, the HCOP National Ambassador Program, is required for all grantees. Criteria 2-6 provide examples of potential structured programs and each grantee should also include at least one structured program from this list in their application:

1. **HCOP National Ambassador Program:** The HCOP National Ambassador Program is a longitudinal, integrated curriculum-based program designed to assist students from disadvantaged backgrounds with matriculating through the educational pipeline. Structured learning activities should be designed to ensure that students meet the admissions requirements for the next level of the educational pipeline trajectory. The ultimate goal of the HCOP Ambassador Program is to have students receive a health professions or allied health professions degree from the applicant's college/university or partnering

institutions. In addition to focusing on the statutorily authorized activities, the curriculum should integrate educational activities, such as trainings and research projects in the clinical areas of opioid abuse, and mental and behavioral health.[1] The HCOP National Ambassador Program must include a formal application process with defined eligibility criteria. At a minimum, each grantee must establish a cohort of at least 25 students from disadvantaged backgrounds to matriculate through completion or graduation from a health professions degree or certificate program. **This program is required for all National HCOP Academies**.

At a minimum, all National HCOP Academies should also include at least one of the following structured programs.

2. **HCOP Summer Program:** A designed curriculum or set of activities for a minimum of 25 students from a designated educational level that provides six (6) hours of structured learning activities per day for a minimum of six weeks.

3. **HCOP Saturday Academy:** A designed curriculum or set of activities for a minimum of 25 students per educational level (see Program Definition) that provides six (6) hours of structured learning activities per day for a minimum of 20 weeks.

4. **HCOP Pre-matriculation Program:** A designed curriculum or set of activities for a minimum of *10 students* per educational level (see Program Definition) that provides six (*6) hours* of structured learning activities per day for a *minimum of four weeks*.

5. **HCOP Post-baccalaureate Program:** A comprehensive program for a minimum of five (5) students for health professions school and/or allied health programs. The student must have an undergraduate degree with a science focus, and a conditional acceptance to a health professions school.

6. **HCOP Adult/Non-Traditional Students (including Veterans):** A comprehensive program for a minimum of ten (10) students that provides educational opportunities to adults interested in pursuing a bachelor's degree. The curriculum is designed to provide flexible academic schedules and a variety of academic and social support services specifically tailored to working adults and parents.

Applicants are required to select **three or more** of the following populations to target a group of students from disadvantaged backgrounds through the HCOP National

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[1] Pursuant to 2 CFR 200.448, to ensure that the Federal investment of HRSA funds has as broad an impact as possible and to encourage innovation in the development of new learning materials, the Federal Government reserves a paid-up, nonexclusive and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use for Federal purposes.

Ambassadors Program. In addition, applicants will select a target group to participate in one or more of the other structured programs listed above (2-6):

Target Populations and Education Objectives
Rising high school juniors/seniors – Identify, recruit and prepare students from disadvantaged backgrounds to competitively enter and complete a 2- or 4-year accredited college or university.
Adult/non-traditional learners (including veterans) – Provide academic and social support to adult/non-traditional students from disadvantaged backgrounds, and provide training to prepare students for competitive entry into and graduation from the applicant's institution or an accredited allied health or health professions school.
Allied health professions degree students – Provide academic and social support to retain and assist students, including first-generation college students from disadvantaged backgrounds, enrolled in 2-year programs to graduate with an associate's degree and/or transfer to a 4-year institution. This includes two-year allied health programs serving as career ladders to doctoral and other graduate health professions degrees.
Undergraduate students – Provide academic and social support to students from disadvantaged backgrounds, and provide training to prepare for competitive entry into the applicant's institution or an accredited health professions school.
Health professions degree students – Provide academic and social support to health professions students, including first-generation college students from disadvantaged backgrounds, and provide training in rural and underserved communities in order to facilitate timely completion and graduation of a health professions degree.

Strategic Partnership Activities:
Effective partnerships that engage key stakeholders (e.g., federal, state, local, and national organizations) are important to implementing, advancing, and sustaining the work of the National HCOP Academies. Partners help to ensure the relevancy, coordination, and timeliness of the education and training provided.

Applicants are encouraged to establish strategic partnerships with organizations that align with the National HCOP Academies' goal to maximize the impact and outcomes. Such partnering organizations may include:

a) High Schools – Partnerships with high schools that meet one or more of the following criteria in order to increase recruitment and retention of individuals from disadvantaged background as defined by:
   - Low percentage of seniors receiving a high school diploma;
   - Low percentage of graduates who go to college during the first year after graduation;
   - Low per capita funding; and
   - High percentage of the enrolled students is eligible for free or reduced-price lunches.

b) Post-secondary Institutions – Partnerships between community colleges and four-year colleges and universities to recruit and retain a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers; including Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs), and Alaska Native and Native Hawaiian Serving Institutions in the state and region to facilitate recruitment and retention of students from disadvantaged backgrounds into health professions programs.

c) State or Community-based Organizations – Partnerships with state and/or community-based organization to assist in addressing the social needs of the students enrolled in the structured programs.

d) State-level Entities – Partnerships with entities such as State Workforce Agencies and State and Local entities, Primary Care Associations, Primary Care Organizations, State Offices of Rural Health, State Minority Health Contacts, and State Education Agencies in order to support clinical rotations.

e) Community-based Health Care Entities – Partnerships with entities such as Health Care Safety Net Sites (e.g., Federally-Qualified Health Centers and Look-Alikes, including school-based health centers, migrant health centers, health care for the homeless centers, and public housing primary care centers), Native Hawaiian Health Centers, outpatient health clinics associated with tribal or Urban Indian Health Organizations, and Rural Health Clinics to support health professions training.

f) Other Institutions of Higher Education Programs – Partnerships with pipeline programs such as Federal TRIO Programs, including Student Support Services, Educational Opportunity Centers, Talent Search Upward Bound, Upward Bound Math-Science, Veterans Upward Bound, Gaining Early Awareness and Readiness for Undergraduate Programs, and Promising Neighborhoods for recruitment and health careers exposure activities, particularly those focused on individuals who come from disadvantaged backgrounds.

Additional requirements for applicants include the following:

a) Implement Evidence-Based Recruitment and Outreach Strategies
   - Increase retention and program impact through the promotion of enhanced counseling and mentoring strategies
     - Designated .5 Full-Time Equivalent (FTE) for student case manager

b) Disseminate Findings and Share Program Results
   - Increased emphasis on dissemination of program successes to raise the profile of the National HCOP Academies
     - Publications and Presentations at National and Regional Conferences

c) Improve Data Collection and Tracking Measures
   - Use cutting-edge technology and promising practices to enhance tracking and standardized data collection tools

- Designated .5 FTE for data manager

Preference

The National HCOP Academies statutory authority includes a Funding Preference[2] for applicants that utilize a Comprehensive Approach that will promote development of a culturally competent workforce that will serve the unserved and underserved in a given geographic area – an organizational model involving partnerships between several public or nonprofit private health or educational entities to establish, enhance and expand educational programs that result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers.

2. Background

First authorized in 1972, HCOP provides grants to eligible accredited health professions schools and public and private non-profit health or educational entities. The Health Careers Opportunity Program herein after referred to as the National HCOP Academies is authorized in section 739 of the Public Health Service Act (42 U.S.C. 293c). The focus of this authority is to assist individuals from disadvantaged backgrounds to undertake education to a health profession.

As the U.S. population continues to grow and expand, the need for a diverse, highly skilled, and sustainable workforce becomes increasingly important. Rapid shifts in population patterns and health care policies require a reconsideration of how populations from disadvantaged backgrounds access and receive high quality health care.

Due to the increased demand for qualified health care workers, it has become imperative to meet the need for advanced education and training beyond high school. According to the Bureau of Labor Statistics, employment in the health care industry is projected to increase 19 percent[3] through 2024, compared to an average of 6.5 percent[4] for all other industries. Specifically, health care practitioners and technical occupations are expected to increase by 16.4 percent and health care support occupations by 23.0 percent.[4] With respect to educational attainment, 35.0 percent of the job openings in health care will require at least a bachelor's degree and an additional 30.0 percent will require some college or an associate's degree.[5]

At an individual level, the effects of low educational attainment are significant. Median earnings for those with a bachelor's degree can be more than 70 percent higher than those with a high school diploma.[5] According to the U.S. Census Bureau (2014), individuals within the top family income quartile are 8 times more likely to obtain a

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[2] Title VII, Sec. 739(b) of the Public Health Service Act.
[3] Data are from the Occupational Employment Statistics program, U.S. Department of Labor, U.S. Bureau of Labor Statistics, available at https://www.bls.gov/ooh/healthcare/home.htm.
[4] Data are from the Monthly Labor Review, U.S. Department of Labor, U.S. Bureau of Labor Statistics, available at https://www.bls.gov/opub/mlr/2015/article/overview-of-projections-to-2024-1.htm.
[5] Data are from the Occupational Employment Statistics program, U.S. Department of Labor, U.S. Bureau of Labor Statistics, available at https://www.bls.gov/ooh/healthcare/home.htm.

bachelor's degree by age 24 as compared to individuals from the lowest family income quartile and more than 81 percent of university graduates were from families in the top income distribution.[6] Clearly, those in the lower income distributions are at a great disadvantage when it comes to attaining higher education. The disparity in educational attainment is more pronounced when considering advanced health professions degrees.

For example, of the Medical Doctor (MD) degrees conferred in 2015-2016, the distribution was as follows: African American/Black 5.5 percent; Hispanic 5.0 percent; American Indian/Alaskan Native 0.2 percent; Asian 21.1 percent; Native Hawaiian/Other Pacific Islander <0.1 percent; Whites 57.2 percent.[7] The PharmD degrees in 2015-16 were comprised of African American/Black 7.3 percent; Hispanic 4.4 percent; Native Hawaiian 0.2 percent; American Indian/Alaskan Native 0.3 percent; Whites 53.2 percent.[8] Among dentists, approximately 9 percent of 195,722 dentists currently practicing in the United States are either African American, Hispanic or American Indian.[9]

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

Approximately $12,794,000 is expected to be available annually to fund approximately twenty (20) awardees. Applicants may apply for a ceiling amount of up to $640,000 per year.

The period of performance is September 1, 2018 through August 31, 2023 (five years). Funding beyond the first year is dependent on the availability of appropriated funds for the Health Careers Opportunity Program in subsequent fiscal years, satisfactory awardee 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.

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[6] U.S. Census Bureau, available at https://www.census.gov/prod/2012pubs/p20-566.pdf.
[7] Association of American Medical College, Total Graduates by U.S. Medical School and Race and Ethnicity, 2015-16. The remaining race/ethnicity data from this source are as follows: Other: 1.4 percent; Multiple race/ethnicity 7.2 percent; Unknown race/ethnicity 0.6 percent; non-U.S. citizen and non-permanent resident 1.9 percent.
[8] American Association of Colleges of Pharmacy 2015-16 Profile of Pharmacy Students, available at https://www.aacp.org/sites/default/files/2017-10/PPS_2016_Intro.pdf.
[9] American Dental Association, 2015, available at ada.org as a spreadsheet via a search on the site; the spreadsheet does not have its own URL.

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

III.   Eligibility Information

1. Eligible Applicants

Eligible applicants include accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities including community colleges, technical colleges and tribal colleges. Each applicant must specifically state its eligibility information in the project abstract. Nursing programs *will not* be funded through this funding opportunity.

Eligible entities must be located within the 50 states, the District of Columbia, Commonwealth of Puerto Rico, Commonwealth of Northern Mariana Islands, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, Republic of the Marshall Islands, and the Federated States of Micronesia.

Eligible Participants:

The National HCOP Academies will support individuals from disadvantaged backgrounds, economically or educationally. These individuals must be U.S. citizens, non-citizen nationals, or foreign nationals who possess a visa permitting permanent residence in the United States. Individuals on temporary or student visas **are not** eligible to receive HCOP financial support through the program.

To establish an individual's eligibility to participate in the program, applicants must verify that the individual is interested in pursuing a health profession and meets the initial eligibility criteria as outlined in the definition from an economically **or** educationally disadvantaged background.

Individuals are considered to be from an **"economically disadvantaged"** background if they come 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 Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

The Secretary defines a ''low income family/household'' for various health professions programs included in Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

Low Income Levels Based on the 2018 Poverty Guidelines			
Size of parents' family*	**Income Level****		
	48 Contiguous States and D.C.	**Alaska**	**Hawaii**
1	$24,280	$30,360	$27,920
2	32,920	41,160	37,860
3	41,560	57,960	47,800
4	50,200	62,760	57,740
5	58,840	73,560	67,680
6	67,480	84,360	77,620
7	76,120	95,160	87,560
8	84,760	105,960	97,500
For each additional person, add	$8,640	$10,800	$9,940

* Includes only dependents listed on federal income tax forms. Some programs will use the student's family rather than his or her parents' family.
** Adjusted gross income for calendar year 2017.
SOURCE: *Federal Register*, Vol. 83, No. 29, February 12, 2018, pp. 6039-6040

If a student has not qualified as economically disadvantaged, applicants must indicate the basis used to determine that the student meets the educationally disadvantaged definition.

Individuals are considered to be from an **"educationally disadvantaged"** background if they come 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.

The following are provided as guidelines for determining **educationally disadvantaged** background status. The National HCOP Academies' participants should meet one or more of the following criteria to qualify under this category. *__It is the responsibility of each applicant to delineate clearly the criteria used__*

__to classify student participants as coming from disadvantaged__
__backgrounds.__ The most recent annual data available the last four criteria below
can be found on your state's Department of Education website.

- The individual is the first-generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low
  grade point average (2.0 cumulative on a 4.0 scale), based on most
  recent annual data available.
- The individual graduated from (or last attended) a high school that—based
  on the most recent annual data available— had either a:
    - Low percentage of seniors receiving a high school diploma; or
    - Low percentage of graduates who go to college during the first year
      after graduation.
- The individual graduated from (or last attended) a high school with low
  per capita funding.
    - The individual graduated from (or last attended) a high school
      where—based on the most recent annual data available— many of
      the enrolled students are eligible for free or reduced-price lunches.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
Applications that exceed the ceiling amount of up to $640,000 will be considered non-
responsive and will not be considered for funding under this announcement.

Deadline
Any application that fails to satisfy the deadline requirements referenced in *Section IV.4*
will be considered non-responsive and will not be considered for funding under this
announcement.

Maintenance of Effort (MoE)
The recipient must agree to maintain non-federal funding for award activities at a level,
which is not less than expenditures for such activities during the fiscal year prior to
receiving the award, as required by section 797(b) of the Public Health Service Act.
Complete the MoE document and submit as Attachment 3.

Multiple Applications

Multiple applications from an institution are not allowable. Eligible applicants can
submit **only one application per campus;** multiple applications from a single campus
are not allowable. A campus is defined as a division of a university that has its own
grounds, buildings (e.g. school of medicine, school of pharmacy) and faculty.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV.   Application and Submission Information

1. Address to Request Application Package

HRSA *requires* you to apply electronically through Grants.gov. You must use the SF-424 Research and Related (R&R) application package associated with this NOFO following the directions provided at https://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page and when accessing the NOFO (also known as "instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. 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 Find Grant Opportunities page for all information relevant to desired opportunities.*

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. Applications must be submitted in the English language and must be in 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 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), and letters of commitment and support required in the HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted 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) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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 the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 8 Other Relevant Documents.

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

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

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

The Abstract must include:

1. A statement verifying applicant's eligibility;
2. A brief overview of the project as a whole;
3. Specific, measurable objectives that the project will accomplish;
4. The HHS Region[10] in which the applicant is located;

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[10] More information on the HHS Regions is available at https://www.hhs.gov/about/agencies/regional-offices/index.html.

5. Which of the clinical priorities (opioid abuse and mental and behavioral health) will be addressed by the project, if applicable;
6. 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; and
7. Request for statutory funding preference, "Comprehensive Approach" if applicable, and indicate in Attachment 4, how the requirement is met.

ii.   Project Narrative

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

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*

Please provide a *brief* statement of the purpose of the proposed project. Applicants must include a discussion of the target population(s). The targeted health professions disciplines and workforce needs must also be described and documented in this section. This section should also define the geographic area (e.g., community, city, state, region, etc.) that will benefit from the proposed activities and current (within 3 years), well-cited data should be used whenever possible to support the information provided.

Describe the educational and social support needs of the individuals from disadvantaged backgrounds intended to be participants of the National HCOP Academies within the defined geographic area. Discuss any relevant gaps or barriers in the defined area, including unmet needs of the population and limitations of the current educational system and how the proposed project plans to ameliorate or overcome them.

As appropriate, this section should include but not be limited to a discussion of:
- The project's purpose(s), identified needs and potential barriers to meeting those needs;
- Demographics of the student populations to be served; such as
   o Percentage of students on applicants campus receiving need-based financial aid (e.g. Pell Grant)
   o Percentage of students in partnering high school receiving free and reduced meals
- The academic performance and social support needs of the students in the targeted geographic service area and a description of the activities the institution provides to address these needs;
- Unemployment rates for the geographic service area;

- The high school drop-out rates or General Education Diploma (GED) attainment rates in the targeted geographic area;
- The employment projections data for individuals with only a high school diploma or GED in the targeted geographic area;
- Indicate the targeted health professions disciplines of the proposed National HCOP Academy project and how these mirror the health professions workforce needs of the geographic area to be served;
- Indicate if the targeted geographic service area is a Medically Underserved Community and/or Health Professional Shortage Areas (HPSAs);
- The demographics of health professionals in the targeted geographic service area;
- Three-year trend data in the number/percentage distribution of 1st year enrollment of students from disadvantaged and rural backgrounds in health or allied health programs, by discipline, as applicable;
- Three-year trend data in the number/percentage of first-generation to college students from disadvantaged backgrounds to graduate from applicant's college, university or health or allied health programs;
- Three-year trend data in the number/percentage distribution of total school enrollment of students from disadvantaged backgrounds in health or allied health programs, as applicable;
- Three-year trend data on the on-time graduation rates for students from disadvantaged backgrounds, as applicable;
- Identified barriers along the educational pipeline for students from disadvantaged and rural backgrounds; and
- How the proposed project will impact the identified barriers along the educational pipeline for students from disadvantaged and rural backgrounds.

- *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)

   Describe in detail the activities or steps for achieving each of the activities proposed during the entire project period. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders (e.g., partnering institutions, schools districts, and community-based entities) in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the populations and communities served. A sample work plan can be found at
   http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx..

   The applicant should clearly explain how the proposed objectives and sub-objectives will be implemented. Objectives and sub-objectives should be specific, measurable, achievable, realistic and time-framed. The objectives and sub-objectives should also address:

A plan and strategy for:

- Recruitment and retention of a cohort of individuals from disadvantaged backgrounds interested in health or allied health careers;
- The specific criteria to be used to identify, recruit and retain trainees from disadvantaged backgrounds to participate in the identified academic and social support activities;
- A plan for how your institution will develop and/or strengthen existing collaborations with all partners, including colleges and universities, school districts, and other community-based entities to enhance pathways for participant matriculation into undergraduate, health or allied health professions programs. (Applicants at the time of application must have a formal written articulation agreement in place with partner institutions.)
- A plan that outlines the development of the National HCOP Academy to meet requirements for admissions into:
  - Applicant's college and/or university
  - Allied Health Programs in 2 or 4 year colleges/universities
  - Undergraduate Programs at Applicant's university or partner institutions
  - Health Professions Programs at Applicant's university or partner institutions
- A plan for how the proposed project will work with community-based partners, including linkages with institutions of higher learning, school districts, technical and vocational training programs, and other community-based and rural entities (such as Area Health Education Centers).
- A plan for how the proposed project will collaborate with other pipeline programs as listed in the "Strategic Partnership Activities" section.
- A plan to develop and/or expand learning experiences in underserved and rural communities.
- A plan to develop structured program activities for the National HCOP Academy Ambassadors that includes curriculum development, training, and research projects that focus on the clinical areas of opioid abuse, and mental and behavioral health.

You must also propose a plan for project sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their projects (e.g., strategies or services and interventions), which have been effective in improving practices and those that have led to improved outcomes for the target population.

Your proposal should include a dissemination strategy. The dissemination plan should include sharing the National HCOP Academy project outcomes and results within and outside of the institution, including the health professions education and/or health professions workforce; and the community, regionally and/or nationally, including timelines.

The work plan components should also be summarized in a **logic model.** A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. Information about logic models may be found in Section VIII of the NOFO. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the following:

- Target population(s) (e.g., the individuals to be served);
- Goals of the project (e.g., objectives, reasons for proposing the intervention);
- Assumptions (e.g., evidence to support how the program will work and its supporting resources. Assumptions should be based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- 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).

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

Propose methods that will be used to address the stated needs and encompass each of the previously described program requirements and expectations in this NOFO. As appropriate, include details about the development and implementation of any new effective tools and strategies that will be developed for meeting the stated needs. In the proposal, the applicant must address the following (as applicable):

- Describe how funds will be used to develop the National HCOP Academy;
- Describe how funds will be used to hire a 0.5 FTE case manager to work directly with program participants to support completion of training programs by providing academic and social support, financial aid counseling, and career and employment counseling;
- Describe how funds will be used to hire a 0.5 FTE data evaluator to collect and track key program outcome data for participants in structured programs from entry through 1-year post program completion;
- Describe how funds will be used to increase the number of students from disadvantaged (economically or educationally) who will matriculate in good academic standing including improving their overall grade point averages and standardized test scores during their academic career;
- Describe how funds will be used to improve the undergraduate admissions, matriculation and on-time graduation rates of students from disadvantaged backgrounds over the five (5) year project period;
- Describe how funds will be used to increase the number of students and/or adult learners, including veterans from disadvantaged backgrounds to be

accepted into the applicant's or partner institution's health professions training programs during the project period; and

- Describe how funds will be used to provide health professions experiences in underserved and rural community-based settings.

- *(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.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*

- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)*

   Describe your plan and capacity for monitoring and evaluating the progress and outcomes associated with your proposed project. The proposed evaluation should be able to ensure the applicant has the ability to frequently monitor ongoing processes and progress toward achieving the project's goals and objectives and identify timelines for doing so.

   The plan should provide outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. In section IV.2.v., Attachment 1, 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. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

   You must also describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Describe the data collection strategy to collect, manage, analyze and track 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.

   Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the

feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/

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

   You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding, as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

   Provide information on the applicant organization's current mission and structure, scope of current activities and organizational chart (Attachment 2). Describe how all of these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

   This section outlines the proposed project's demonstrated commitment to students from disadvantaged backgrounds, key staff and their relevant training and experience, as well as the capabilities of the applicant organization and their available facilities.

The application should address the following:
- The organization's demonstrated commitment to students from disadvantaged backgrounds;
- Evidence of institutional resources and activities aimed at developing, training, and strengthening the academic performance and cultural competence of

students from disadvantaged backgrounds throughout the educational pipeline, including health professions school;

- The qualifications of key personnel through training and/or experience to implement and carry out the proposed project;
- A discussion of the capabilities of the applicant organization, including the quality and availability of facilities and personnel, to fulfill the needs and requirements of the proposed project;
- The existing institutional capacity to address the identified academic and social support needs. This section should help reviewers understand the organization that would receive funding for the National HCOP Academy, as well as the needs of the communities that will ultimately benefit from the program;
- Dated, formal, signed letters of agreement/letters of support (e.g. articulation agreements) describing working relationships with key organizations indicating their willingness to perform in accordance with the plan presented in the application, if applicable (Attachment 5 and 6); and
- A discussion of activities and outcomes, related to project objectives, as appropriate given the qualifications of the project director and the proposed level of staff, and resources.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 1 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile 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 racial and ethnic minorities, health disparities, and cultural and linguistically diverse populations that are served by their programs.

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

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

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.

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 – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Please follow the instructions included the *R&R Application Guide* and, *if applicable*, the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if the application is selected 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.

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. In addition to requirements included in the *SF-424 R&R Application Guide*, the National HCOP Academies Program requires the following, which corresponds to Section V's Review Criteria #5:

1) Non-trainee Expenses

***Consultant Costs*:** If you are using consultant services, list the name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

***Contractual*:** Applicants that have subawards or subcontracts must include a separate SF424A Budget Information for Non-Construction Projects for EACH subaward.

***Data Collection Activities*:** Funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category -- Personnel, Contracts or Other.

2) Trainee Expenses

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs.

Stipends: Requests for stipends (general living expenses to help defray the students costs and shall be used at the discretion of the student) for students participating in structured programs should be entered under a separate budget justification heading, entitled "Trainee Expenses." Enter the number of students and the total amount requested under "Stipend."

In the budget justification, provide the stipend rate (i.e., $40/day), the number of stipends to be awarded, and total stipend amount for each structured program as appropriate. The methodology for determining stipend rates should be clear and justifiable. If stipend rates vary across individual students or programming those differences should be clearly explained. If stipends are being paid for through other sources than the National HCOP Academies funding, please provide the number, amount of stipend, and funding source. Stipends are only allowed for structured programs.

Stipends may only be awarded to students participating in at least 6 hours of structured learning activities per day. See the criteria/category of the structured programs and the conditions to fund stipends below. For programs designed for adult or non-traditional students, stipends can be awarded to individuals enrolled in up to nine (9) credit hours per semester. It is the responsibility of the applicant to include written justification on the basis for the stipend rate requested; stipends may not be provided to an individual for **more than 12 months**, must have written justification, and are only allowed for students in structured programs. No other Federal financial assistance program is authorized to provide stipend support for the same purpose. (A definition of structured programs can be found on Page 3 of this NOFO.)

Scholarships: Request for student scholarship support to cover tuition, fees, books, and other related educational expenses at accredited health professions schools, including accredited allied health schools. Scholarship funds must be disbursed in logical increments throughout the academic or calendar year and may not exceed $10,000 in an academic year. Scholarships 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 scholarship award limitation is not exceeded and the 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 HCOP scholarship funds in a manner that will meet the needs of eligible disadvantaged 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 agree with the total amount listed in the budget line item.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel and provide the number of trips involved, the travel allowance used, the destinations, and the number of individuals for whom funds are requested.

Student travel to a training site distant from the school may be charged to the grant if such travel is a necessary and integral part of the training provided through the project. The cost of a trainee's initial travel from his or her residence to the training program is not allowable *except in cases of extreme need or hardship*.

Upon justification in such cases, a travel allowance may be authorized at the level consistent with the institution's formal travel policy or at the applicable Government mileage rate, whichever is less. Such authorization must be requested in advance and written authorization must be received from the Grants Management Officer, Division of Grants Management Operations with a copy to the program project officer. Travel support may also be provided for field trips and other appropriate training activities. Daily commuting costs and costs of routine local travel are not allowable.

Indirect Costs: 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 cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and sub grants and contracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

v. 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. **Each attachment must be clearly labeled**.

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (*See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide).*
Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of

time being requested for each staff position. Describe the specific job title, responsibilities, percent (FTE), and geographic location of personnel, and where this person is in the organizational chart. Job descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included as well. Keep each job description to one page in length as much as is possible.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts for Comprehensive Approach

Provide documents (formal signed agreements) that describe working relationships between the applicant organization and other partner entities that illustrates the specific roles and responsibilities of each partner, each partner's active involvement and the resources provided for the project. The formal signed agreement must be dated within twelve months of the National HCOP Academy application deadline.

Attachment 3: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of *the project (not the applicant organization)*. Include the project staff and any collaborating partners, with title.

Attachment 4: Tables, Charts, etc.

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

Attachment 5: Maintenance of Effort Documentation if applicable and authorized by law. (Counted in page limit.)

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.

NON-FEDERAL EXPENDITURES	
FY 2017 (Actual) Actual FY 2017 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2018 (Estimated) Estimated FY 2018 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Request for Funding Preference

To receive a funding preference for Comprehensive Approach, clearly state how the criteria for the preference are met, and include documentation to substantiate eligibility. See Section V.2 for details.

Attachment 7: Letters of Support
  Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be dated, and must specifically indicate understanding of the project and a commitment to the National HCOP Academy, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: Articulation Agreement(s) (Counted in page limit)
  Applicants must have formal/signed articulation agreements in place within their own institution and/or partner institutions that allow the National HCOP Academy participants to matriculate to the next level of the education pipeline (e.g., 2 or 4-year college, university or a graduate level health or allied health professions program).

Attachment 9: Other Relevant Documents
  Include here any other documents that are 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 your 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))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is 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 the registration 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.*

ALERT from SAM.gov: If you are registering a <u>new</u> entity in <u>SAM.gov,</u> you must now provide an original, signed <u>notarized letter</u> stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read <u>these FAQs</u> to learn more about this process change. Applicants registering as a new entity in SAM.gov should plan for additional time associated with submission and review of the notarized letter. This change is effective March 23, 2018. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

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 May 29, 2018 *at 11:59 p.m. Eastern Time.*

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The National HCOP Academies is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 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 notice may request funding for a period of performance of up to five years and up to $640,000 per year for accredited institutions (for all other health professions), in total costs (direct and indirect). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

Funds under this notice may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, funds under this announcement may **not** be used for the following purposes:

- Direct compensation or payment to parents of the National HCOP Academy participants who participate in program activities
- Training expenses for faculty and staff
- Pre-testing and test taking fees for health professions schools
- Dependency allowances
- Construction of facilities, acquisition of land, or fund raising

- Interview trips to health and allied health professions schools
- Support of courses that are offered as part of the regular academic curriculum and not part of the National HCOP Academy programming
- Sectarian instruction or for any religious purpose
- Job placement activities
- Activities for health professionals (e.g., internships, externships, residencies)
- Remedial courses not offered during the National HCOP Academy programming
- Faculty support for full-time course work during the academic year
- Pilot projects, planning projects, feasibility studies, or activities of a similar nature
- Meals, beverages, lodging, and transportation that are not essential to conduct the National HCOP Academy activity

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions may apply in FY 2019, 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 award 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. Post-award requirements for program income can be found at 45 CFR § 75.307.

V.   Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

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 National HCOP Academies program has five review criteria:

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's Purpose and Need

The quality of and extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem as evidenced by the following:

- Support data (within 3 years) that include information on the academic performance and socio-economic support needs of the target population(s) in the geographic area of the proposed the National HCOP Academy project. Sample data might include standardized test scores, high school dropout rates, on-time graduation rates from high school or two- or four-year colleges, GED attainment, employment and income data, numbers of adults aged 25 or older without post-secondary education, the demographics of health professionals in the targeted geographic area, etc.
- The targeted disciplines of the proposed National HCOP Academy project mirror the health professions workforce needs of the geographic area to be served.
- Description of the trends (three-year) for total school enrollment (number/percentage distribution) and first-year enrollment of students from disadvantaged backgrounds in health or allied health programs by discipline.
- Description of the barriers along the educational pipeline for students from disadvantaged backgrounds or adult/non-traditional learners and how the applicant intends to address these barriers.
- Three-year trend data on the number/percentage of first-generation to college students from disadvantaged backgrounds to graduate from applicant's college, university, health, or allied health programs.
- Demographics of the student populations to be served:
    - Percentage of students on applicants campus receiving need-based financial aid (e.g., Pell Grant); and
    - Percentage of students in partnering high school(s) receiving free or reduced meals.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan
The quality of and extent to which the application is clear, comprehensive, and provides specific goals and objectives that are measureable, attainable and realistic; and the concrete steps that will be used to achieve those goals and objectives are outlined. The description should include a timeline, stakeholders, and a description of the populations and communities served. The plausibility of the logic model proposed also will be evaluated.

The quality of and extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the

activities (scientific or other) described in the application is capable of addressing the problem and attaining the project objectives. The feasibility and quality of extent to which the application addresses:

- The nine statutorily authorized HCOP activities in a manner that is effective, well-delineated and consistent with the programmatic requirements;
- Alignment of the proposed objectives and activities with the statutory purposes;
- Effective use of population data to improve educational outcomes of trainees from disadvantaged backgrounds;
- The projected number of the National HCOP Academy participants for each education level (high school; undergraduate community college or four year institution; health professions degree program; or adult/non-traditional student);
- The projected number of the National HCOP Academy participants for each HRSA-branded structured program activity (HCOP National Ambassadors, HCOP Summer programs, HCOP Saturday Academies, HCOP prematriculation programs, HCOP post-baccalaureate programs, and HCOP adult/non-traditional students) for the first budget period;
- The projected number of the National HCOP Academy participants in each structured program category to receive stipends; and
- Objectives that are measurable (using baseline data) with specific outcomes for each budget period of the project; and provides anticipated outcome data in quantitative and qualitative terms using actual numbers and percentages.

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

The quality of and extent to which the application responds to the requirements and expectations of the program and addresses the needs highlighted in the Need section. The extent to which the applicant proposes methods and clearly describes tools, strategies, and resources needed to achieve each objective. Note that these must relate to the program purposes that include, but are not limited to, diagnostic tools, teaching techniques, tutoring, and/or cultural competence materials, etc.

The applicant should provide a timetable and identify responsible persons for implementation of the activities that will support the objectives. The description should encompass information about what, how, when, for who, by whom, and where the activity will be conducted. This includes non-traditional methods that may produce positive outcomes resulting from the community and other sources that assist and support the project and the student's success. Present the activities in a logical, sequential manner, clearly indicating when specific activities will take place.

The quality of and extent to which the applicant describes:
- The participant eligibility requirements, such as the selection process and selection criteria, including the specific elements used for the selection criteria (e.g., grade point average, standardized test scores, income level, single parent status, first-generation college student, English as a second language, letters of recommendation, etc.) and identifies the personnel involved in selecting the National HCOP Academy participants;

- The strategies for the recruitment of individuals from disadvantaged backgrounds interested in health or allied health careers;
- Expanded opportunities for learning experiences in underserved communities; and
- Effective use of community-based partners, including linkages with institutions of higher learning, school districts and other community-based entities (such as Area Health Education Centers).

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

The extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise:

- Reasonableness and comprehensiveness of the identified challenges, considering the scope of the project, identified partners, and anticipated outcomes; and
- Feasibility of proposed solutions to identified challenges.

Criterion 3: IMPACT(15 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

- The quality of and extent to which the evaluation plan clearly describes the inputs, outputs, outcomes, key processes, variables to be measured and how all key evaluative measures will be reported over the five-year project period;
- Awardees will be required to report on their evaluation activities and findings as part of their annual progress reports; and
- The quality of and extent to which the dissemination plans for project results are described, may be national in scope, and the degree to which the project activities are replicable.

Specific criteria include:

- The evaluation plan provides a clear and logical methodology for monitoring progress for the attainment of the program objectives and provide feedback for continuous programmatic improvement;
- The data collection methodology and analysis is well described and the personnel who will be involved with the activities are identified;
- The program has skilled and experienced evaluation staff (see Attachment 1 and Biographical Sketches), including previous work of a similar nature and related publications, and describes the responsibilities of key personnel and the amount of time and effort proposed to perform the project evaluation activities;

- The work plan includes a descriptive infrastructure for data collection, if not already in place. Applicant includes a plan with milestones and target dates with a systematic method for collecting, analyzing, and reporting performance and evaluation data, and how such data (a) displays improvements in educational outcomes and competencies associated with competitive entry, matriculation and graduation from a health or allied health profession program; (b) displays processes that will be used for program development or anticipated challenges; and (c) contributes to improvements in overall project performance; and

- The strength of the plan for disseminating and implementing the National HCOP Academy project outcomes and results within and outside of the institution, including the health professions education and/or health professions workforce; and the community, regionally and/or nationally, including timelines for dissemination and implementation.

Program Assessment and Improvement:

- The quality of and extent to which the strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities will be incorporated into the project. This includes how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans; and

- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities.

Criterion 3 (b): PROJECT SUSTAINIBILITY (5 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

The extent to which the applicant describes a solid plan for project **sustainability** after the period of Federal funding ends. The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges, as evidenced by the following:

- The extent to which the activities are replicable and sustainable, such as successful recruitment, training, and retention of trainees from disadvantaged backgrounds and successful graduation from high school, undergraduate school or a health/allied health professions school;
- The extent to which the program, or significant components of the program, will be maintained beyond the National HCOP Academy grant funding, funding initiatives and strategies, and a proposed timetable for becoming self-sufficient;
- A plan to improve dissemination of best practices related to effective recruitment, retention and graduation of students from disadvantaged backgrounds; and
- Resolutions to challenges to reach self-sufficiency.

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

The quality of and extent to which project personnel are qualified by training and/or experience to implement and carry out the National HCOP Academy project. The capabilities of the applicant organization, quality of health professions education and availability of facilities and personnel to fulfill the needs and requirements of the proposed program and demonstrated commitment to developing a culturally and linguistically competent health professions workforce by establishing a system that values the importance of diversity in the delivery of health care services to all segments of the population. The extent to which the proposed program has:

- Evidence of demonstrated commitment to students from disadvantaged backgrounds and/or underserved communities (e.g., students from disadvantaged backgrounds enrollment and graduation data, both baseline and progress in the last five years, from the application submission date, formalized, individualized mentoring program for students, formalized student retention plan, Memoranda of Understanding (MOUs) and Articulation Agreements);
- Evidence of institutional resources and activities aimed at developing, training, and strengthening the academic performance and cultural competence of students from disadvantaged backgrounds throughout the educational pipeline, including health professions school (e.g. formalized student retention plan, documentation of the continuous review of graduation cohorts each year, leadership development and engagement of students from disadvantaged backgrounds, MOUs and Articulation Agreements);
- The qualifications of key personnel through training and/or experience to implement and carry out the proposed project;
- A discussion of the capabilities of the applicant organization, including the quality and availability of facilities and personnel, to fulfill the needs and requirements of the proposed project;
- The percentage of time, including in-kind, dedicated to the project by the Project Director;
- Evidence of support and commitment by collaborating partners. Dated (within the past 12 months), formal signed MOUs/letters of agreement/letters of support describing working relationships with key organizations indicating their willingness to perform in accordance with the plan presented in the application, if applicable; and
- A discussion of activities and outcomes, related to project objectives, being appropriate given the qualifications of the project director and the proposed level of staff, resources available, length of the project period, adequacy of the facilities available to the applicant, and institutional eligibility.

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

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- A discussion of the administrative and managerial capability to carry out the project;
- An assurance of the effective use of grant funds and resources to carry out the project as evidenced by a reasonable proposed budget that reflects effective use of the funds requested and a detailed justification for each line item;
- Evidence of the level of in-kind and other sources of support, if any, proposed to use for carrying out the project;
- The extent to which the applicant demonstrates the cost-effectiveness of the unit cost of all proposed training cost of activities; and
- The extent to which trainee stipends, are reasonable and supportive of the project objectives.

2. Review and Selection Process

The independent 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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

For this program, HRSA will use a funding preference and a special consideration for geographical dispersion.

Funding Preference

The authorizing legislation, section 739(b) of the Public Health Service Act (42 U.S.C. 293c(b)) provides a funding preference for applicants that utilize a Comprehensive Approach. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by the Objective Review Committee.

OVERVIEW OF THE NATIONAL HCOP ACADEMIES COMPREHENSIVE APPROACH

The comprehensive approach is described in the statute as several public or nonpublic private health or educational entities establishing, enhancing and expanding

educational programs that result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers.   The statutory funding preference will be applied to applications that meet all four of the following requirements of the comprehensive approach:

The entity shall have a demonstrated commitment to the comprehensive approach through formal signed agreements that have common objectives with institutions of higher education, school districts, and other community-based entities.

1) Formal signed agreements shall reflect the coordination of educational activities and support services, increased collaborations and linkages, and the consolidation of resources within a specific geographic area.

2) The design of educational activities involved shall provide for the establishment of a competitive health professions applicant pool of individuals from disadvantaged backgrounds by enhancing the total preparation (academic and social) of individuals to pursue a health professions career.

3) The programs or activities under the award shall focus on developing a culturally competent health care workforce that will serve the unserved and underserved populations within the geographic area.

Documenting the Comprehensive Approach

Applicants must demonstrate a commitment to this approach through formal signed agreements (See Definition in Section VIII) between the lead applicant and each partner. Each formal signed agreement shall state the specific roles and responsibilities of each partner, and must delineate each partner's active involvement and resources provided for the project. Each formal signed agreement should also describe how each required element will be met. A statement of support is not a formal signed agreement. The formal signed agreement must be dated within twelve (12) months of the National HCOP Academy application deadline (May 29, 2018) and must be included in the National HCOP Academy application as **Attachment 5.**

Special Consideration

Geographic distribution of funds will be considered across the Department of Health and Human Services' ten (10) Regional Offices that directly serve state and local organizations and maximize the national impact of HRSA/BHW priorities. We anticipate funding at least one (1) grant award in each of the regions.

Regional Information:
The geographic breakout of the States, Territories, and jurisdictions included in each of the regions is below:

Region 1: Boston
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region 2: New York
New Jersey, New York, Puerto Rico, Virgin Islands

Region 3: Philadelphia
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Region 4: Atlanta
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region 5: Chicago
Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 6: Dallas
Arkansas, Louisiana, New Mexico, Oklahoma, Texas
Region 7: Kansas City
Iowa, Kansas, Missouri, Nebraska

Region 8: Denver
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region 9: San Francisco
Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Federated States of Micronesia, Marshall Islands, and Republic of Palau.

Region 10: Seattle
Alaska, Idaho, Oregon, Washington

3. Assessment of Risk and Other Pre-Award Activities

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).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, the HRSA's approving and business management officials will determine whether an award can be made, 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 by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2018.

VI.   Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. See Section 5.4 of HRSA's *[SF-424 R&R Application Guide](#)* for additional information.

2. Administrative and National Policy Requirements

Pursuant to 45 CFR §§ 75.322 and 75.448, to ensure that the investment of HRSA funds has as broad an impact as possible and to encourage innovation in the development of new learning materials, the Federal Government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The Federal Government has the right to: (1) obtain, reproduce, publish, or otherwise use the data produced under a Federal award; and (2) authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

These rights extend to products developed under the award, including a subaward or contract under the award (including, but not limited to, curricula, training models, technical assistance products, and any related materials). Such uses include, but are not limited to, the right to modify and distribute such products worldwide by any means, electronically or otherwise.

The recipient may not use Federal funds to pay any royalty or license fee for use of a copyrighted work, or the cost of acquiring by purchase a copyright in a work. If revenues are generated through selling products developed with Federal funds, including

intellectual property, HRSA treats such revenues as program income. However, pursuant to regulation, recipients shall have no obligation to HHS with respect to program income earned from license fees and royalties for copyrighted material, patents, patent applications, trademarks, and inventions made under a Federal award unless otherwise provided in the terms and conditions for the Federal award.

See also Section 2.2 of HRSA's *SF-424 R&R Application Guide*.

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 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 provided in the award notice.

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 award notice.

    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 days after the project period ends.

3) **Final Program Report.** A final report is due within 90 days after the project period 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 BHW 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 Attachments: Grantees must submit new content created with the grant funds and modifications made to pre-existing, grantee-owned content using grant funds. This includes all products developed under the grant, including a subaward or contract under the grant or subaward (including, but not limited to, curricula, training models, technical assistance products, and any related materials).

Further information will be provided in the award notice.

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 EHB system. More specific information will be included in the award notice.

5) **Integrity and Performance Reporting.** The Notice of Award 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 regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Denis Nikiema
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301)443-8007
Email: dnikiema@hrsa.gov

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

Tammy Mayo-Blake, M.Ed.
Education Program Specialist
Division of Health Careers and Financial Support
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 15N-38D
Rockville, MD 20857
Telephone: (301) 443-0827
Email: tmayo-blake@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, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII.   Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

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

Contracts/Subawards:

As applicable, include SF-424A Budget Information for Non-Construction Projects for EACH contract or subaward.   Copies of this budget form may be found at http://www.grants.gov/web/grants/forms/sf-424-family.html. Applicants should download the individual savable SF424A forms from our forms and attach them to the Attachments form. Complete the Budget Narrative, using the guidance on pages 28-30 of the NOFO, and the *SF-424 R&R Application Guide*. Include details of EACH subaward/subcontract within the Mandatory Budget Narrative. Upload the completed Mandatory Budget Narrative into the Application Package. Remember that the Mandatory Budget Narrative counts towards the total page limit of 70 pages.

Provide a clear explanation as to the purpose of each agreement, how the costs were estimated, and the specific deliverables. Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all agreements. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Technical Assistance:

HRSA has scheduled the following technical assistance webinar / conference:

Webinar

Day and Date: Tuesday, April 17, 2018
Time: 2:00 p.m. – 3:30 p.m.
Call-in Number: 888-950-9564
Participant Code: 3373316
Weblink**:** https://hrsaseminar.adobeconnect.com/hcop_nofo/
Playback Number: 800-964-4665
Passcode: 1926
Expires: JUN-17-18 10:59 PM (CT)
Replays are generally available one hour after a call ends.

Conference Call

Day and Date: Tuesday, May 1, 2018
Time: 2:00 p.m. – 3:00 p.m.
Conference Number: 888-950-9564
Participant Passcode: 3373316
Playback Number: 866-363-4070
Passcode: 4321
Replays are generally available one hour after a call ends.

Program Definitions:

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the Health Workforce Glossary, available at: https://bhw.hrsa.gov/grants/resourcecenter/glossary. The following additional definitions apply to this NOFO for Fiscal Year 2018:

Adult Learners/Non-Traditional Students (including veterans) – According the National Center for Education Statistics,[11] non-traditional students meet one or more of seven (7) characteristics: 1) delayed enrollment in post-secondary education; 2) attends college part-time; 3) works full-time; 4) financially independent for financial aid purposes; 5) has dependents other than a spouse; 6) single parent; 7) does not have a high school diploma. Additionally, an adult learner/non-traditional student is 25 years or older. Please note that for the purposes of the National HCOP Academy project application, a high school diploma or General Education Diploma (GED) is required.

Allied Health professional – The term allied health professional means a health professional (other than a registered nurse or physician assistant) who –
(A) Has received a certificate, an associate's, bachelors, masters, or doctoral degree, or post baccalaureate training, in a science relating to health care;
(B) shares in the responsibility for the delivery of health care services or related services, including services related to the identification, evaluation and prevention of disease and disorders; dietary and nutritional services; health promotion services rehabilitation services; or health systems management services;
(C) has not received a degree of doctor of medicine, a degree of doctor of osteopathy, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of bachelor of science in pharmacy or an equivalent degree, a degree of doctor of pharmacy or an equivalent degree, a graduate degree in public health or an equivalent degree, a degree of doctor of chiropractic or an equivalent degree, a graduate degree in health administration or an equivalent degree, a doctoral degree in clinical psychology or an equivalent degree, or a degree in social work or an equivalent degree or a degree in counseling or an equivalent degree.

Applicant Pool – A student population that has participated along an educational pipeline whereby the individuals have gained exposure to or experience in health careers, and possess the academic preparation, interest, competitiveness, social and personal skills to become a health professional.

Articulation Agreements are formal partnership **agreements** between two or more Colleges and Universities documenting the transfer policies for a specific academic program or degree in general.

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[11] U.S. Department of Education, National Center for Education Statistics (NCES), *Nontraditional Undergraduates/Definitions and Data*. Additional information is available at https://nces.ed.gov/pubs/web/97578e.asp

Comprehensive Approach – Programs containing a network of entities that are formally linked programmatically. The network must include at minimum (including the applicant organization) a community-based entity, school district(s), an undergraduate institution, and health or allied health professions school); activities focused on the development of cultural competency; formal signed agreements; and activities to increase the competitiveness of students from disadvantaged backgrounds to pursue a health or allied health professions career.

Community Based Entity – Public or private non-profit health or educational entities (excluding degree-granting institutions), which provide health and/or educational programs as one of their major functions, are eligible applicants. Programs proposed by these entities must enhance the competitiveness of individuals from disadvantaged backgrounds to enter and graduate from health and allied health professions schools.

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. A family is a group of two or more individuals.

Educationally Disadvantaged – an individual who comes 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.

Educational Level – Educational categories whereby students are at one of the following levels: high school, undergraduate (including community college), graduate or professional, nontraditional/adult learner currently not enrolled in an educational program.

Enrollees –Participants in structured and unstructured programs who have not completed the program by the June 30 deadline of the reporting cycle.

First Generation – Refers to the first individual in his or her family to attend college.

Formal Signed Agreement – A written agreement between the lead applicant and a partner that delineates the specific roles, responsibilities, and resources of the partner. The document must include the signatures of authorized individuals from the lead applicant and partner entity. It must be dated within twelve months of the National HCOP Academy application deadline and must be included in the application.

Graduate Program in Behavioral and Mental Health – A graduate program in clinical psychology, clinical social work, professional counseling, or marriage and family therapy.

HCOP Post-baccalaureate Program – must be a part of an overall comprehensive program and is a conditional admissions program. The purpose of these programs is

to provide an avenue for students from disadvantaged backgrounds to gain admission into a health professions school. To be eligible for a National HCOP Academy-funded Post-baccalaureate program, a student must have an undergraduate degree with a science focus, and have applied and been denied admission to a health professions school.

HCOP Pre-Matriculation Program – A four to eight week summer program especially designed to prepare the HCOP Academy student participants for the rigors of the first year of a health professions school and to ease their transition into the health professions curriculum. A pre-matriculation program provides *6 hours of structured learning activities per day for a minimum of four weeks for a minimum of 10 students per educational level*.

HCOP Pre-professional student – a student trained in their junior/senior years of high school or undergraduate HRSA-funded programs that help develop an interest in attending or prepare them for entrance into a health professions school.

HCOP Saturday Academies – Educational enrichment and career support activities conducted on the weekend during the academic year for participating students. These activities may include but are not limited to field trips to health professions schools or health care delivery facilities, group study sessions, preparation for pre-requisite examinations, shadowing, tutorial assistance, improving test taking skills, career clubs, volunteer efforts at health care delivery sites, etc. Must have a minimum of 25 students per educational level that provides 6 hours of structured learning activities per day for a minimum of 20 Saturdays.

HCOP Summer Program – A designed curriculum or set of activities of a minimum of 25 students per educational level that provides 6 hours of structured learning activities per day for a minimum of six weeks.

Health or Educational Entity – An organization, agency or combination thereof that has the provision of health or educational programs as one of its major functions.

Health Research Training – Activities involving teaching students research principles, design and methodology to allow them the opportunity to apply such knowledge and develop skills through direct involvement in a research project.

Institution of Higher Education – An educational institution, in any state, or consortium of educational institutions which: 1) admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate; 2) is legally authorized within such state to provide a program of education beyond secondary education; 3) provides an educational program for which it awards a Bachelor's degree or higher, or provides not less than a two-year program (or its equivalent) which is acceptable for full credit toward such a degree; 4) is a public or other nonprofit institution; and 5) is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education.

Program for the Training of Physician Assistants – An educational program that- (A) has as its objective the education of individuals who, upon completion of their studies in the program, will be qualified to provide primary care medical services with the supervision of a physician; and (B) is accredited by the Accreditation Review Commission on Education for the Physician Assistant.

Scholarship – Funds given to a student enrolled in a degree program at an educational institution for the sole purpose of covering tuition fees, books, and other related educational expenses at accredited health professions schools, including accredited allied health schools. Scholarship funds must be disbursed in logical increments throughout the academic or calendar year and may not exceed $10,000 in an academic year. Scholarship funds should be disbursed at the beginning of each period within the academic year (e.g., semester, quarter, term).

School of Allied Health – a public or nonprofit private college, junior college, or university or hospital-based educational entity that-
   a. provides, or can provide, programs of education to enable individuals to become allied health professionals or to provide additional training for allied health professionals;
   b. provides training for not less than a total of twenty persons in the allied health curricula (except that this subparagraph shall not apply to any hospital-based educational entity);
   c. includes or is affiliated with a teaching hospital; and
   d. is accredited by a recognized body or bodies approved for such purposes by the Secretary of Education, or which provides to the Secretary satisfactory assurance by such accrediting body or bodies that reasonable progress is being made toward accreditation.

School of Chiropractic – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of chiropractic or an equivalent degree.

School of Dentistry – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of dentistry or an equivalent degree.

School of Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of medicine.

School of Optometry – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of optometry or an equivalent degree.

School of Osteopathic Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of osteopathy.

School of Pharmacy – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of pharmacy or an equivalent degree.

School of Podiatric Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of podiatric medicine or an equivalent degree.

School of Public Health – An accredited public or nonprofit private school in a State that provides training leading to a graduate degree in public health or an equivalent degree.

School of Veterinary Medicine – An accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of veterinary medicine or an equivalent degree.

Social Development/Enhancement – Non-academic activities such as counseling, interviewing skills, cross-cultural education, time management, and adjustment to educational and institutional environment designed to further students' competitiveness for eventual admission into a health or allied health professions school.

Stipend - Payment to an individual to help meet that individual's subsistence expenses during the training period, not to exceed twelve months.

Structured Program – A formal training program of a specified length with a specially designed curriculum or set of activities in which HCOP Academy students participate to enhance their academic performance.

Unstructured Program – Generally, a stand-alone single training activity that is not part of a curriculum.

IX.   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 recorded webcasts 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.