U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Academic Units for Primary Care Training and Enhancement

Announcement Type: Initial: New
Funding Opportunity Number: HRSA-16-041

Catalog of Federal Domestic Assistance (CFDA) No. 93.884

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: January 22, 2016

Ensure 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 one month to complete.

Release Date: November 20, 2015

Issuance Date: November 20, 2015

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Authority: Section 747(b)(1)(A) of the Public Health Service (PHS) Act (42.U.S.C. 293k(b)(1)(A)), as amended by section 5301 of the Patient Protection and Affordable Care Act (P.L. 111-148)

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Workforce is accepting applications for the fiscal year (FY) 2016 Academic Units for Primary Care Training and Enhancement program. The purpose of this program is to establish, maintain or improve academic units or programs that improve clinical teaching and research in the fields of family medicine, general internal medicine, or general pediatrics.[1] This program will establish academic units to conduct systems-level research to inform primary care training; disseminate best practices and resources; and develop a community of practice that will promote the widespread enhancement of primary care training to produce a diverse, high quality primary care workforce to care for underserved communities. Special emphasis is on identifying and disseminating effective primary care education models that recruit, train, and retain primary care providers who deliver high quality, cost-effective, patient-centered care, particularly for underserved communities.

Funding Opportunity Title:	Academic Units for Primary Care Training and Enhancement
Funding Opportunity Number:	HRSA-16-041
Due Date for Applications:	January 22, 2016
Anticipated Total Annual Available Funding:	$4,500,000
Estimated Number and Type of Award(s):	Up to 6 cooperative agreements
Estimated Award Amount:	Up to $750,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2021 (five (5) years)
Eligible Applicants:	Eligible applicants are accredited schools of medicine or osteopathic medicine. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants 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/sf424rrguide.pdf, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

[1] Section 747(b)(1)(A) of the Public Health Service Act.

Technical Assistance,
A technical assistance call has been scheduled for applicants as follows:

Date: **Dec. 1, 2015**

Time: **3 p.m.-4:30 p.m. (ET)**
Call-In Number:1-**800-369-1882**
Participant Code: **1847935**
Web link: **https://hrsa.connectsolutions.com/aau_foa/**

A recorded replay of the webinar will be available after the call, through the closing date of the funding opportunity. The information for the webinar recording will be placed on our website: http://bhw.hrsa.gov/grants/medicine/pcte.html.

Additional contact information for technical assistance is available in *Section VII.*

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Academic Units for Primary Care Training and Enhancement (AU-PCTE) program. The overarching purpose of the AU-PCTE program is to establish, maintain or improve academic units or programs that improve clinical teaching and research in the fields of family medicine, general internal medicine, or general pediatrics[2] in order to strengthen the primary care workforce. The goal of this funding opportunity announcement (FOA) is to establish academic units to conduct systems-level research to inform primary care training; disseminate best practices and resources; and develop a community of practice to promote the widespread enhancement of primary care training to produce a diverse, high quality primary care workforce, in order to help all training programs enhance the training in primary care and in order to promote and disseminate research and best practices that result in providing higher quality and access of care to underserved communities.

Program Requirements

Each Academic Unit (AU) will be required to:

A. Conduct systems-level research on primary care training. Applicants must propose topics on systems-level research on primary care training. Research topics will be reviewed and agreed upon with HRSA project officers. Examples of systems-level research include:

- Identification of training interventions through literature reviews, environmental scans, or other qualitative/quantitative methods;
- Evaluation of the uptake of evidence-based interventions or new models of training;
- Comparative analysis or meta-analysis of the effectiveness of known interventions;
- Identification and/or development of outcome measures and tools for primary care training interventions.

Recipients will be required to submit research proposals on an annual basis.

B. Disseminate current research, evidence-based or best practices, and evaluation tools. Applicants must propose a dissemination plan, including a website for the AU-PCTE program. Dissemination activities can also include webinars, toolkits, curriculum development, publications, and presentations at national or regional conferences.

C. Develop a community of practice. Applicants must propose an outreach and community of practice plan to engage health professions training programs to promote more widespread uptake of enhanced primary care training. Recipients will also be required to collaborate with HRSA programs and centers[3] and are expected to collaborate with external organizations focused on strengthening primary care workforce and service.

[2] Section 747(b)(1)(A) of the Public Health Service Act.

[3] Examples of relevant HRSA programs and centers are the Primary Care Training and Enhancement, Area Health Education Center, and Centers of Excellence programs, as well as the National Center for Health Workforce

Up to six AUs will be funded. HRSA plans to fund one AU in each of the following focus areas:

1) **Integrated behavioral health and primary care:** This AU must focus on: models of training for integrated behavioral health and primary care, such as telebehavioral health and training in "consultation models;" new interprofessional education models for integrated behavioral health and primary care, particularly models including new team members such as community health workers, peer counselors, and pharmacists; and training on the prevention and treatment of substance abuse for primary care trainees. This AU must understand the challenges, limitations and levels of a fully integrated model and understand and disseminate how training programs can promote integration itself.

2) **Integrated oral health and primary care:** This AU must focus on: models of training for integrated oral health and primary care, such as increasing oral health core clinical competencies for primary care trainees; training in integrated or virtually integrated oral health and primary care practices; and new interprofessional education models for integrated oral health and primary care, particularly models that support the training of providers in advanced roles. This AU must understand the challenges, limitations and levels of a fully integrated model and understand and disseminate how training programs can promote integration itself.

3) **Health workforce diversity:** This AU must focus on: programs to increase the diversity of the primary care workforce. Programs to increase diversity can include holistic reviews for admissions, student scholarship and support programs, and faculty development programs to enhance specific skills, such as scholarship and research, teaching and education, or mentorship. Potential student models might also include the expanded use of predictive analytics and data-driven interventions to track students through graduation.

4) **Training for rural practice:** This AU must focus on: pipeline, recruitment, and retention programs for rural practice; programs that expose undergraduate and graduate students to rural communities and rural primary care; and tele-education and telehealth programs to support rural training. An additional focus may be on understanding the commitment of different academic institutions to rural primary care.

5) **Addressing the social determinants of health:** This AU must focus on: curricula for addressing the social determinants of health, such as public or population health training programs; experiential learning in addressing the social determinants of health, such as working with medical-legal partnerships or other partnerships with social service or community partners; and advocacy and

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Analysis, National Center for Interprofessional Education and Practice, and the SAMHSA-HRSA Center for Integrated Health Solutions.

leadership training for addressing the social determinants of health at the population level.

6) **Training for the needs of vulnerable populations:** This AU must focus on training to meet the needs of vulnerable populations. Applications for this focus area must include the following populations: lesbian, gay, bisexual, and transgender (LGBT) populations; migrant workers; and homeless persons.

No other focus areas will be considered for funding under this FOA.

Priorities and Preferences

Sections 747(b)(2) and 791(a) of the Public Health Service (PHS) Act provide for a funding preference for the AU-PCTE program. Applicants receiving a funding preference will be placed in a more competitive position among applications that can be funded. Three options are available for applicants to qualify for the funding preference. Qualifying for more than one of the options will not place an applicant into a more competitive position. A funding preference is available for applicants that:

1. are establishing or substantially expanding academic units in the fields of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents or practicing physicians;
2. demonstrate a high rate or a significant increase for placing graduates/program completers in Medically Underserved Communities; or
3. are new programs as defined in this funding opportunity announcement (FOA) and meet the criteria for New Program funding preference.

In order to receive the funding preference you must clearly indicate the funding preference you are applying for in the abstract, and in the attachments you must provide all required information and meet the designated targets.

In addition, section 747(b)(3) of the PHS Act provides for funding priorities for the AU-PCTE program. The approval of a funding priority adds points to an applicant's score. Up to 20 priority points are available across five funding priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 20 priority points.

Refer to *Section V* of this FOA for detailed information on qualifying for a funding preference and the funding priorities.

2. Background

This program is authorized by Title VII, Section 747(b)(1)(A) of the PHS Act, as amended by section 5301 of the Affordable Care Act (P.L. 111-148). The focus of this authority is on improving the Nation's access to well-trained primary care providers by improving clinical teaching and research in primary care training.

Research shows that a strong primary care foundation is critical for health care system performance and improved health.[4,5] Recent evidence also suggests that expanding primary care workforce and availability of primary care services is associated with higher quality care at lower spending.[6] Despite this evidence, the U.S. primary care system remains challenged, and health disparities remain persistent. More than ten (10) percent of the U.S. population lives in a federally designated Health Professional Shortage Area where they have limited or nonexistent health care services[7], and demand for primary care services is projected to grow more rapidly than the supply. A lack of providers leads to inadequate access to primary care services for some communities.[8]

Health care systems are rapidly transforming in an effort to meet the goals of improved access, quality, and cost efficiency. HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. To achieve this mission, HRSA priorities include: the integration of oral health, behavioral health, and public health with primary care; ensuring a medical home for populations served; ensuring a diverse workforce; and reducing disparities in quality of care across populations and communities.

Evidence suggests that training programs impact both the quality and cost of care.[9,10] HRSA has long recognized the importance of training primary care physicians and physician assistants to become effective clinicians, teachers, researchers, and leaders. The goal of the Primary Care Training and Enhancement program is to help produce high quality, diverse primary care clinicians who will be able to address the Nation's health care needs, particularly in communities of high need. However, evidence of the relative effectiveness of different training programs to achieve the goals of diversity, distribution, and high quality, cost effective care is lacking. At recent meetings of the Council on Graduate Medical Education[11] and the Advisory Committee on Training in Primary Care Medicine and Dentistry,[12] advisory committee members stressed the

[4] Starfield B, Shi l, Macinko J. Contributions of primary care to health systems and health. Millbank Quarterly 2005;83:457-502.
[5] Chang C, Stukel TA, Flood AB, Goodman DC. Primary care physician workforce and Medicare beneficiaries' health outcomes. JAMA. 2011;305(20):2096-2104.
[6] Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. Health Affairs. 2004. Available at: http://content.healthaffairs.org/content/early/2004/04/07/hlthaff.w4.184.full.pdf+html.
[7] Rhyne, R., Sanders, M., Skipper, B., VanLeit, B., Daniels, Z. "Factors in Recruiting and Retaining Health Professionals for Rural Practice." Journal of Rural Health. 2007: 23(1) 62-71.
[8] HRSA. Projecting the supply and demand for primary care practitioners through 2020. HRSA. 2013. Available at: http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf.
[9] Asch DA, Nicholson S, Srinivas S, Herrin J, Epstein AJ. Evaluating Obstetrical Residency Programs Using Patient Outcomes. JAMA. 2009;302(12);1277-83.
[10] Chen C, Petterson S, Phillips R, Bazemore A, Mullan F. Spending Patterns in Regions of Residency Training and Subsequent Expenditures for Care Provided by Practicing Physicians for Medicare Beneficiaries. JAMA. 2014;312)22_:2385-93.
[11] The Council on Graduate Medical Education (COGME) met on May 21, 2015 to discuss the HRSA Title VII, Part B of the PHS Act programs that support diversity in the health workforce.
[12] The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) met on August 13-14, 2015 to discuss the role of health professional education programs in addressing the social determinants of health.

need for better evidence regarding training initiatives to advance primary care training and ensure that future primary care providers meet the changing needs of the Nation.

Fully addressing the workforce needs in primary care will require developing an effective system of education for primary care providers. Research, evidence, dissemination, and developing communities of practice are needed to advance the education system for all primary care providers. This FOA aims to establish academic units to conduct systems-level research to inform primary care training, disseminate best practices, research, and resources, and develop a community of practice to promote the widespread enhancement of primary care training to produce a diverse, high quality primary care workforce, particularly for underserved communities.

The mission of HRSA's Bureau of Health Workforce (BHW) is to improve the health of the underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. BHW is committed to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed most.

Program Definitions

The following definitions apply to the AU-PCTE program for FY 2016.

Accredited: The term ''accredited'' means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education. In general, the relevant accrediting bodies are the Liaison Committee on Medical Education (LCME) for allopathic medical schools and the American Osteopathic Association (AOA) for osteopathic medical schools.

Best Practice: Practices that are developed from a review of the available evidence, and existing guidelines.[13]

Community of Practice: A Community of Practice is a group of people who share a common interest, and become more knowledgeable through interaction among themselves.[14] A Community of Practice requires a community, a shared interest, and shared experiences with the interest.

Disadvantaged Background: An individual from a disadvantaged background is defined as someone who comes from an environmentally or economically disadvantaged background:

1) **Environmentally disadvantaged** means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.

[13] Best Practice Advice. (n.d.). Guidelines: ACP Clinical Recommendations. Retrieved from https://www.acponline.org/clinical_information/guidelines/

[14] Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice*. Boston: Harvard University Press.

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

The Secretary defines a ''low income family/household'' for various health professions programs included in Title VII of the PHS 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.

2015 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	**Income Level****		
	48 Contiguous States and D.C.	**Alaska**	**Hawaii**
1	$23,540	$29,440	$27,100
2	$31,860	$39,840	$36,660
3	$40,180	$50,240	$46,220
4	$48,500	$60,640	$55,780
5	$56,820	$71,040	$65,340
6	$65,140	$81,440	$74,900
7	$73,460	$91,840	$84,460
8	$81,780	$102,240	$94,020
For each additional person, add	$8,320	$10,400	$9,560

* 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 2014.
SOURCE: *Federal Register*, Vol. 80, No. 51, March 17, 2015, pp. 13879-13880.

The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned "low" rates based on its own enrollment populations. *It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.*** The most recent annual data available for the last four examples below can be found on your state's Department of Education website under your high school's report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).

- 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 SAT scores, 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.

Diversity: refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing an individual's, group's, or organization's cultural competence; in other words, the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions including, but not limited to, sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disability, and language.

Integration (in primary care): Integration of services or programs in primary care means, at a minimum, basic collaboration in which primary care providers, and providers of other services, view each other as resources, and have direct communication with each other (Level 2, Standard Framework[15]). For further information on integrated delivery systems, please see the Center for Integrated Health Solutions guide to levels of integration at http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf.

Interprofessional education: occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). The goals of interprofessional collaboration and education are to encourage increased knowledge of the roles and responsibilities of other disciplines, and to improve communication and collaboration among disciplines in future work settings.

Medically Underserved Community (MUC) - a geographic location or population of individuals that is eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing. More information on HRSA shortage designations is available at: http://www.hrsa.gov/shortage/.

[15] Heath, B., Wise Romero, P., & Reynolds, K. A. (2013). *A standard framework for levels of integrated healthcare*. Washington, DC: SAMHSA-HRSA Center for Integrated Health Solutions.

Primary Care Setting: A primary care setting is "one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities and hospices are not considered primary care settings under this definition.[16]"

Rural: a geographical area that is not part of a Metropolitan Statistical Area (MSA) and all census tracks with Rural Urban Commuting Area (RUCA) codes of 4 or greater, except 4.1, 5.1, 7.1, 8.1, and 10.1, which are urban. To determine if a specific geographical area is considered rural, go to http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx

Social Determinants of Health: circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.[17]

Underrepresented minority: an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. For purposes of this program the term ''racial and ethnic minority group'' means American Indians (including Alaska Natives, Eskimos, and Aleuts); Native Hawaiians and other Pacific Islanders; African Americans; and Hispanics. The term ''Hispanic'' means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

Vulnerable Populations: groups of individuals that are at higher risk, compared to the general population, for disparate access to healthcare services and outcomes.[18] For this cooperative agreement, vulnerable populations are migrant workers, LGBT persons, and homeless individuals.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

[16] https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R139NCD.pdf
[17] World Health Organization. Social Determinants of Health Key Concepts. Available at: http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/.
[18] Waisel, D.B. (2013). Vulnerable populations in healthcare. *Current Opinion in Anaesthesiology, 26*(2), 186 – 192.

HRSA Program involvement will include:

- Monitor and support implementation of the Project Work Plan through collaborative meetings and progress report reviews;
- Collaborate with recipients in the development of the AU-PCTE's annual agenda of research proposals and the selection of specific proposals for completion; review and approve the research proposals;
- Provide input and technical assistance to each AU-PCTE to identify appropriate outcome measures for the focus area;
- Provide input for each AU-PCTE to produce a variety of products, such as policy briefs, reports, articles, webinars, and resource tools for the diverse audiences and stakeholder groups interested in primary care training and enhancement;
- Provide information on HRSA policies for websites, webinars, and other products related to Section 508 of the Rehabilitation Act of 1973;
- Collaborate with recipients to design strategies to disseminate best practices, available evidence, and evaluation tools;
- Collaborate in the design and implementation of an outreach strategy designed to engage and increase interest in primary care training for a wider community of health professions education institutions and stakeholders; and
- Coordinate activities and share best practices across the AU-PCTE recipients.

The **cooperative agreement recipient's responsibilities** will include:

- Collaborate with HRSA on refining and implementing the Project Work Plan;
- Negotiate with HRSA to update the Project Work Plan, including the dissemination and community of practice plans, at least annually;
- Submit four research proposals to HRSA for review and approval on an annual basis;
- Coordinate with HRSA to select and modify research proposals, if needed, to meet the goals of HRSA;
- Submit all materials for general distribution, including online materials, for HRSA review prior to publication. All online materials must meet specific accessibility standard according to Section 508 of the Rehabiliation Act of 1973;
- Submit a research policy brief summarizing the research question, methods, key findings, and policy implications for each of the two annually approved research projects;
- Attend and participate in HRSA and related stakeholder meetings, as appropriate;
- Coordinate with HRSA and other federal, state, local, and national organizations to strengthen the Project Work Plan development and implementation.

2. Summary of Funding

This program will provide funding during federal fiscal years 2016 – 2020. Approximately $4,500,000 is expected to be available annually to fund up to six (6) awardees, one award in each of the six focus areas described. Applicants may apply for a ceiling amount of up to $750,000 per year, including both direct and indirect costs.

The actual amount available will not be determined until enactment of the final FY 2016 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance, 2 CFR part 200, as codified by HHS at 45 CFR part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

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

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligible entities include accredited schools of allopathic or osteopathic medicine.

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

Applicants must be located in the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.

Required Eligibility Documentation

The applicant organization must provide in **Attachment 10**: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next expected accrediting body review. The full letter of accreditation is not required. Recipients must immediately inform the HRSA project officer of any change in accreditation status.

2. Cost Sharing/Matching

Cost sharing/matching is **not** required for this program.

3. Other

Ceiling Amount
Applications that exceed the ceiling amount of $750,000 per year 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 authorized by Section 797(b) of the PHS Act. Complete the Maintenance of Effort document and submit as **Attachment 5**.

Multiple Applications
NOTE: Multiple applications from an organization are not allowable. An "organization" for this FOA is defined as an institution with a single Employer Identification Number (EIN).

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 R&R application package associated with this FOA following the directions provided at Grants.gov.

It is recommended that applicants supply an email address to Grants.gov when downloading an FOA or application package. As noted on the Grants.gov APPLICATION PACKAGE download page, as well as in the Grants.gov User Guide, this allows us to email you in the event the FOA is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified announcement may result in a less competitive or ineligible application.

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 Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the FOA to do otherwise.

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 75 **pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 the announcement.

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. The AU-PCTE focus area;
2. A brief overview of the project as a whole;
3. Specific, measurable objectives that the project will accomplish;
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project;
5. Indicate any major collaborating partners; and
6. If applicable, an indication of the funding preference and/or funding priorities for which the project qualifies, as outline in *Section V.2* of the FOA.

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.

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

  Provide a brief statement of the purpose of the proposed project. Briefly describe the current state of the national health care system and primary care training programs in implementing and training in your selected focus area. Describe the needs for, and expected benefits of, advancing your selected focus area, both for health care systems and for primary care training programs.

  Briefly describe the state of the evidence and any gaps in the evidence for primary care training programs in your selected focus area. Identify key stakeholder groups and initiatives in addressing your selected focus area, both for the health care delivery system and for primary care training. Provide citations where appropriate. Explain how your proposed project will advance primary care training to improve access, quality, and cost effectiveness of health care.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes 3 sub-sections — (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

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

  Describe in detail your proposed project goals, objectives, and intended outcomes. Objectives should be specific, measurable, realistic, achievable within the project period, and clearly related the project goals and objectives, and to the selected focus area (e.g., Integrated behavioral health and primary care; Integrated oral health and primary care; Health workforce diversity; Training for rural practice; Addressing the social determinants of health; Training for the needs of vulnerable populations).

  Label and describe key activities, as outlined here:

  1. **Research Plan** – Applicants must describe the research plan, including potential research questions, methodologies, data sources, and research products for the full project period. Applicants must propose four research proposals for each budget period and collaborate with HRSA to determine which two proposals will be conducted each year. Research questions must clearly address the selected focus area of the AU-PCTE and have national or regional relevance. Examples include identification of training interventions through literature reviews, environmental scans, or other qualitative or quantitative methods; evaluation of the uptake of evidence-based or innovative programs; comparative analysis of the effectiveness of known interventions; or identification and/or development of outcome measures and tools for primary care training interventions in the selected focus area.

Applicants must provide four research proposals for budget year 1 (2 of which will be selected in consultation with HRSA to be completed in budget year 1) in **Attachment 6**, using the following format:

Research Proposal (Limit to 2 pages per proposal)

***Title*:** Provide a prospective title and the AU's focus area (e.g., Integrated behavioral health and primary care; Integrated oral health and primary care; Health workforce diversity; Training for rural practice; Addressing the social determinants of health; Training for the needs of vulnerable populations).

Description and Relevance: Describe the purpose of the research. Identify the gaps in existing knowledge that the research is intended to fill. Provide the relevance of the project and its implications for primary care training from a national, state, and local perspective and specifically how it supports the goals of BHW, HRSA, and HHS.

Hypotheses, Design, and Analysis: Describe the hypotheses, project design, and the procedures to accomplish the specific aims of the project. Describe the approach for data analysis (e.g., logistic regression, descriptive statistics, and qualitative methods) and justify why that approach was selected.

Data Sources: Identify the data sources. If based on secondary data, describe the experience in using these data. Include the data source's availability, cost for acquisition of data not currently held in-house, and time schedule to obtain the data. If based on original data, include the approach and plan to collect data, type of respondents, estimated sample size, expected response rate, special activities to achieve response rate, collection schedule and data content. If proprietary data are to be used, describe the type of dataset, the population it represents, and provide evidence of the dataset's appropriateness for studying the research area. Any supporting literature citations should come from peer reviewed journals.

2. **Dissemination Plan** – Applicants must propose a dissemination plan that includes the intended audience, products, strategies and mechanisms, and intended outcomes for dissemination for the full project period. Products may include a catalogue of evidence and/or best practices, training and informational webinars, or evaluation tools for training in the selected focus area. Applicants must include a publicly available website for the AU-PCTE for the dissemination of information and products.

3. **Community of Practice Plan** – Applicants must propose a Community of Practice plan for the full project period. The application should identify strategies for engaging the key stakeholders identified in the *Purpose and Need* section, leveraging the initiatives identified in the *Purpose and Need* section, information sharing, potential initiatives for advancing the selected focus area on the national, state, and local levels, and intended outcomes for the Community of Practice. The Community of Practice plan must include

strategies to engage health professions training programs to promote wider uptake of enhanced primary care training in the selected focus area.

Applicants must describe a process for developing and determining research proposals, dissemination activities, and Community of Practice activities beyond the first year of the project. This process should be evidence-based, where possible, and be informed by new and developing initiatives in the field. Applicants should describe how key internal and external stakeholders will be engaged in this process.

Research proposals, dissemination, and Community of Practice plans that are interprofessional are strongly encouraged.

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

  Describe, in detail, the activities or steps, and the staff responsible for achieving each of the activities proposed during the entire project period. For the first year of the project, provide a schedule of release of each product, including release of research briefs, final research reports, website launch, and any Community of Practice activities. Use a timeline that includes each activity and identifies responsible staff and amount of time estimated to carry out each step.

  Identify key partner programs, departments, and organizations involved in the project and describe how you will function and coordinate carrying out the grant activities. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.

  Attach a Work Plan in chart format as **Attachment 1**. A sample work plan can be found at http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

  You must also provide a logic model in **Attachment 4**. Your logic model provides a framework for your project and connects your program activities with the short and long term outcomes and goals of your project. More information on logic models is provided in *Section VIII.*

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

  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *IMPACT -- This section includes 2 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)*

Applicants must include an evaluation plan with their application to be considered for funding under this announcement. A comprehensive evaluation will yield outcome data that both the grantee and HRSA can use throughout the project to ensure the success of the project. Meaningful and accurate endpoint data will demonstrate the success of the funding opportunity, inform quality improvement activities, and demonstrate accountability to stakeholders.

The evaluation plan must describe how program performance and outcomes will be evaluated against goals, objectives, sub-objectives, activities and timelines of the project. The evaluation plan should include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. The 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. Potential obstacles must be identified for the evaluation plan as well as potential ways to address those obstacles.

The evaluation plan must evaluate outcomes in all three of the key activities: 1) Research; 2) Dissemination; and 3) Community of Practice. Programs will be expected to report on their evaluation findings in their regular contacts with their HRSA project officer and in their annual Progress Report.

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

  Applicants must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions the applicant will take to: a) highlight key elements of their grant project, e.g., tools and resources, which have been effectively disseminated and taken up by the field; and b) obtain future resources. The applicant 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*

  Applicants must describe their capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on the applicant organization's current mission and structure, relevant experience, and scope of current activities. Provide information on key partners' relevant experience and scope of current activities that will support the proposed project. A project organizational chart is required to be submitted in **Attachment 3**. The applicant must describe how the organization has the ability to implement the proposed project and meet the program requirements and expectations.

Provide evidence, where appropriate, of successes by your organization or key partner organizations in conducting research, dissemination, and Community of Practice activities in the area of primary care training.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, 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) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

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 differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

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 and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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 2016, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. The budget should be equitably distributed across the three key activity areas (e.g. research, dissemination, and Community of Practice), and the budget and effort for any one activity area should not significantly outweigh the budget and effort in the other two key activity areas. In addition, the AU-PCTE program requires the following:

Travel Costs: List travel costs according to local and long distance travel. Travel costs for consultants should be listed under consultant costs. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Include travel support for the project director to attend up to four (4) grantee meetings (approximately one per year in project period years 2 through 5) each held over 2 days in the Washington D.C. area.

Consultant Services: for applicants that are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

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.** Missing attachments or incomplete applications can negatively affect your application during review. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan
Attach the Work Plan for the project using a table or chart that accounts for all of the information you provided in *Section IV, ii*. Project Narrative.

Attachment 2: Staffing Plan, Job Descriptions for Key Personnel, and Biographical Sketches
See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide* for required information. Keep each job description to one (1) page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Include biographical sketches for persons occupying the key positions, not to exceed two pages in length. 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. Biographical sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form.

Attachment 3: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 4: Logic Model
Attach the Logic Model for the project. More information on logic models is provided in *Section IX*.

Attachment 5: Maintenance of Effort Documentation
Applicants 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 15 (Actual)	FY 16 (Estimated)
Actual FY 15 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated FY 16 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Research Proposals
Provide four (4) research proposals for budget year 1 using the format delineated in *Section IV Project Narrative*. Limit each research proposal to no more than two (2) pages.

Attachment 7: Funding Preference and/or Funding Priorities - If applicable
To receive a funding preference and/or funding priority points, include a statement that the applicant is eligible and identify the preference/priorities. Refer to *Section V* of this funding opportunity announcement (FOA) for detailed information on the funding preference and funding priorities.

Attachment 8: Letters of Agreement
Include any letters of agreement relevant for the implementation of the proposed project. Letters 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 project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 9: Letters of Support
Include any additional letters of support that are relevant for the implementation of the proposed project.

Attachment 10: Accreditation Documents
The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next expected accrediting body review. The full letter of accreditation is not required.

Attachment 11: Other Relevant Documents
Include here any other document that is relevant to the application.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM). Applicants must continue to maintain active SAM registration with current information at all times while it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is *January 22, 2016 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The Academic Units for Primary Care Training and Enhancement program 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 announcement may request funding for a project period of up to five (5) years, at no more than $750,000 per year. 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 announcement may not be used for purposes specified in HRSA's *SF-424 R&R Application Guide*.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

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 the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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 the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The AU-PCTE program has FIVE (5) review criteria:

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need

Reviewers will assess the quality of and extent to which the application demonstrates the following:

- Expert knowledge on the current state of implementation of the selected focus area in the national health care system and the need for, and expected benefits of, implementing the focus area;
- Expert knowledge on the current state of primary care training in the selected focus area;
- A clear understanding of the state of the evidence, including gaps in the evidence, for primary care training programs in the focus area, including up-to-date and relevant citations where appropriate;
- A clear understanding of the relevant stakeholders and initiatives related to the selected focus area; and
- A clear connection between the proposed project and expected improvements in primary care training that will improve access, quality, and cost effectiveness of health care and its impact on underserved communities.

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

Reviewers will assess the extent to which the application demonstrates the following:

- A research proposal for one of the required focus areas that is feasible and methodologically sound (including appropriate use of data sources), addresses relevant gaps in the evidence, and is likely to advance the field in the selected focus area. Reviewers should assess both the research plan described in the project narrative as well as the research proposals provided in **Attachment 6** in assigning points in this area;
- A dissemination proposal that is complete, develops relevant products, and proposes strategies and methodologies that are likely to promote successful dissemination of resources and uptake of training in the selected focus area on the national, state, and local levels;
- A Community of Practice plan that appropriately identifies key stakeholders and proposes strategies that are likely to increase community engagement and advance training in the selected focus area;
- A thoughtful process for ongoing planning and development of their research, dissemination, and Community of Practice activities over the 5-year project period, that engages key community stakeholders; and
- That the proposal addresses the interprofessional primary care workforce in the research proposals, dissemination plan, and Community of Practice plan.

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

Reviewers will assess the quality of and:

- The extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and concrete steps that will be used to achieve the goals and objectives. The description should include a timeline, responsible staff, and key partners for conducting the work;
- The feasibility of the proposed activities and timelines;
- The extent to which the applicant provides a logic model (Attachment 4) that clearly connects the activities, short and long term outcomes, and goals of the program;
- The adequacy of the staffing plan to implement the proposed work plan (Attachment 2). Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel; and

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

Reviewers will assess the extent to which the applicant demonstrates an understanding of potential challenges during the design and implementation of the project, as well as a plan for resolving identified contingencies that may arise.

Criterion 3: IMPACT (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

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

Reviewers will assess:

- The extent to which the outcome measures are meaningful and likely to demonstrate the effectiveness of the proposed activities in the areas of research, dissemination, and Community of Practice;
- The strength and effectiveness of the methods proposed to monitor and evaluate the project results;
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project; and
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes.

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

Reviewers will assess 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.

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

Reviewers will assess:

- The extent to which project personnel are qualified by training and/or experience to implement and conduct the project. This will be evaluated through both the project narrative and Attachments 2, 3, 8, and 9;
- The extent to which the previous research and experience conducted by the lead investigators or project leads translates to this project;
- The capability and commitment of the applicant organization and partner organization(s) to carry out the proposed project; and
- The extent to which the organization and key partner organization(s) have demonstrated a successful track record for conducting research, dissemination, and developing Communities of Practice in the area of primary care training.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 budget forms

Reviewers will assess:

- The reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results;
- The extent to which the budget is reasonably distributed between the three key activities (e.g. research, dissemination, and Community of Practice). No activity area should significantly outweigh the others;
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work; and
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;

2. Review and Selection

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide*.

HRSA will use other factors other than merit criteria in selecting applications for federal award. This program provides for a funding preference and funding priorities. To receive a funding preference and/or funding priority points, identify the preference and/or priorities, include a statement that the applicant is eligible for the preference and/or priorities, and provide the required information and data described below.

Funding Preferences

This program provides a funding preference for some applicants as authorized by Section 747(b)(2) and Section 791(a)(1) of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. An applicant can only receive a maximum of one funding preference. There are three (3) possible options to qualify for a funding preference. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding preference will be determined by the Objective Review Committee and confirmed by HRSA Staff.

In order to qualify for a funding preference, the required data must be provided in **Attachment 7** for school of medicine or osteopathic medicine applying for this FOA. "Tracks," such as primary care or rural tracks within existing medical schools DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification. Revamped programs with a new focus also do not qualify for the New Program qualification.

A funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference based on one of the three qualifications as follows:

Qualification 1: Establishing or substantially expanding an academic unit in family medicine, general internal medicine, or general pediatrics

A funding preference will be granted to any qualified applicant that is establishing or substantially expanding an academic unit in the field of family medicine, general internal medicine, or general pediatrics. In order to qualify for this funding preference, applicants must meet the following requirements:

a) The project director or co-project director must have an appointment in the Department of Family Medicine, General Internal Medicine, or General Pediatrics. A biographical sketch must be uploaded for this individual in the SF-424 R&R Senior/Key Person Profile form and it must indicate the relevant appointment.
b) The Chair for the relevant Department of Family Medicine, General Internal Medicine, or General Pediatrics must provide a letter of support in **Attachment 8** stating that the Department supports the project and describing how the Department will benefit from the proposed project.
c) In **Attachment 7**, clearly indicate:
    a. That you qualify for the funding preference;
    b. For which field (family medicine, general internal medicine, or general pediatrics) you qualify for the funding preference; and
    c. The name of the relevant project director or co-project director and the Department in which they have a relevant appointment (i.e. Family Medicine, General Internal Medicine, or General Pediatrics)

Qualification 2: Medically Underserved Community (MUC) Funding Preference

This preference focuses on the number of completers from your program that were placed in Medically Underserved Communities (MUC). To apply you must clearly label that you are requesting consideration for the **High Rate** calculation, provide all of the requested data shown below and include a description of how you determined graduate practice in a MUC, including which federal designations or definitions you used to identify practice in a MUC (**Attachment 7)**. A definition of MUC is provided in *Section I*. Failure to provide all required information will result in not meeting the funding preference. There are two ways to qualify, as outlined below.

a) High Rate
To qualify under **High Rate** you must demonstrate that the percentage of graduates/program completers placed in practice settings serving a MUC for the two academic years (AY) indicated below is greater than or equal to 30 percent for medical student graduates.

To calculate the MUC Preference by demonstrating High Rate, the numerator will be the number of graduates from AY 2010-2011 added to the number of graduates in AY 2011-2012 who are currently practicing in a MUC. Medical school graduates who are currently in residency or fellowship training are not considered in practice and should not be included in the numerator. The denominator will be the total number of medical school graduates in AY 2010-2011 added to the medical school graduates in AY 2011-2012. The applicant should report all graduates, regardless of their training's source of funding.

$N_{2010\text{-}2011}$– Numerator (2010-2011) = the number of AY 2010 -2011 medical school graduates currently in practice in an MUC

$N_{2011\text{-}2012}$ – Numerator (2011-2012) = the number of AY 2011-2012 medical school graduates currently in practice in a MUC

$D_{2010\text{-}2011}$– Denominator (2010-2011) = the TOTAL number of medical school graduates in AY 2010-2011.

$D_{2011\text{-}2012}$– Denominator (2011-2012) = the TOTAL number of medical school graduates in AY 2011-2012.

$$\textbf{High Rate} = \frac{N_{2010\text{-}2011} + N_{2011\text{-}2012}}{D_{2010\text{-}2011} + D_{2011\text{-}2012}} \times 100$$

b) Significant Increase

To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** of 25% in the rate of placing medical school graduates in practice in a MUC for the academic years indicated below.

To calculate the MUC Preference by demonstrating a Significant Increase, calculate the difference between the percent of medical school graduates between AY 2010-2011 and AY 2008-2009 who are currently practicing in a MUC. Medical school graduates in residency or fellowship training are not considered in practice and should not be included in the numerators.

$N_{2008\text{-}2009}$ – Numerator (2008-2009) = the number of AY 2008-2009 medical school graduates who are currently in practice in a MUC

$D_{2008\text{-}2009}$ – Denominator (2008-2009) = the TOTAL number of medical school graduates in AY 2008-2009

$N_{2010\text{-}2011}$– Numerator (2010-2011) = the number of AY 2010-2011 medical school graduates who are currently in practice in a MUC

$D_{2010\text{-}2011}$ – Denominator (2010-2011) = the TOTAL number of medical school graduates in AY 2010-2011

To calculate the difference in percentages, please use the formula below:

$$\textbf{Percentage Point Increase} = \left(\left(\frac{N_{2010\text{-}2011}}{D_{2010\text{-}2011}}\right) - \left(\frac{N_{2008\text{-}2009}}{D_{2008\text{-}2009}}\right)\right) \times 100$$

Qualification 3: New Program Funding Preference

New programs for the purpose of this FOA have completed training of less than three consecutive classes. As a result they lack the required data to apply for the MUC preference through the above qualification.

New programs can qualify for the New Program funding preference if they meet **at least four** of the following criteria as determined by the independent review panel and have completed training for less than three consecutive classes as mentioned above:

- The training institution's mission statement includes preparing health professionals to serve underserved populations.
- The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
- Substantial clinical training in MUCs is required.
- A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
- The entire program or a substantial portion of the program is physically located in a MUC.
- Employment assistance is available for graduates entering positions in MUCs.
- The program provides a placement mechanism for helping graduates find positions in MUCs.

  Although New Programs generally lack the required data to apply for the MUC preference, if the training program was closed for at least 3 years, during which time there were no students, graduates, or teaching activities, the applicant may request the *MUC Preference via the new program pathway.*

To apply for the MUC Preference as a new program, an applicant must submit the Request and Documentation for Preferences (**Attachment 7**) and provide a brief narrative entitled "New Program MUC Preference Request" that will:

- Describe how their program meets at least four of the seven criteria mentioned above;
- State the year the program was established and include a justification of eligibility if the program was closed for at least 3 years, as described above; and
- Provide the total number of graduates for each year, including the current year, since the training program began or resumed activity after a temporary closure as described above.

As mentioned above, new "tracks," such as primary care or rural tracks within existing institutions DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification. Revamped programs with a new focus also DO NOT qualify for the New Program qualification.

Funding Priorities

This program provides funding priorities as authorized by Section 747(b)(3) of the PHS Act. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The AU-PCTE program is offering five funding priorities.

Applicants may apply for this announcement without requesting a funding priority; however, the approval of a funding priority adds points to an applicant's score. Up to 20 priority points are available across the funding priorities for applicants that qualify. Applicants are permitted to apply for more than one priority, but no applicant can receive more than 20 priority points.

The instructions for each funding priority are provided below. Funding priorities are approved or denied by the Objective Review Committee and confirmed by HRSA staff. **Failure to clearly request, demonstrate, or provide the requested information, documentation, or sufficient detail may result in reviewers denying the funding priority points.** In **Attachment 7**, applicants must clearly indicate the funding priorities they are requesting and briefly summarize how they qualify for each funding priority that is requested.

PARTNERING

Priority 1: Collaborative Projects Between Academic Units (5 points)
To qualify, applicants must propose a collaborative project with at least one other academic unit of primary care. Academic units must be from medical schools with a separate accreditation than that of the lead applicant. Collaborating academic units must be identified in the project organizational chart and the budget. Applicants must also provide letters of agreement from collaborating academic units in **Attachment 8**. See the instructions for **Attachment 8** for additional information on letters of agreement.

Priority 2: Interprofessional Collaborative Projects (5 points)
To qualify, applicants must propose an interprofessional collaborative project. Interprofessional collaborative projects must include departments from at least two of the following professions: primary care physicians, physician assistants, nurse practitioners, dentists, mental health providers, pharmacists, and other allied health professionals. Collaborating departments must be identified in the project organizational chart and the budget. Applicants must also provide letters of agreement from collaborating departments in **Attachment 8**. See the instructions for **Attachment 8** for additional information on letters of agreement.

Priority 3: Joint Applications with Federally Qualified Health Centers, Rural Health Clinics, Area Health Education Centers, or clinics that serve underserved populations (5 points)
To qualify, applicants must partner with a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Area Health Education Center (AHEC), or a clinic in underserved area or that serves underserved populations. Partners must be clearly

identified as a FQHC, RHC, or AHEC and must be identified in the project organizational chart and the budget. Applicants must also provide letters of agreement from FQHC/RHC/AHEC partners in **Attachment 8**. See the instructions for **Attachment 8** for additional information on letters of agreement.

TRAINING OUTCOMES (5 points)

Five priority points will be awarded to applicants that qualify for **either** of the following priorities ("tracks" or "programs" within medical schools DO NOT qualify for either of the funding priorities):

Priority 4: Primary Care Retention
This priority focuses on the number of graduates from the applicant's medical school who enter into and remain in primary care fields. There are two ways to qualify for this funding priority, outlined below:

1) High Rate
To qualify under **High Rate** applicants must demonstrate that the percentage of medical school graduates for Academic Years 2010-2011 and 2011-2012 who enter into and remain in primary care practice (family medicine, general internal medicine, and general pediatrics) is greater than 40%. Medical school graduates who are currently in residency or fellowship training are not considered in practice and should not be included in the numerator. The denominator will be the total number of medical school graduates in the identified academic years. To apply, applicants must provide the following calculation, with all data shown and clearly labeled, in **Attachment 7**.

$\mathbf{N_{2010\text{-}2011}}$– Numerator (2010-2011) = the number of AY 2010 -2011 medical school graduates currently in primary care practice

$\mathbf{N_{2011\text{-}2012}}$ – Numerator (2011-2012) = the number of AY 2011-2012 medical school graduates currently in primary care practice

$\mathbf{D_{2010\text{-}2011}}$– Denominator (2010-2011) = the TOTAL number of medical school graduates in AY 2010-2011.

$\mathbf{D_{2011\text{-}2012}}$– Denominator (2011-2012) = the TOTAL number of medical school graduates in AY 2011-2012.

$$\textbf{High Rate} = \frac{\mathbf{N_{2010\text{-}2011} + N_{2011\text{-}2012}}}{\mathbf{D_{2010\text{-}2011} + D_{2011\text{-}2012}}} \times \mathbf{100}$$

2) Significant Improvement

To qualify under **Significant Improvement** applicants must demonstrate that the medical school has achieved a percentage point increase of at least 25% of medical school graduates who enter into and remain in primary care practice (family medicine, general internal medicine, and general pediatrics) from Academic Year 2008-2009 to Academic Year 2010-2011. Medical school graduates who are currently in residency or fellowship training are not considered in practice and should not be included in the numerator. The denominator will be the total number of medical school graduates in the identified academic years. To apply, applicants must provide the following calculation, with all data shown and clearly labeled, in **Attachment 7**.

$N_{2008\text{-}2009}$ – Numerator (2008-2009) **=** the number of AY 2008-2009 medical school graduates who are currently in primary care practice

$D_{2008\text{-}2009}$ – Denominator (2008-2009) = the TOTAL number of medical school graduates in AY 2008-2009

$N_{2010\text{-}2011}$ – Numerator (2010-2011) = the number of AY 2010-2011 medical school graduates who are currently in primary care practice

$D_{2010\text{-}2011}$ – Denominator (2010-2011) = the TOTAL number of medical school graduates in AY 2010-2011

$$\textbf{Percentage Point Increase} = ((N_{2010\text{-}2011}/D_{2010\text{-}2011}) - (N_{2008\text{-}2009}/D_{2008\text{-}2009})) \times 100$$

Priority 5: Diversity

This priority focuses on the medical school's track record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background. To qualify, applicants must demonstrate that current medical school enrollment is at least 20% students who are underrepresented minorities or from rural or disadvantaged backgrounds. Individual students should only be counted once in the numerator. Definitions of underrepresented minorities, rural, and disadvantaged backgrounds for this FOA are provided in *Section I Program Definitions*. To apply, applicants must provide the following calculation and a description of how you collected the data submitted in **Attachment 7**.

$$\textbf{Diversity} = \frac{\text{Number medical students who are underrepresented minorities or from rural or disadvantaged backgrounds}}{\text{Total number of medical student enrollees}}$$

Note: Section 747(b)(3) of the PHS Act provides for four (4) additional funding priorities, including applicants that --

A. propose innovative approaches to clinical teaching using models of primary care, such as the patient-centered medical home, team management of chronic disease, and interprofessional, integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision;
B. provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with HIV/AIDS, and individuals with disabilities;
C. provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health information technology, or other competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act; or
D. provide training in cultural competency and health literacy.

However, as aspects of these are required in the minimum standards for medical school accreditation[19] or have been incorporated into this FOA as an AU-PCTE focus area, additional points will not be offered for these funding priorities.

Please Note: HRSA may elect not to fund applicants with management or financial instability that directly relate to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS agency, official, or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

[19] Liaison Committee on Medical Education. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree. Available at: http://www.lcme.org/publications.htm.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 R&R Application Guide*.

Human Subjects Protection:
Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

The successful applicant under this FOA 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).**

Provide regular monthly progress updates by phone with HRSA project officers;

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

The BHW 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 the recipient's 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 NoA.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA on an annual basis. All BHW 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). BHW is in the process of identifying specific performance measures that grantees will be required to utilize.

Performance measures can be process or outcome measures. Performance measures for this program may include:

- The number of policy briefs and presentations given, the topic, and audience the brief or presentation was given to, and the number of participants;
- Number of journals submitted to, where published, the audience who the journal reaches, and the impact factor of the journal;
- Number and type of products posted on the website, the number of website hits and downloads, and the audience for the online products;
- Number and type of stakeholders engaged through the Community of Practice activities.

BHW expects to revise these performance measures over the project period to assess the overall impact of the AU-PCTE program.

Annual Reports covers activities between July 1 and June 30. The report must be submitted by July 31 of the same year.

Further information will be provided in the NoA.

3) **Final 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. Every recipient is 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 the project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the NoA.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the SF-424 R&R Application Guide. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the NoA.

5) **Attribution.** HRSA requires recipients to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

6) **Other required reports and/or products**.

- Annual Research Proposals - The grantee will be required to submit four (4) two-page research proposals for each non-competitive year.
- Research Policy Briefs – The grantee must submit a research policy brief summarizing the research question, methods, key findings, and policy implications for each of the two annually approved research projects.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Kimberly Ross, Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-105
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2353
Fax: (301) 443-6452
Email: kross@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Irene Sandvold
Project Officer
Email: isandvold@hrsa.gov
Phone: 301-443-2295
Fax: 301-443-1164
Attn: Academic Units for Primary Care Training and Enhancement
Bureau of Health Workforce, HRSA
Parklawn Building, Room 12C-06
5600 Fishers Lane
Rockville, MD 20857

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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
iPortal: 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:

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: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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.

Technical Assistance:

A technical assistance call has been scheduled for applicants as follows:

Date: Dec. 1, 2015

Time: 3 p.m.-4:30 p.m. (ET)
Call-In Number: 1-800-369-1882
Participant Code: 1847935
Web link: https://hrsa.connectsolutions.com/aau_foa/

A recorded replay of the webinar will be available after the call, through the closing date of the funding opportunity. The information for the webinar recording will be placed on our website: http://bhw.hrsa.gov/grants/medicine/pcte.html.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at: http://bhw.hrsa.gov/grants/technicalassistance/index.html.