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

Bureau of Health Workforce
Division of Medicine and Dentistry

Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene

Announcement Type: Initial: New, Competing Continuation
Funding Opportunity Number: HRSA-15-050

Catalog of Federal Domestic Assistance (CFDA) No. 93.059

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: February 2, 2015

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

Modified January 15, 2015: Page 6, underrepresented minority definition

Release Date: December 8, 2014

Issuance Date: December 8, 2014

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Authority: Title VII, Sec. 748 of the Public Health Service Act as amended by Sec. 5303 of the Affordable Care Act (ACA).

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Workforce, Division of Medicine and Dentistry is accepting applications for fiscal year (FY) 2015 Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene program. The purpose of this grant program is to enhance dental workforce education and training to better prepare predoctoral dental students, dental hygiene students, and dental hygienists to practice in new and emerging models of care that are designed to meet the needs of vulnerable, underserved, and rural populations.

Funding Opportunity Title:	Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene
Funding Opportunity Number:	HRSA-15-050
Due Date for Applications:	February 2, 2015
Anticipated Total Annual Available Funding:	$3,950,000
Estimated Number and Type of Award(s):	Up to13 grants
Estimated Award Amount:	Up to $350,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2015 through June 30, 2020 (5 years)
Eligible Applicants:	Eligible entities include accredited dental or dental hygiene schools, public or private not-for-profit hospitals, or other public or not-for profit accredited entities that have training programs in dentistry or dental hygiene. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

The Oral Health Training Branch (OHTB) in BHW's Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: http://bhpr.hrsa.gov/grants/dentistry/ptd.html.

The second TA session will be a phone call and will also include information important for preparing an application and an opportunity to ask questions. A taped replay will be available

one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: Wednesday, December 17, 2014
Time: 2:00 p.m. ET
Telephone Number: 800-857-6260
Passcode: 2050762
Web Link: https://hrsa.connectsolutions.com/tech_asst/
Play-back telephone number: 866-425-0202
Passcode: 3715

Date: Wednesday, January 21, 2015
Time: 2:00 p.m. ET
Telephone Number: 800-857-6260
Passcode: 2050762
Play-back telephone number: 888-484-8258
Passcode: 4115

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I. Funding Opportunity Description

1. Purpose

This funding opportunity announcement (FOA) solicits applications for the FY 2015 Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene program. The goal of this announcement is to enhance dental workforce education and training to prepare predoctoral dental students, dental hygiene students, and dental hygienists to practice in new and emerging models of care that are designed to meet the needs of vulnerable, underserved, or rural communities. The emphasis will be on training in new models that stress the integration of oral health into larger care delivery systems and expanded roles of dental hygienists, under evolving State practice acts.

Program Requirements:

Propose predoctoral training programs in general, pediatric, or public health dentistry for dental students, dental hygienists, and dental hygiene students that address at least one of the following two focus areas:

> **Focus Area 1: Enhancing training to support integration of oral health within the broader health care delivery system to improve access to oral health care for vulnerable, underserved, or rural communities:**
>
> Applications under this area must include:
>
> - Partnerships with non-dental primary health care training programs to provide both didactic and experiential learning in interprofessional teams;
> - Partnerships with community-based primary care delivery sites for vulnerable, underserved, or rural communities where trainees will have substantive clinical experience working in an integrated health care delivery system, which must include collaborative practice across disciplines, mechanisms to improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided; and
> - Partnerships with community-based organizations to provide training experiences developing and testing community level interventions to improve oral health care for vulnerable, underserved, or rural communities. Community-based organizations, for this purpose, are generally non-health care focused organizations, such as schools, community centers, senior centers, and faith-based organizations.
>
> **Focus Area 2: Training to support oral health providers practicing in advanced roles to improve access to vulnerable, underserved, or rural communities:**
>
> Applications under this area must include training to prepare dental hygienists and dental hygiene students for advanced or expanded roles allowed under State practice acts with a focus on providing services to vulnerable, underserved, or rural communities. The advanced or expanded roles must be explained in the narrative including what changes to

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the State practice act have expanded the scope of practice for dental hygienists or altered the level of required supervision.

As part of the proposed Focus Area(s), applicants may develop and implement innovative programs to encourage and support students from underrepresented minorities, disadvantaged or rural backgrounds, and/or veterans to apply for, and be successful in, oral health professions training programs that are designed to ultimately place students in vulnerable, underserved, or rural communities. Examples of such programs include:

- Engaging with students in established pipeline programs to enhance knowledge and interest of oral health training programs focused on the eventual placement of students into vulnerable, underserved, or rural communities;
- Building new or enhanced partnerships with minority serving institutions, such as Historically Black Universities and Colleges, Hispanic-serving institutions, and/or Tribal Colleges or Universities to encourage careers in general, pediatric, public health dentistry or dental hygiene;
- Strategies to ensure graduation such as mentoring programs; and
- Activities to prepare students from underrepresented monitories, disadvantaged, or rural backgrounds for advanced training programs in general, pediatric, or public health dentistry or dental hygiene.

Evaluation is a required objective of the proposed plan. See the discussion of the Impact section of the Project Narrative (Section IV.2.ii) for additional information on evaluation requirements.

Use of Funds:

Applicants may use grant funds to support the proposed professional training programs in the following ways:

1. To plan, develop, and operate or participate in an approved professional training programs in the fields of general dentistry, pediatric dentistry, or public health dentistry for dental students, dental hygienists, and/or dental hygiene trainees that emphasizes training for general, pediatric, or public health dentistry;
2. To meet the costs of projects to establish, maintain, or improve predoctoral training in primary care programs; and
3. To provide technical assistance to primary care training programs in developing and implementing instruction regarding the oral health status, dental care needs, and risk-based clinical disease management of all primary care populations with an emphasis on underserved children.

Only applicants who develop and operate innovative programs to encourage and support students from underrepresented minorities, rural or disadvantaged backgrounds, or veterans may use funds to provide financial assistance to dental and dental hygiene students who: 1) demonstrate need; and 2) plan to practice in general, pediatric, public heath dentistry, or dental hygiene.

Funding Priorities:
This funding opportunity includes eight (8) funding priority areas for which applicants can apply. 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 eight (8) 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 and criteria for each funding priority are provided in Section IV.vi Attachments and V.2. Review and Selection Process.

Note: applicants are to submit requests for any and/or all priorities as part of **Attachment 6.**

2. Background

This program is authorized by Title VII, Sec. 748 of the Public Health Service Act as amended by the Affordable Care Act (ACA), Sec. 5303 (Public Law 111-148).

According to the Bureau of Labor Statistics, employment of dentists is projected to grow 16 percent and employment of dental hygienists is projected to grow 33 percent from 2012 to 2022, both faster than the average for all occupations.[1] While the number of oral health providers may be growing, significant unmet need is expected to continue for vulnerable, underserved, and rural populations. Factors contributing to lack of access to oral health care include: lack of dental insurance or inability to pay, difficulty accessing services due to low levels of health literacy, physical disabilities, geographic barriers, and mal-distribution of oral health care providers. As of June 19, 2014, there were approximately 4,900 Dental Health Professional Shortage Areas (Dental HPSA). Dental HPSAs are based on a dentist to population ratio of 1:5,000.

Some States are attempting to address this need by broadening the scope of practice of existing dental team members and developing new models of integrated oral and primary health care. For example, many States allow licensed dental hygienists to work under general or prescriptive supervision or provide an expanded scope of services to patients in public health settings. Additionally, dental hygienists working under general supervision may perform procedures based on the diagnosis of the supervising dentist without the dentist being present. Under expanded scopes of practice, a dental hygienist with advanced training, might perform additional procedures such as placement of permanent/temporary restorations.

Furthermore, the Institute of Medicine recommends increasing community-based education experiences to improve proficiency in this setting and to "reinforce the professional and ethical role of caring for the vulnerable and underserved populations."[2] The 9th Report of the Advisory Committee on Training in Primary Care Medicine and Dentistry, *Priming the Pump* of *Primary Care*, recommends that programs for pre-clinical and pre-professional trainees in Title VII, section 747 and 748 training grants should provide: emphasis on grants that facilitate primary

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[1] Bureau of Labor Statistics. Job Outlook. Accessed September 9, 2014.
www.bls.gov/ooh/healthcare/dentists.htm#tab-6.
[2] Institute of Medicine and National Research Council. 2011. Improving access to oral health care for vulnerable and underserved populations. Washington, DC: The National Academies Press. www.iom.edu/Reports/2011/Improving-Access-to-Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx

care exposure for pre-clinical trainees; support for and emphasis on programs that provide incentives for trainees to enter into primary care pipeline programs that offer experience, exposure, and continuity of care in settings such as the Patient-Centered Health Home; clinical training in team-based practice models; and development of collaborative partnerships with pipeline programs.[3]

Applicants should also be committed to increasing diversity in health professions programs and the health workforce. This commitment includes ensuring that the workforce reflects the diversity of the nation, and that training programs develop providers' skills in cultural competence (see definition). It also includes recognizing that patients' health is enhanced when people of diverse backgrounds and experiences come together to develop innovative practices.

Program Definitions
The following is a glossary of key terms used throughout this funding opportunity:

- **<u>Diversity</u>** – 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, disabilities, and language.
- **<u>Disadvantaged Background</u>** – An individual from a disadvantaged background is defined as someone who comes from an environmentally or economically disadvantaged background:
    - o 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.
    - o 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 Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

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[3] Advisory Committee on Training in Primary Care Medicine and Dentistry. Priming the Pump of Primary Care. Ninth Annual Report to the Secretary of the U.S. Department of Health and Human Services and to Congress, February 2012. www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/ninthreport.pdf

2014 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	Income Level**		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	$23,340	$29,160	$26,840
2	31,460	39,320	36,180
3	39,580	49,480	45,520
4	47,700	59,640	54,860
5	55,820	69,800	64,200
6	63,940	79,960	73,540
7	72,060	90,120	82,880
8	80,180	100,280	92,220
For each additional person, add	$8,120	$10,160	$9,340

* 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 2013.

SOURCE: *Federal Register*, Vol. 79, No. 77, April 22, 2014, pp. 22506 – 22507

- **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). IPE means the collaborative process by which teams of health professionals develop curricula and courses, jointly coordinate and plan practical experiences, and team teach groups of interdisciplinary health professions students to provide holistic care throughout the lifespan.
- **Interprofessional (or collaborative) care** – Occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers [caregivers], and communities to deliver the highest quality of care across settings. (WHO, 2010)
- **Integrated health care delivery system** – A delivery system which provides or aims to provide a coordinated continuum of services to a defined population and are willing to be held clinically and fiscally accountable for the outcomes and the health status of the population served. At a minimum the proposed system must include collaborative practice across disciplines including dentistry or dental hygiene, mechanisms to improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided.
- **Other Health Care Trainees** – Other health professions trainees who will train alongside the Primary Trainees as part of the interdisciplinary training.
- **Primary Trainees** – Dental students, dental hygiene, and dental hygienists being trained through the proposed training program.
- **Team-based care** – Care delivered by intentionally created work groups of at least two health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families,

and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

- **Underrepresented minority** – Is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of people 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; Blacks; and Hispanics. The term ''Hispanic'' means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New, Competing Continuation

Funding will be provided in the form of a grant.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment.

2. Summary of Funding

This program will provide funding during federal fiscal years 2015 – 2019. Approximately $3,950,000 is expected to be available annually to fund approximately thirteen (13) awardees. The actual amount available will not be determined until enactment of the final FY 2015 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. Applicants may apply for a ceiling amount of up to $350,000 per year. It is anticipated that of the total funds available at least $800,000 will be awarded to programs that provide training to dental hygienists/dental hygiene students. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include accredited schools of dentistry, public or non-profit private hospitals, dental hygiene schools, or other public or private not-for-profit entities which the Secretary has determined are capable of carrying out such grants to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, public health dentistry, or dental hygiene for dental students, dental hygienists, or other approved primary care dental trainees that emphasizes training for general, pediatric, public health dentistry, or dental hygiene.

Faith-based and community-based organizations, community colleges, as well as Tribes and Tribal organizations, are eligible to apply provided they are capable of carrying out grants to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, public health dentistry, or dental hygiene for dental or dental hygiene students, or dental hygienists, or other approved primary care dental trainees, that emphasizes training in general, pediatric, public health dentistry, or dental hygiene. All training activities must be conducted by an accredited entity; therefore, either the applicant or a partner organization(s) responsible for any portion of the dental or dental hygiene training must be accredited. Programs in the process of receiving accreditation may apply however; the applicant or partner organization(s) must be accredited by the time of funding. HRSA will check the Commission on Dental Accreditation (CODA) website for accreditation confirmation. Accreditation must be maintained throughout the five-year project period. Failure to maintain accreditation will result in the termination of grant funding under this Funding Opportunity Announcement.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which 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/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://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 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. Other

Ceiling
Applications that exceed the ceiling amount 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.3* will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort (MoE)
Per Title VII, Sec. 797 of the Public Health Service Act (U.S.C. 295n–2), grant funds shall not be used to take the place of current funding for activities described in the application. The grantee must agree to maintain non-federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year preceding the fiscal year for which the entity receives the grant. All grantees must attach Maintenance of Effort information in Attachment 5.

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).

Financial Support
Students receiving financial support must: 1) be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States, 2) demonstrate need of the support, and 3) plan to work in the practice of general, pediatric, or public heath dentistry or dental hygiene.

Planning Year: A planning year is allowed. However, funded proposals must have students being trained through funded grant activities by the beginning of the second annual budget period, July 1, 2016.

IV. Application and Submission Information

1. Address to Request Application Package

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

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for completing the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract of the application. 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 Application Guide* **except where instructed in the funding opportunity announcement to do otherwise.**

See Section 8.5 of the *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 65 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 are NOT included in the page limit. **We strongly urge you to print your application to ensure it 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 for funding.

Program-specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 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 Application Guide*.

In addition to the instructions provided in the guide, please include the following:

- A brief overview of the project as a whole;

- Specific, measurable objectives that the project will accomplish; and
- How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of the project.

The project abstract must be single-spaced and limited to one page in length.

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.

Use the following section headers for the Project Narrative:

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

Describe the needs of the organizations involved as well as the needs of the communities that trainees would ultimately serve. Data should be used and cited whenever possible to support the information provided.

First, discuss the needs of the community/communities in which the training program is located and how they are currently served by the segment of the health workforce that will be trained through the proposed project. Include the socio-cultural determinants of health, health disparities, and any unmet needs. Provide documentation of demographics and other relevant data that demonstrate that it is a vulnerable, underserved, or rural community. Describe how these needs are reflective of needs at the State or national level.

Provide a brief statement of the purpose of the proposed project. Describe how the program is relevant at the national or State level. Describe gaps in the current health workforce, the program's targeted discipline(s) and their training needs, and explain how developing training to support this/these disciplines will address the health workforce gaps you have identified. Describe any existing policies at the State level that can be leveraged by the proposed project to improve oral health care delivery for vulnerable, underserved, or rural communities.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes 3 sub-sections –* *(a) Methodology; (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 -- Corresponds to Section V's Review Criterion #2 (a).*

Describe in detail the project goals, objectives, and intended outcomes. Clearly relate the project goals and objectives to the overall purpose of the proposed project and the needs identified in the community and training program. Objectives should be specific, measurable, realistic, and achievable within the project period. Describe the key activities proposed for accomplishing project goals and objectives.

Clearly indicate which Focus Area(s) your proposal addresses and how the proposed activities align with them. Specifically:

Focus Area 1: Enhancing training to support integration of oral health within the broader health care delivery system to improve access to oral health care for vulnerable, underserved, or rural communities:

Clearly describe:

- Partnerships with non-dental primary health care training programs to provide both didactic and experiential learning in interprofessional teams;
- Partnerships with community-based primary care delivery sites for vulnerable, underserved, or rural communities where trainees will have substantive clinical experience working in an integrated health care delivery system;
- The integrated health care delivery systems in which the training is to take place, to include the collaborative practice across disciplines, mechanisms to improve care coordination, and existing or proposed systems;
- How the proposed integrated health care delivery systems training model will improve access to care and quality of care provided to the vulnerable, and underserved, or rural communities served; and
- Partnerships with community-based organizations to provide training experiences developing and testing community level interventions to improve oral health care for vulnerable, underserved, or rural communities.

Focus Area 2: Training to support oral health providers practicing in advanced roles to improve access to vulnerable, underserved, or rural communities:

Clearly describe:
- Your proposed training and how it will prepare dental hygienists for advanced or expanded roles with in the State;
- The specific parts of State practice acts that are being leveraged by the proposed training e.g., changes in scope of practice or levels of supervision for dental hygienists; and
- How the proposed training will facilitate providing services vulnerable, underserved, or rural communities.

If included in your proposed Focus Area(s), describe any plans to develop and implement innovative programs to encourage and support students from underrepresented minorities, rural or disadvantaged backgrounds, and/or veterans. Include in your description the strategies and activities to be employed as well as partnerships or outreach to existing programs or institutions. Discuss how your program will facilitate placement of trainees in vulnerable, underserved, or rural communities.

In this section, you should also describe the roles and responsibilities of the lead applicant and all partner organizations. Describe the facilities that you plan to use for the proposed activities and any changes that will be required to implement the plan including any needed equipment or system for the training environment. Describe any needed facility construction or renovations

required to implement your plan and what non-grant resources will be used for this. **Note that no grant funds may be used for construction and/or renovation activities.**

Also, include the following in your Methodology section:
- Describe how your project is innovative and will prepare dental students and/or dental hygienists to practice in new and emerging models of care that address care that are designed to meet the needs of vulnerable, underserved, or rural communities;
- Provide evidence supporting the proposed methodologies, including published literature, prior experience, and historical data, for the appropriateness of the proposed methodology;
- Discuss other professional trainees (e.g., medical students, nursing students, physician assistant students, etc.) that you will incorporate into your program, where they will be drawn from, and how they will interact in team-based training with your Primary Trainees;
- Describe the existing or proposed partnerships and collaboration that will support the proposed project. You are expected to provide documentation of meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities (e.g., through memoranda of agreement, letters of commitment, etc.) in Attachment 2; and
- Describe what methods will be used to disseminate the methods, findings, and outcomes of your proposed project.

- *(b) WORK PLAN -- Corresponds to Section V's Review Criterion 2 (b).*

    In this section, provide a detailed work plan that includes key milestones for each task or activity, timeframe for completion, and a description of the staff responsible. Describe key deliverables and/or products.

    You must include an annual training chart that indicates the number of students you plan to train through proposed activities. The chart must include information on the following:
    - Primary Trainees: Only include information on Primary Trainees that will be trained through the grant. For each Primary Trainee type, 1) Dental Students and 2) Dental Hygienists/Dental Hygiene students include:
        - the number you propose to train each year;
        - the number you project to graduate each year;
        - if applicable, the projected number of participants in any pipeline support plan;
        - the number of underrepresented minorities you project to train each year;
        - the number of students from a rural or disadvantaged background that you project to train each year; and
        - the number of veterans that you project to train each year.
    - Other Trainees:
      Include the expected number of other health professions trainees, by discipline, that you propose to train alongside your Primary Trainees during each year of the five-year project period.

Provide a work plan chart that includes the goal, key objectives, activities/tasks, staff, and a timeline (a sample can be found at http://bhpr.hrsa.gov/grants/technicalassistance/workplantemplate.docx). Your work plan should include, but not limited to, evaluation and dissemination activities, any needed facility improvements for the training environment, and **non-federal grant-funded** construction or renovations envisioned.

- *(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)*

You must include evaluation as an objective of your proposed program and include it in your work plan. Progress on your evaluation work plan will be monitored and if funded, you will report on your progress in annual progress reports. A finalized evaluation plan will be required by the end of the first annual budget period, June 30, 2016.

In addition, discuss your plans for, and feasibility of, disseminating project results, including relevant audiences, the degree to which the project activities are replicable, and the effectiveness of plans for dissemination of project results.

Your evaluation plan must include the following three areas: 1) required HRSA performance and progress reporting; 2) regular, on-going program assessment and improvement over the course of the project; and 3) assessment of program impact. 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. Information on HRSA's required Performance and Progress Reporting may be found in Section VI. 3. Reporting.

HRSA Required Performance and Progress Reporting: You must describe the systems and processes you will use to meet HRSA's program progress and performance measurement requirements (see Section VI Award Administration Information, #3 Reporting). Include a description of how you will effectively collect, manage, and analyze required data in a way that allows you to provide accurate and timely required reports to HRSA in the HRSA Electronic Handbooks (EHB). At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Your systems and processes should include tracking and reporting on required performance reports as well as tracking and reporting on progress and accomplishment on your grant objectives and work plan. Describe any potential

obstacles to implementing the program progress and performance evaluation and meeting HRSA's reporting requirements, and indicate how those obstacles will be addressed.

Applicants must describe their capacity to collect and report data such as, but not limited to, the following on a semi-annual basis:
- The number and types of training programs;
- The number and demographics of students trained and the number who graduate during each reporting period;
- The number of graduates who pursue careers in general, pediatric, or public health dentistry or dental hygiene;
- The employment locations of graduates; and
- The number of interprofessional teams that were trained and the members of these teams.

To carry out your performance reporting you are required to create a trainee tracking system that tracks program trainees for at least five years following completion of the training program. Applicants are required to identify the baseline percentage of graduates who:
- Go on to practice in and/or enter into advanced training in general, pediatric, or public health dentistry or dental hygiene, and
- Practice in a rural setting, designated Dental HPSA, or practice in a setting whose patient population is at least 50% vulnerable or underserved populations

Applicants will be expected to set specific and realistic percentage points goals for each of the outcomes listed above.

Program Assessment and Improvement:
You must describe a continuous quality improvement plan to measure and assess your program's performance. Your plan should provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. Your plan should also discuss how the results of these activities will inform improvements in the project over the five-year project period. Rapid-cycle improvement strategies such as Plan-Do-Study-Act (PDSA) cycles that will provide feedback to the applicant and HRSA about early results of the implementation and potential modifications to better meet the goals of the program are encouraged.

Program Impact:
Programs pursuing Focus Area 1 should also propose evaluating the impact of select activities in at least one of the following three areas: 1) Access to care of the vulnerable, underserved, or rural communities being served, 2) quality of care received by patients in the new training environment, and 3) the cost effectiveness of the care delivered in the new training environment. Evaluation in these areas is encouraged to be integrated with clinical quality improvement projects. Programs under Focus Area 2 may also include these measures in their plan.

In general, your 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. You may incorporate by

reference your information from your *Staffing Plan and Job Descriptions for Key Personnel* (Attachment 1) or key personnel bio sketches when discussing your technical support capacity.

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

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

Propose a plan for project sustainability after the period of federal funding ends. Discuss challenges that are likely to be encountered in sustaining program activities and approaches you plan to use to address them. Documentation should specify strategies to obtain future sources of potential income, as well as specify strategies and a timetable for becoming self-sufficient. Be sure to include the criteria you will use to determine what parts of your program will be considered for sustaining. Address any need for ongoing financial or other resources to sustain activities and your approaches to meet that need. Key elements include, but are not limited to:
- Effective training methods and environments;
- Key partnerships; and
- Course curriculum, which may include ongoing review and refinements.

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

Provide information on the applicant organization's current mission and structure, organizational chart (Attachment 3), and scope of current activities. Describe how all of these contribute to the ability of the organization to conduct the program requirements and meet program expectations, and provide a detailed description of how the organization will support the proposed activities. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services. Describe how the unique needs of target populations in the communities served are routinely assessed and addressed.

In this section, you must provide information that includes, but is not limited to:
- Evidence of the capacity of all organizations involved to implement the proposed integrated training programs;
- Evidence of an adequate staffing plan for the proposed project (Attachment 1); and
- Evidence of support and commitment from partnerships with: non-dental health care training programs, community-based primary care delivery sites and organizations serving vulnerable, underserved, or rural communities. Letters of support should show understanding of the planned activities and clearly state commitment to the project (Attachment 8).

iii. *Budget*
Please complete the Budget and Budget Justification Narrative, as directed below in section i. For year 5 of the project period, please submit a copy of Sections A and B of the SF-424A as **Attachment 10**.

iv. *Budget Justification Narrative*

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 grant-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.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) 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 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. In addition, the Predoctoral Training in General Dentistry, Pediatric Dentistry and Dental Public Health and Dental Hygiene program requires the following, which Corresponds to Section V's Review Criteria #5:

> Participant/Trainee Support Costs, if applicable: List tuition/fees/health insurance, stipends, travel, subsistence, other and the number of participants/trainees.

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

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

Projects that propose training dental students and either dental hygiene students or dental hygienists must provide a breakdown of the line item budget between dentistry and dental hygiene.

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

v. *Attachments*

Please provide the following items in the order specified below to complete the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. **Unless otherwise noted, attachments count toward the application page limit. Each attachment must be clearly labeled**.

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

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) (counted in page limit)
Provide documentation that describes a formal working relationship(s) between the applicant organization and other entities/programs cited in the proposal. Documentation should briefly summarize actual or pending contractual agreements and should clearly describe the role(s) of the contractors as well as any deliverables. Documentation should be at least one page in length and must be signed and dated by the entities involved.

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

Attachment 4: Tables, Charts, etc. (counted in page limit)
Provide any additional documents to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 5: Maintenance of Effort Documentation (counted in page limit)
Applicants must provide a baseline aggregate expenditure for the prior fiscal and an estimate for the next fiscal year using a chart similar to the one below.

NON-FEDERAL EXPENDITURES	
FY 2014 (Actual) Actual FY 2014 non-Federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2015 (Estimated) Estimated FY 2015 non-Federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Request for Funding Priority, if applicable (counted in page limit)

To receive a funding priority you must apply by uploading an attachment that: 1) clearly states which priorities you are requesting, 2) briefly indicates how each priority is met, and 3) provides any required data and calculations for each priority. <u>For each priority, applicants should provide:</u>
   a. A concise narrative justification of why you qualify;
   b. The method(s) being used to request the priority;
   c. A reference to relevant Objectives, Work plan, and Activities, if applicable;
   d. A summary of the data requested, if applicable; and
   e. A complete calculation with numerator and denominator, if applicable
See the **Funding Priority** section under **Review** and **Selection Process**, Section V.2.

Attachment 7: Summary Progress Report (counted in page limit)
ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Information included in this application pertaining to previously funded grant activities may be reviewed by HRSA staff to ensure consistency. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

(1) <u>The period covered (dates)</u>.

(2) <u>Specific Objectives</u> - Briefly summarize the specific objectives of the project as actually funded. You must include any approved Changes of Scope and why they were requested.

(3) <u>Results</u>- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 8: Letters of Support counted in page limit
Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone in authority to speak for the

organization or department (CEO, Chair, etc.), must be dated, and 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: Biographical Sketches of Key Personnel (Counted in page limit).
Include biographical sketches for persons occupying the key positions described in Attachment 1. 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.

Attachment 10: Year 5 of project period *(NOT counted in page limit)*
For year 5 of the project period, please submit a copy of Sections A and B of the SF-424A. Refer to the Application Guide for further details.

Attachment 11: Other Relevant Documents (counted in page limit)
Include here any other documents that are relevant to the application.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is February 2, *2015 at 11:59 P.M. Eastern Time.*

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

4. Intergovernmental Review

The Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

5. Funding Restrictions

Applicants responding to this announcement must request funding for a project period of five (5) years, at no more than $350,000 per year in total costs (direct and indirect). Awards to support projects beyond the first budget year will be contingent upon the availability of Congressional appropriations, 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 construction/renovation activities.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application*

Guide for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant 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 reviewed. 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 Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene has 5 (five) review criteria:

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

The extent to which the application describes the problem and associated contributing factors to the problem, including the quality of and extent to which the applicant:

- Demonstrates an understanding of the communities to be served by practitioners trained through the proposed program and provides documentation that the communities are vulnerable, underserved, or rural communities;
- Identifies the gaps and needs of the current oral health workforce that inhibit their delivery of primary and preventive services to vulnerable, underserved, or rural communities;
- Identifies gaps in the training programs for oral health professionals both generally and at their institution(s);
- Demonstrates an understanding of the policy environment at the State level that may impact the delivery of and access to dental care services, particularly to vulnerable, underserved, or rural communities; and
- Proposes to enhance dental workforce education and training to better prepare predoctoral dental students, dental hygiene students, and dental hygienists to practice in new and emerging models of care.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV's Response to Program Purpose

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

The application will be evaluated on the extent to which the applicant demonstrates an understanding of the program requirements and expectations, and the extent to which the proposed goals, objectives, and activities will address the needs highlighted in the Purpose and Needs section. The methodology will be reviewed on the following:

- The extent to which the proposal addresses at least one of the two focus areas: (1) Enhancing training to support integration of oral health within the broader health care delivery system to improve access to oral health care for vulnerable, underserved, or rural communities; or (2) Training to support oral health providers practicing in advanced roles to improve access to vulnerable, underserved, or rural communities;
- The strength and feasibility of program activities that encourage and support students from underrepresented minorities, disadvantaged or rural backgrounds, and/or veterans;
- The degree to which the proposed activities are linked to clearly defined goals and objectives that address the *Purpose and Needs* section;
- The degree to which the objectives are specific, measurable, reasonable, and attainable within the five-year project period;
- The extent to which the applicant's proposed methods, tools, and strategies are clearly described and will adequately address the stated goals, program requirements, and expectations of the FOA;
- The degree to which the project is innovative. In this case, innovative may mean the proposed activities are new overall or new within the described organizational, local, or State context;
- The extent to which evidence is provided to support the proposed methodologies, including published literature, prior experience, and historical data, for the appropriateness of the proposed methodology;
- The extent to which other professional trainees (e.g., medical students, nursing students, physician assistant students, etc.) are incorporated into the team-based training of the primary trainees;
- The strength and level of involvement/commitment of contributing partners; and
- For Focus Area 1, the extent to which partnerships are proposed with non-dental primary health care training programs, community-based primary care delivery sites and other community-based organizations serving vulnerable, underserved, or rural communities; and
- For Focus Area 2, the extent to which the proposed training will prepare dental hygienists and facilitate providing services to rural or underserved communities with non-dental primary health care training programs, community-based primary care delivery sites and other community-based organizations serving vulnerable, underserved, or rural communities.

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

The application will be reviewed for the extent to which the applicant provides a clear, comprehensive, and feasible work plan to achieve the goals and objectives of the proposal. This includes:

- The feasibility of the proposed activities and timelines;
- The extent to which the work plan chart is clear, complete, and comprehensive;
- The extent to which the applicant clearly describes and justifies the number of cohorts of graduates planned during the five-year project period;
- The adequacy of the staffing plan to implement the proposed work plan. Reviewers should consider level of staffing, skill sets proposed, and qualifications of key personnel. Reviewers may also consider positions descriptions planned for recruiting activities of unfilled proposed positions;
- The extent to which the proposed project offers an innovative and promising approach to prepare students to successfully practice in new and emerging models of care; and
- The extent to which the proposed facilities, including proposed equipment, for the training program are clearly described, reasonable and adequate to accomplish the goal of the proposed training project.

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

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

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

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

The application will be reviewed on the strength of the proposed evaluation methods, including clearly described tools and strategies that will adequately evaluate the stated goals and objectives, program requirements, and expectations of the FOA, including:

- The extent to which the application addresses all parts of the evaluation plan that are required for the selected focus area(s), including the presence of an evaluation objective and its integration into the work plan under the Work Plan section of the narrative;
- The description of inputs, key processes, and quantitative/qualitative data that will be used to measure progress towards goals, outcomes, and impacts of the proposed project;
- The extent to which the applicant has or plans to secure the resources and technical capabilities to carry out the proposed evaluation plan;

- Extent to which applicant identifies obstacles of evaluation and identifies ways to address these obstacles; and
- Strength and feasibility of dissemination plan, degree to which project results may be regional or national in scope, and replicable.

HRSA Required Performance and Progress Reporting:
- Strength of applicant's ability to report on HRSA's program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data on a semi-annual basis;
- Strength of a trainee tracking system that allows the program to track trainees following completion of the training program;
- The extent to which the proposed trainee tracking system will allow programs to assess if graduates are practicing in, including participation in advanced training programs, in general, pediatric, or public health dentistry or dental hygiene; and
- The extent to which the proposed trainee tracking system will allow programs to assess if graduates are practicing in a rural setting, designated Dental HPSA, or in a setting serving other vulnerable or underserved populations.

Program Assessment and Improvement:
- Strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities including how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans; and
- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities.

Program Impact (optional for Focus Area 2):
- Extent to which the evaluation plan will be able to assess the impact grant activities have on the access to care, quality of care, and cost effectiveness of care delivered to the targeted vulnerable, underserved, or rural communities being served in the proposed clinical training environment under Focus Area 1. This part of the evaluation plan is optional for Focus Area 2 and will not be reviewed as a weakness for that focus area if it is not proposed.

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

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, including the quality of, and extent to which, the application addresses:

- Planning for how the applicant will incorporate successful results, effective training methods and environments, key partnerships and course curriculum into their overall training program; and
- Ongoing resources needed to sustain activities and the effectiveness of the methods proposed to meet those needs.

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

The application will be reviewed to determine the extent to which the organization and partners are aligned with the goal of this funding opportunity and have the capability and support to carry out the proposed activities. Criteria that will be considered include:

- The extent to which the organizations' current mission(s) and structures are aligned with the goal of this funding opportunity;
- The extent to which the applicant organization and proposed partners have the capabilities to carry out the proposed activities, including the ability to secure needed staff and resources;
- The extent the applicant organization and its proposed partners can effectively provide services to the vulnerable, underserved, or rural communities to be served;
- The extent to which the proposed Project Organizational Chart (Attachment 3) will allow for effective collaboration among partners and proper oversight of progress and activities;
- The extent to which project key personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated through both the project narrative and Staffing Plan and Job Descriptions for Key Personnel (Attachment 1);
- Evidence of meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities;
- The strength of evidence of support and commitment from all collaborative partners, e.g., resources and letters of support demonstrating their understanding of their role and affirming their commitment to the project; and
- For each training program involved, the extent to which the evidence demonstrates an understanding, support, and commitment to implementing proposed changes to the program curriculum by the individual or body responsible for the overall curriculum, e.g., letter from dean's, educational boards, etc.
- For competing continuations, past performance will also be reviewed, to include the ability to accomplish the goals and objectives of the competing continuation grant and the ability to respond to potential barriers and challenges (See *Section IV.2.vii, Attachment 7, Summary Progress Report*).

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

Applications will be reviewed for the adequacy and reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the project activities, and the anticipated results, including:

- The extent to which the budget narrative provides sufficient detail to determine what the funds requested will be used for and the reasonableness of the request;
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and necessary given the scope of work and project plan;

- The extent to which the modifications to clinical environments, e.g., equipment, systems, or supplies are reasonable and necessary to implement the proposed training environment;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which the amount budgeted for unfilled positions is reasonable and takes into consideration proposed recruitment timelines and considers the institution's hiring process;
- The degree to which the budget justification is reasonable, including indirect costs fixed at 8%, and describes the entire project costs including any trainee expenses; and
- If the applicant is proposing training both types of Primary Trainees (dental students and dental hygienists/dental hygiene students), the degree to which the applicant clearly breaks down the line item budget between disciplines for each of the five budget periods.

2. Review and Selection Process

Please see section 5.3 of the HRSA's *SF-424 Application Guide*. Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

It is anticipated that of the total funds available at least $800,000 will be awarded to programs that provide training to dental hygienists/dental hygiene students. Accordingly, HRSA will provide consideration to those applicants during the decision-making process.

Funding Priorities
This program includes a funding priority, as authorized by Title VII, Sec. 748 of the Public Health Service 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 Predoctoral Training in General, Pediatric and Dental Public Health and Dental Hygiene program has eight (8) 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 8 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/criteria for each funding priority are provided below, and funding priority requests and justification narratives/data should be uploaded and labeled as Attachment 6. Funding priorities are approved or denied by an objective review committee. **Failure to clearly request or provide the requested information, documentation, or sufficient detail may result in reviewers denying the applicants' request**. Applicants must use their judgment in deciding what information reviewers will need in order to grant the funding priority. Some funding priorities include important definitions (for words in italics – see section I.2 Background for definitions).

PARTNERING

Priority 1: Collaborative Project (1 Point)
To qualify for this priority you must propose a collaborative project between: 1) a department of general, pediatric, or public health dentistry or dental hygiene and 2) a department of primary care medicine. The proposed collaboration must be significant and included as one of the grant objectives in the work plan. The collaboration must include joint planning and implementation of the project.

Priority 2: Formal Relationships (1 Point)
To qualify for this priority you must demonstrate that your dental hygiene or predoctoral dental training program has established formal relationships with: 1) a Federally qualified health center, 2) a rural health center*, or 3) an accredited teaching facility that conducts training of students, residents, fellows, or faculty at the center or facility.

To apply for this priority you must provide documentation of an actual or pending working relationship. See Attachment 2 for submission requirements.

TEACHING ACTIVITIES (3 Points)
Three Priority Points will be awarded to applicants that qualify for **one or more** of the following priorities:

Priority 3: Cultural Competency and Health Literacy
To qualify you must include in your proposal educational activities in cultural competency and health literacy. The proposed activities must be identified as one of your objectives, included in your work plan, and be considered substantive by an objective review committee.

Priority 4: Special Population
To qualify you must propose the establishment of: 1) a special population's oral health care education center or 2) a didactic and clinical education training program. The target of the activity must be dentists, dental health professionals, and dental hygienists who plan to teach oral health care for individuals with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly. The proposed activities must be one of your objectives, included in your work plan, and be considered substantive by an objective review committee.

For the purpose of this priority, a special population's oral health care education center is defined as an academic center whose mission is focused on supporting dentists, dental health professionals, and dental hygienists in teaching of oral health care for individuals with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.

Priority 5: Vulnerable Population Focus
To qualify you must propose to conduct teaching programs targeting vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with disabilities, individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations. The proposed activities must be identified as one of your objectives, included in your work plan, and be considered substantive by an objective review committee.

PLACEMENT

Priority 6: Discipline Retention (5 Points)
This priority focuses on the number of graduates from your program who enter into, and remain in, general, pediatric, and public health dentistry or dental hygiene. There are two ways to qualify outlined below:

1) Record of Training
To qualify under **Record of Training** you must demonstrate that the percentage of your program graduates who enter into, and remain in, general, pediatric, or public health dentistry or dental hygiene practice for the last two academic years (AY) (2012/2013 and 2013/2014) is greater than 90%. To apply you must provide and clearly label in Attachment 6, the **Greatest Percentage** calculation and all of the data shown below. To calculate the greatest percentage, please use the formula below:

$N_{2012/2013}$ – Numerator (2012/2013) = the number of graduates who entered into and remained in general, pediatric, or public health dentistry or dental hygiene in 2013.

$N_{2013/2014}$ – Numerator (2013/2014) = the number of graduates who entered into and remained in general, pediatric, or public health dentistry or dental hygiene in 2014.

$D_{2012/2013}$ – Denominator (2012/2013) = the total number of graduates in 2013.

$D_{2013/2014}$ – Denominator (2013/2014) = the total number of graduates in 2014.

To calculate the greatest percentage, please use the formula below:

$$\text{Greatest Percentage} = \frac{N_{2012/2013} + N_{2013/2014}}{D_{2012/2013} + D_{2013/2014}} \times 100$$

2) **Significant Improvement**
   To qualify under **Significant Improvement** you must demonstrate your program has achieved a significant improvement in the percentage of graduates who enter into, and remain in, general, pediatric or public health dentistry or dental hygiene practice from AY 2011/2012 to AY 2013/2014. This will be determined by programs with a **Percentage Point Increase** of 50% or more in the number of graduates who entered into, and remained in, general, pediatric or public health dentistry or dental hygiene. To apply you must provide and clearly label in Attachment 6, the **Percentage Point Increase** calculation and all of the data shown below please use the formula below:

   $N_{2013/2014}$ – Numerator (2013/2014) = the number of graduates who entered into and remained in general, pediatric, or public health dentistry or dental hygiene in 2014.

   $D_{2013/2014}$ – Denominator (2013/2014) = the total number of graduates in 2014.

   $N_{2011/2012}$ – Numerator (2011/2012) = the number of graduates who entered into and remained in general, pediatric, or public health dentistry or dental hygiene in 2012.

   $D_{2011/2012}$ – Denominator (2011/2012) = the total number of graduates in 2012.

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

   Percentage Point Increase = $(N_{2013/2014}/D_{2013/2014} - N_{2011/2012}/D_{2011/2012})$ x 100

   Note: New programs, or programs that had no program graduates in 2012, are not eligible for this priority due to absence of baseline data.

Priority 7: Placement in Practice Settings (5 Points)
This priority focuses on the number of graduates from your program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify, as outlined below:

1) **High Rate**
   To qualify under **High Rate** you must demonstrate that the percentage of graduates placed in practice settings serving underserved areas or health disparity populations for the last two AY years (2012/2013 and 2013/2014) is greater than 50%. To apply you must provide and clearly label in Attachment 6, the High Rate calculation and all of the data shown below:

N2012/2013 – Numerator (2012/2013) = the number of graduates in practice settings serving underserved areas or health disparity populations in 2013.

N2013/2014 – Numerator (2013/2014) = the number of graduates in practice settings serving underserved areas or health disparity populations in 2014.

D2012/2013 – Denominator (2012/2013) = the total number of graduates in 2013.

D2013/2014 – Denominator (2013/2014) = the total number of graduates in 2014.

To calculate the rate of placement in practice settings, please use the formula below:

$$\text{High Rate} = \frac{N_{2012/2013} + N_{2013/2014}}{D_{2012/2013} + D_{2013/2014}} \times 100$$

2) **Significant Increase**
To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** from AY2011/2012 to AY 2013/2014 of 20% in the rate of placing program graduates in practice settings serving underserved areas or health disparity populations. To apply you must provide and clearly label in Attachment 6, the **Percentage Point Increase** calculation and all of the data shown below:

N2013/2014 – Numerator (2013/2014) = the number of graduates who are currently placed in practice settings serving underserved areas or health disparity populations in 2014.

D2013/2014 – Denominator (2013/2014) = the total number of graduates in 2014.

N2011/2012 – Numerator (2011/2012) = the number of graduates who are currently placed in practice settings serving underserved areas or health disparity populations in 2012.

D2011/2012 – Denominator (2011/2012) = the total number of graduates in 2012.

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

$$\text{Percentage Point Increase} = ((N_{2013/2014}/D_{2013/2014} - N_{2011/2012}/D_{2011/2012})) \times 100$$

Note: New programs, or programs that had no graduates in 2012, are not eligible to apply for this component of Priority 7 due to the absence of baseline data.

A *Medically Underserved Community (MUC)* is a geographic location or population of individuals that is eligible for designation by a state or the federal government as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor's Certified Shortage Area for Rural Health Clinic purposes. MUC also includes populations who are homeless, residents of public housing, and migrants.

These areas may include areas and populations served by the HRSA-funded Community Health Centers, Federally Qualified Health Centers, Health Care for the Homeless, Rural Health Clinics, and Public Housing Primary Care grant programs.

Applicants are strongly encouraged to use the *Dental HPSA* as a measure supporting this request. The *HPSA* demonstrates a critical shortage of either primary care, dental or mental health providers, in accordance with federally-established guidelines. The *Dental HPSA* identifies an area's access to dental care by assigning a score to the *HPSA* and is therefore a valuable tool for applicants applying for this priority. *Dental HPSA* designation requirements can be found here: http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/dentalhpsaoverview.html. A listing of current Dental HPSAs can be found at: http://hpsafind.hrsa.gov.

STUDENT TRAINING
Priority 8: Student Recruitment (5 Points)
This priority focuses on a record of training individuals who are from a rural or disadvantaged background, or from underrepresented minorities.

1) **Rural area**
   For the purposes of applying for this priority, "rural" means either a jurisdiction that is not located in a metropolitan statistical area (MSA), as defined by the Office of Management and Budget http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html or any jurisdiction located in an MSA, but in a county or tribal jurisdiction that has a population less than 50,000. Special rules apply for independent cities and townships.

2) Disadvantaged background

HHS defines an individual from a *disadvantaged background* as one who comes from: 1) an environment that has inhibited him/her from obtaining the knowledge, skill, and abilities required to enroll in and graduate from health professions school or 2) 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 Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

2014 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	Income Level**		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	$23,340	$29,160	$26,840
2	31,460	39,320	36,180
3	39,580	49,480	45,520
4	47,700	59,640	54,860
5	55,820	69,800	64,200
6	63,940	79,960	73,540
7	72,060	90,120	82,880
8	80,180	100,280	92,220
For each additional person, add	$8,120	$10,160	$9,340

* 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 2013.

SOURCE: *Federal Register*, Vol. 79, No. 77, April 22, 2014, pp. 22506 - 22507

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; or
- 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.

An individual must be certified by a school as having come from a *disadvantaged background* based on *environmental and/or economic factors.* Applicants should include the criteria used by the school for this designation.

3) **Underrepresented minority population**
An underrepresented minority is 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 the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented: Black or African American; Hispanic (all races); Native Hawaiian or Other Pacific Islander; American Indian or Alaska Native.*

To request this priority, an applicant must demonstrate a record of training individuals who are from a rural or disadvantaged background or from underrepresented minorities for the last two years academic years (2012/2013 and 2013/2014). Priority will be given to applicants that attain a percentage of 25% for any of the three groups. To apply you must provide and clearly label in Attachment 6, the **Greatest Percentage** calculation and all of the data shown below.

N2012/2013 – Numerator (2012/2013) = the number of graduates who are from a rural or disadvantaged background or from underrepresented minorities in 2013.

N2013/2014 – Numerator (2013/2014) = the number of graduates who are from a rural or disadvantaged background or from underrepresented minorities in 2014.

D2012/2013 – Denominator (2012/2013) = the total number of graduates in 2013.

D2013/2014 – Denominator (2013/2014) = the total number of graduates in 2014.

To calculate the greatest percentage, please use the formula below:

$$\textbf{Greatest Percentage} = \frac{\textbf{N2012/2013} + \textbf{N2013/2014}}{\textbf{D2012/2013} + \textbf{D2013/2014}} \times 100$$

Applicants may use any format to request priorities; however, this information must be submitted as Attachment 6. **Failure to *clearly request* and provide the below information, documentation or sufficient detail may result in the applicant's request for the priority to be denied.** Attachment 6 should provide in one document a list of the priority(ies) being requested, clearly indicated by the number and name of the priority.

For each priority, please provide:
   a. A concise narrative justification of why you qualify;
   b. The method(s) being used to request the priority;
   c. A reference to relevant Objectives, Work plan, and Activities if applicable;
   d. A summary of the data requested if applicable; and
   e. A complete calculation with numerator and denominator if applicable.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) will be sent prior to the start date of July 1, 2015. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's *SF-424 Application Guide* and the following reporting and review activities:

1) **Progress Report(s).**
   The awardee must submit a progress report to HRSA on an annual basis. The Bureau of Health Workforce (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 awardee progress on program-specific goals. Awardees 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 awardee 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 awardee should also plan to report on dissemination activities in the annual progress report.

   Further information will be provided in the NoA.

   Copies of any materials disseminated should include the following acknowledgement and disclaimer:

   > "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 [list grant number], [list title for grant] for $ [specify total award amount]. 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."

2) **Performance Reports.**
   The awardee must submit a Performance Report to HRSA via the HRSA EHBs on a **semi-annual** basis. All BHW grantees 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). Performance Reporting for BHW programs was newly implemented in Fiscal Year 2012. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact sub-section (a). Further information will be provided in the NoA.

Semi Annual Report #1 covers activities between July 1 and December 31 each year. The report must be submitted by January 31 of the following year.

Semi Annual Report #2 covers activities between January 1 and June 30 each year. The report must be submitted by July 31 of the same year.

3) **Final Report.** A final report is due within 90 days after the project period ends. The Final Report must be submitted online by awardees in the EHB 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 awardee 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 project's ability to implement the approved plan; and
- Summary Information:
  - Project overview;
  - Project impact;
  - Prospects for continuing the project and/or replicating this project elsewhere;
  - Publications produced through this grant activity; and
  - Changes to the objectives from the initially approved grant.

Further information will be provided in the Notice of Award.

4) **Federal Financial Report**. A Federal Financial Report (SF-425) is required within 120 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

5) **Other required reports and/or products**

A finalized evaluation plan will be required by the end of the first annual budget period, June 30, 2016.

VII. Agency Contacts

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

Denis Nikiema, Grants Management Specialist
Attn.: Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene Program
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-105H.4
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8007
Fax: (301) 443- 6343
Email: DNikiema@hrsa.gov

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

Diane Weidley, RDH, BSDH
Public Health Analyst, Oral Health Training Branch
Attn: Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene Program
Bureau of Health Workforce, HRSA
Parklawn Building, Room 12C-06
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8106
Fax: (301) 443-8890
Email: DWeidley@hrsa.gov

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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726   (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/awardees 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, 9:00 a.m. to 5:30 p.m. ET:

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

VIII. Other Information

The Oral Health Training Branch (OHTB) in BHW's Division of Medicine and Dentistry will conduct two technical assistance (TA) sessions for this funding opportunity announcement. The first session will be a webinar and will include information important for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available one hour after the call ends, and a recording of the webinar will be available approximately one day after the webinar ends, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: http://bhpr.hrsa.gov/grants/dentistry/ptd.html.

The second TA session will be a phone call and will also include information important for preparing an application and an opportunity to ask questions. A taped replay will be available one hour after the call ends, through the closing date of the funding opportunity. The TA sessions will take place as follows:

Date: Wednesday, December 17, 2014
Time: 2:00 p.m. ET
Telephone Number: 800-857-6260
Passcode: 2050762
Web Link: https://hrsa.connectsolutions.com/tech_asst/
Play-back telephone number: 866-425-0202
Passcode: 3715

Date: Wednesday, January 21, 2015
Time: 2:00 p.m. ET
Telephone Number: 800-857-6260
Passcode: 2050762
Play-back telephone number: 888-484-8258
Passcode: 4115

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's *SF-424 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://bhpr.hrsa.gov/grants/technicalassistance/index.html.