DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Advanced Nursing Education Workforce (ANEW) Program

Funding Opportunity Number: HRSA-19-003
Funding Opportunity Type: New, Competing Continuation

Catalog of Federal Domestic Assistance (CFDA) Number 93.247

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: January 8, 2019

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

Issuance Date*: October 19, 2018

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Authority: Section 811 of the Public Health Service Act (42 U.S.C. 296j).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Advanced Nursing Education Workforce (ANEW) Program. The purpose of this program is to support innovative academic-practice partnerships to prepare primary care advanced practice registered nursing students through academic and clinical training for practice with a focus on rural and underserved populations. The partnerships support traineeships as well as academic-practice program infrastructure for schools of nursing and their practice partners to deliver longitudinal primary care clinical training experiences with rural and/or underserved populations for selected advanced practice nurse practitioner (NP), clinical nurse specialist (CNS), and nurse-midwifery students in primary care programs. The partnerships will also help link program graduates to the HRSA Health Workforce Connector and other existing support resources so they can find employment in rural and underserved community-based settings.

Funding Opportunity Title:	Advanced Nursing Education Workforce (ANEW) Program
Funding Opportunity Number:	HRSA-19-003
Due Date for Applications:	January 8, 2019
Anticipated Total Annual Available FY2019 Funding:	$37,250,000
Estimated Number and Type of Awards:	Up to 53 awards
Estimated Award Amount:	Up to $700,000 per year (includes up to $350,000 per year for traineeship funds) subject to availability of funds.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2023 (4 years)
Eligible Applicants:	Eligible applicants are schools of nursing, nursing centers, academic health centers, state or local governments, HRSA supported health centers and other private or public nonprofit entities determined appropriate by the Secretary. For profit entities are not eligible under this Notice of Funding Opportunity (NOFO). See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Advanced Nursing Education Workforce (ANEW) Program.

Program Purpose
The ANEW program supports academic clinical partnerships to educate and graduate primary care Nurse Practitioners (NP), clinical nurse specialists (CNS) and nurse midwives (NM) who are academically and clinically prepared for the unique challenges of transitioning from nursing school to practice in rural and underserved communities, thereby increasing access to needed primary medical care for these populations.

Program Goals
Awardees must develop and deliver longitudinal clinical training experiences to primary care Advanced Practice Registered Nursing (APRN) students (NP, CNS, and NM). This includes supporting traineeship in rural and underserved community-based settings.

A longitudinal clinical training experience is a long term (e.g., 3-6 months) clinical experience with a clinical partner, focusing on the care of rural and/or underserved populations, for nursing students enrolled in accredited primary care NP, primary care CNS, and/or nurse-midwife programs.

Program Objectives
1. Establish or enhance at least one innovative academic clinical partnership between one or more schools of nursing and one or more clinical practice partners.
2. Organize and implement longitudinal immersive clinical training experiences for Advanced Practice Registered Nursing students in community-based settings, including providing support to students through traineeships.
3. Recruit, train, develop, support, and evaluate preceptors as program partners to enhance community-based clinical and didactic nursing education
4. Connect NP, CNS and NM graduates with existing resources so they can find employment in rural and underserved areas.
5. Have the ability to follow-up on graduates' career outcomes after graduation to determine retention in nursing practice and in rural/underserved communities for a period of at least 1 year post-graduation.

Statutory Funding Preference
The ANEW program provides a funding preference for qualified applicants, authorized by Section 805 of the Public Health Service Act, for projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments.

Program Priorities

Applicants are encouraged to select and address one of the priorities below which include HHS's and HRSA's priority for combatting the opioid crisis and value based care as well as other HRSA priorities.

- *Combatting the opioid crisis*/Mental Health*
- *Value-based care delivery and quality improvement initiatives*
- *Transforming the workforce – targeting the need*
- *Telehealth*
- *Childhood obesity*
- *Maternal Mortality*

* If your application discusses opioids as a priority, please consider that HRSA has a number of investments targeting opioid use disorder and substance use disorder across its Bureaus and Offices that applicants may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit https://www.hrsa.gov/opioids.

2. Background

The ANEW Program is authorized by Section 811 of the Public Health Service Act (42 U.S.C. 296j).

The demand for primary care services has increased largely due to both a growing and aging population. HRSA's National Center for Health Workforce Analysis projects the demand for primary care physicians will increase to 239,460 full time employees by the year 2025. This projected demand in primary care services is expected to result in a supply shortage of 23,640 primary care physicians.[1] Advanced practice nurses will likely take on expanded roles to help meet this need for primary care services.

Access to primary care providers, like doctors and nurses, is especially challenging in rural and underserved areas. Yet, these areas often face significant health challenges and health disparities.[2] Many factors contribute to the maldistribution of APRNs in rural and underserved areas, including limited didactic and clinical training on the health needs of rural and underserved populations, limited training to identify and develop quality preceptors, and limited collaboration between academia and clinical sites.

Additionally, schools report difficulty developing new partnerships with clinical sites, with the greatest challenges in securing primary care preceptors and sites.[2] Effective

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[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland.

[2] Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Voong, A. M., Kasha, B. A., Schulze, A. and Held user, J. W. (2015), Rural Healthy People 2020: New Decade, Same Challenges. The Journal of Rural Health, 31: 326–333. doi:10.1111/jrh.12116

partnerships are mutually beneficial relationships where both the nursing school and the clinical partner(s) collaborate to ensure strong clinical experiences for the students.[3]

The ANEW program creates a pipeline from APRN student clinical experiences in rural and/or underserved areas to post-graduation employment in those same settings. Research has shown that providing nursing students with longitudinal primary care clinical training experiences in rural and/or underserved areas can align their intentions for professional practice with their clinical experiences.[4] With this training, the nursing students get experience with critical health issues in their communities and in the critical technology used in current practice. As a result, clinical practice facilities are more apt to hire these graduates who are familiar with their practice culture and processes.[5]

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs is located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the ANEW Program for Fiscal Year 2019:

Accreditation of health care facilities – a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency. Accreditation represents agencies as credible and reputable organizations dedicated to ongoing and continuous compliance with the highest standard of quality (http://www.achc.org/getting-started/what-is-accreditation).

Advanced Education Nurses – Individuals trained in advanced degree programs including individuals trained in combined Registered Nurse (RN) /Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives, in certificate programs in existence on November 13, 1998, as enacted by Pub.L. 105-392, Title I, § 123(4) in the Health Professions Education Partnerships Act of 1998, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

Advanced Education Nursing Program – a program of study in a collegiate school of nursing or other eligible entity which leads to a master's and/or doctoral degree and which prepares nurses to serve as nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

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[4] Bowman, C., Wyte-Lake, t., Pearson, M.L., Dougherty, M.B., and Needleman, J. The critical elements of effective academic-practice partnerships: a framework derived from the Department of Veterans Affairs Nursing Academy. BMC Nursing, 2014; 13(1): 1-31. Accessed on August 2, 2016 from http://www.biomedcentral.com/1472-6955/13/36.
[4] Collins C., Challenges of Recruitment and Retention in Rural Areas. N C Med J. 2016 Mar-Apr;77(2):99-101.
[5] Developing the Advanced Practice Recruitment Strategy at an Academic Medical Center: The APRN Pipeline. Authors: Brillant, Maria T.; Glassman, Kimberly S.; Press, Robert, Nurse Leader (NURSE LEADER), Apr2015; 13(2): 39-49.

Advanced Practice Registered Nurse (APRN) – defined as nurse practitioner, clinical nurse specialist and nurse anesthetist, and certified nurse midwifery disciplines that provide direct patient care as a family nurse practitioner, adult-gerontology primary care nurse practitioner, pediatric primary care nurse practitioner, psychiatric mental health nurse practitioner, neonatal nurse practitioner, women's health care nurse practitioner, nurse midwife, or nurse anesthetist, and advanced public/community health nursing providers.

Approval (for substantive change) – a specific body, committee, Board, or Commission at the faculty, department, school, university, or state levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs. Examples of steps in the approval process are the following: nursing faculty curriculum committee, Faculty Senate, Board of Regents of the University, State Finance Board for Higher Education, State Board of Nursing.

Certification – a process by which an agency or organization validates, based upon predetermined standards, an individual nurse's qualifications and knowledge for practice in a defined clinical area of nursing.

Clinical Nurse Specialist – a specific area of advanced clinical nursing theory and practice addressed through formal instruction to prepare advanced education nurses. Clinical nursing specialties prepare the nurse to provide direct patient/client nursing care to individuals or to population groups. A nurse completing a course of study in a clinical nursing specialty is expected to be eligible for a national certification(s) or state certification(s), when available, following graduation or required experience.

Collegiate School of Nursing – a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

Combined RN/Master's Degree Program – a program of instruction that when completed results in a master's degree in nursing and licensure as an RN at or prior to the time of graduation.

Doctoral Program in Nursing – a program of instruction beyond the baccalaureate and master's degrees in nursing (e.g., PhD, DNS, DSN, DNSc, DNP). Doctoral programs in nursing fall into two principal types: research-focused and practice-focused.

Faculty Paid Release Time – Release time is administratively authorized time spent away from the employee's normal job responsibilities to participate in University sponsored or sanctioned programs without loss of pay and without charge to paid time off (PTO) leave. Release time is considered work time; therefore, such time is counted when computing overtime.

Full-time Educational Program – an educational program that provides for a full-time program of study as defined by the institution. Students progressing through the program are able to enroll on a full-time basis to complete the program in a timely manner. Students in such a program may be part-time or full-time.

Nurse-Midwife – an RN educated in the two disciplines of nursing and midwifery that has successfully completed a nurse-midwifery education program accredited by Accreditation Commission on Midwifery Education (ACME) of the American College of Nurse- Midwives.

Nurse Practitioner – an RN who has successfully completed a nurse practitioner program, as defined below, who can deliver primary and acute care services but may have a primary focus on either primary or acute care in a variety of settings, such as homes, ambulatory care facilities, long-term care facilities, and acute care facilities, using independent and interdependent decision making with direct accountability for clinical judgment.

Program – a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competencies to practice.

School of Nursing – a collegiate, associate degree, or diploma school of nursing, as further defined in Section 801(2) of the PHS Act.

II.   Award Information

1. Type of Application and Award

Types of applications sought: New, Competing Continuation.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $37,250,000 to be available annually to fund approximately 53 recipients. You may apply for a ceiling amount of up to $700,000 total cost (includes both direct and indirect) per year, of which up to $350,000 may be used for student traineeships. In order to be eligible for an award, applicants must request both traineeships and academic-practice program infrastructure funds. HRSA award

recipients may make traineeship awards of up to $22,000 per year per full-time student and $11,000 per year per part-time student. Further funding details are located in the Budget section. The period of performance is July 1, 2019 through June 30, 2023 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for ANEW in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

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

III.   Eligibility Information

1. Eligible Applicants

Eligible applicants include accredited schools of nursing, nursing centers, academic health centers, state or local governments, HRSA supported health centers, and other private or public nonprofit entities determined appropriate by the Secretary. See PHS Act Section 801(1) for definitions of these types of entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply, if otherwise eligible.

In addition to the 50 states, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply.

Individuals and for-profit entities are not eligible applicants under this NOFO.

Eligible Students
To be eligible for ANEW traineeship support, the student/trainee must meet all of the following requirements:
- Be a licensed RN;
- Be enrolled full- or part-time in an advanced nursing education program to become certified as primary care NP, primary care CNS, or nurse-midwife;
- Be eligible to work in the United States*;*
- Be a citizen of the United States, a foreign national having in his/her possession a visa permitting permanent residence in the United States, or a non-citizen national. Individuals on temporary or student visas are not eligible to receive ANEW support*.*
- Maintain the predetermined academic standards of the recipient institution.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
HRSA will consider any application that exceeds the ceiling amount of $700,000 annually to be non-responsive and will not consider it for funding under this notice.

Deadline
HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

Maintenance of Effort (MoE)
The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the award, as required by Section 803(b) of the Public Health Service Act. Complete the MOE information and submit as Attachment 5.

Multiple Applications
Multiple applications from an organization are allowable. Eligible applicants can submit only one application per campus or clinical facility; multiple applications from a single campus or clinical facility are not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. A clinical facility is defined as a healthcare facility, whether part of a system or not, which has its own grounds containing its own leadership (chief nursing officer, chief medical officer, chief executive officer, etc.). Independent organizations are those entities that have unique DUNS numbers.

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

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive. **Applications received without the appropriate tables will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

IV.   Application and Submission Information

1. Address to Request Application Package

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

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note, you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *SF-424 R&R Application Guide* in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives,

attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do NOT count in the page limit. Biographical Sketches **do** count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in Attachment 9 Other Relevant Documents.

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

Program-Specific Instructions

Program Requirements

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:
- Establish or enhance at least one academic-practice partnership between at least one school of nursing and at least one community-based primary care practice site in a rural and/or underserved settings, and include an ongoing feedback mechanism. A signed Memorandum of Understanding (MOU) must outline aspects of the partnership agreement;
- Recruit, train, develop, support, and evaluate preceptors as program partners to enhance community-based clinical and didactic nursing education;
- Demonstrate successful recruitment and retention of a culturally competent student body that reflects the community being served and demonstrates a commitment to working with rural and or underserved populations;
- Provide longitudinal, immersive, community-based clinical training experiences (e.g., 3-6 months) with rural and/or underserved populations for nursing

students enrolled in accredited primary care NP, primary care CNS, and/or nurse-midwifery programs, preferably in settings that incorporate interdisciplinary team based clinical practice training models;

- Provide trainings on telehealth, and other health care technology (e.g., health informatics) that assures graduates are exposed to successful training models which may be used in the community health centers and other employment sites post-graduation.
- Provide traineeship funds to nursing students enrolled in an accredited eligible nursing programs.
- Connect program graduates with the HRSA Health Workforce Connector and other existing employment support resources so they can obtain primary care employment with rural and/or underserved populations, preferably community based clinical settings; and
- Follow-up with graduates to collect post-graduation employment demographics for at least 1 year after graduation. As a best practice, awardees should also encourage nursing students to apply for a National Provider Identifier (NPI) number and collect the NPI numbers of nursing students who receive traineeship funds.

i.   *Project Abstract*

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

The Abstract must include:

- A brief overview of the project as a whole;
- Specific, measurable objectives that the project will accomplish;
- The clinical priorities that the project will address, if applicable; and
- How the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of the project.

ii.   *Project Narrative*

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

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

Briefly describe the purpose of the proposed project. Outline the needs of the training program or institution. You must describe and document the targeted discipline and its training needs. You should include a discussion of the target population served by this segment of the health workforce, as well as the socio-cultural determinants of health and health disparities impacting the population or communities served and/or unmet.

Use and cite demographic data whenever possible to support the information provided. This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees would ultimately serve.

- You must:
  - Describe the need for primary care NPs, primary care CNSs, and nurse-midwives in the benefiting community.
  - Discuss any relevant barriers or gaps in the benefiting community that your proposed project intends to address.
  - Describe the community that will benefit from the increased distribution of primary care NPs, primary care CNSs, and nurse-midwives, to include the demographics of the population, the health status of the community, health literacy level, social determinants of health, rural and/or underserved status, and other elements in support of your proposal.

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

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

  You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx.). You must:

  - Describe the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
  - Describe the timeframes, deliverables, and key partners required during the award period of performance to address each of the needs described in the Purpose and Need section.
  - Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of award implementation.
  - Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the communities served.
  - Include formal mechanisms for feedback and evaluation, specifically related to preceptor-student progress, between the clinical practice sites and the academic institution through frequent communication to inform program development and curricular enhancements utilizing Rapid Cycle Quality Improvement (RCQI) methods. Describe how the partnerships will communicate and coordinate project planning, progress, evaluations, and resolutions.

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

   You must describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities, if applicable. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. Explain why your project is innovative and provide the context for why it is innovative.

   Specifically, applicants must describe the following:
   - Discuss how the proposed project activities will strengthen the applicant's ability to increase the distribution of primary care NPs, primary care CNSs, and nurse-midwives in rural and/or underserved settings.
   - Describe how training in telehealth and other health care technology (e.g., health informatics) assures graduates are exposed to successful health information technology models which may be used in community organizations, such as community health centers and other employment sites, post-graduation to support the provision of health care in the target community.
   - The academic-practice partnership between a school of nursing and one or more primary care practice site(s) in rural and/or underserved settings.
   - Mechanisms to identify, recruit, train, develop, support, evaluate, and compensate preceptors using evidence-based methods to enhance clinical and didactic nursing education.
   - A detailed plan to provide longitudinal clinical training experiences that prepares students for transition to practice with rural and underserved populations.
   - A description of how care for rural and/or underserved populations is incorporated throughout the curriculum and the training experiences.
   - Details of how the project will provide traineeship funds to primary care NPs, CNS, and Nurse Midwives, including a disbursement plan for provision of traineeship support to students who are placed into longitudinal primary care clinical experiences in rural and/or underserved settings.
   - A description of the feedback cycle (via flowchart or otherwise) illustrating communication and collaboration plans, checks, and balances between the school of nursing and clinical practice site(s), including the preceptor development component.
   - Plans to recruit student participants that reflect the population served.

- Mechanisms for recruiting and supporting primary care NP, primary care CNS, and nurse midwife students in both their clinical experiences and post-graduation employment.
- Plans to improve training and practice by supporting modern health care practice technology tools including distance education and meaningful use of electronic health records.
- How the applicant will use existing resources such as the HRSA Health Workforce Connector that can be provided to students who are graduating to help them find jobs in rural and/or underserved settings.

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);

- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);

- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);

- Target population (e.g., the individuals to be served);

- Activities (e.g., approach, listing key intervention, if applicable);

- Outputs (i.e., the direct products or deliverables of program activities); and

- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Refer to Section VIII of this NOFO for further information.

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*
Applicants must discuss the following:
  - Plans to ensure that clinical placements and experiences support curricular and APRN competencies.
  - Plans to ensure the quality of clinical placements and experiences.
  - Plans for resolving challenges with preceptors and with academic-practice partnerships to ensure all students receive quality guidance.
  - Barriers to obtaining a culturally competent student/faculty population that reflects the community served.

- Barriers in the service area; challenges to implementing the work plan; or obstacles for implementing the program performance evaluation plan and the solutions to resolve these challenges.

- *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).*HRSA provides funding to awardees in expectation that the awardee will both meet the goals of the program and provide written documentation explaining how their strategies succeeded or failed so that the field benefits and advances

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

  You must describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation 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. In the Attachments section (IV. 2. v., Attachment 1), you must attach a complete staffing plan and job descriptions for key personnel. Bio sketches of Key Personnel should be uploaded in the SF-424 R&R Senior/Key Person Profile form. You must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

  You must also:
  - Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html.
  - Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.
  - Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.
  - Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

- Describe your process to follow-up with students after graduation for up to 1 year, such as by collecting students' National Provider Identifiers (NPI). (Note: Students who receive traineeship funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics. HRSA anticipates being able to gather NPI data as part of regular performance reporting.).

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

Performance Evaluation Plan: You must describe your plan for a Program Performance Evaluation. This plan should monitor ongoing processes and progress toward meeting award goals and objectives. The Evaluation Plan should include descriptions of the inputs from your logic model (e.g., evaluation of key staff, 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. Key staff should be included in **Attachment 3**.

The Evaluation Plan must demonstrate evidence that the evaluative measures selected will be able to assess:
- The extent to which program objectives have been met;
- That these accomplishments can be attributed to the activities of the proposed project; and
- Dissemination strategies for project outcome and/or outputs.

Performance Reporting Plan: All award recipients are required to collect and report the counts of individuals who have been directly and indirectly impacted by the award including, but not limited to: counts of currently enrolled individuals or participants, graduates/completers, and attrition; the gender, age, race, and ethnicity of all individuals; the disadvantaged background status of all individuals (using the low income guidelines found at: https://www.healthcare.gov/glossary/federal-poverty-level-fpl/) and the rural residential background of all individuals.

Award recipients are required to track the number and profession/discipline of individuals who have participated in HRSA-sponsored curriculum, clinical or experiential training, faculty development, and/or continuing education as part of the award.

Award recipients are also required to provide additional information about individuals who receive direct financial support from this award, including

individual-level funding and training data, and data for graduates on their intentions to practice in rural and/or underserved areas. You will also be required to report information about their actual practice setting(s) for a 1 year period starting the day after graduation. This information is collected through the HRSA Performance Measurement System.

You must describe your capacity to collect and report data including, but not limited to, the following on an annual basis:
- The number and types of clinical sites (e.g., FQHCs, rural health clinics) and settings (e.g., HPSAs, rural, underserved, etc.);
- The impact of your activities on the HHS/HRSA priorities that were outlined in Purpose and Need;
- How mental health and substance use disorder treatment is taught and evaluated;
- Students who live or practice in rural and underserved areas;
- Community based longitudinal tracking;
- Telehealth activities;
- The number and characteristics of preceptors;
- The number and characteristics of students (e.g., from disadvantaged backgrounds);
- The number and percentage of graduates that work/practice in rural/underserved areas;
- Training program characteristics;
- The education level of the training program;
- Characteristics of faculty development programs and activities;
- Characteristics of curriculum development;
- Characteristics of continuing education activities; and
- Characteristics of preceptors.

You must describe any potential obstacles for the following and how those obstacles will be overcome:
- Implementing the program performance evaluation;
- Meeting HRSA's performance measurement requirements; and
- Participating in a HRSA-driven program evaluation

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

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

discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

Dissemination Plan: The Evaluation and Reporting Plan should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be generalizable, and the degree to which the project activities are replicable. Dissemination plans should include academic-practice partners when possible, and may also include community based health centers such as HRSA supported Area Health Education Centers (AHECs) which enhance access to high quality, culturally competent health care through academic-community partnerships to improve the distribution, diversity, and supply of the primary care health professions workforce who serve in rural and underserved health care delivery sites.

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

  - Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v, Attachment 2.)
  - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings.
  - Describe how the unique needs of target populations of the communities served are routinely assessed and improved.
  - Consultant(s): In Attachment 3, provide the qualifications and nature/scope of the work to be provided by each consultant who has agreed to serve on the project. Include a biographical sketch (no more than 2 pages) for each consultant; upload in the SF-424 R&R Senior/Key Person Profile form. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise and the scope of work, for at least the first project year, and provide a rationale for this need.
  - Community Support: Describe any community support or other resources involved in the proposed project, as applicable. Include significant letters of support via Attachment 4. Letters of support can be grouped and listed, with significant comments, if there is not space for the complete letter.
  - Linkages: Describe established and/or planned linkages with relevant educational and health care entities and inter-professional educational programs.
  - Provide a staffing plan and job descriptions for key faculty/staff must be included in Attachment 3 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-

424 RESEARCH & RELATED Senior/Key Person Profile form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with the various populations that are served by their programs.

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

- Senior/key personnel name

- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
  - o Institution and location
  - o Degree (if applicable)
  - o Date of degree (MM/YY)
  - o Field of study

- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., Project Director/Principal Investigator PD/PI) in the project that is the subject of the award.

- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any federal advisory committee.

- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).

- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified in the Biographical Sketch.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Follow the instructions included the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

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

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

ANEW has a maximum annual budget of $700,000 per awardee per year. **Traineeship funding shall not exceed $350,000 per year.** These funds include traineeship funding and academic-practice program infrastructure funding. Applicants shall address all program requirements when allocating funds to program activities. Applicants shall reference Section VI.6. Funding Restrictions to ensure appropriateness of proposed budget.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. In addition, the ANEW program requires the following:

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

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

Subawards/Consortium/Contractual Costs: As applicable, provide a clear explanation as to the purpose of each sub-award/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 and sub-awards. Reminder: recipients must notify potential sub-recipients that entities receiving sub-awards must be registered in SAM and provide the recipient with their DUNS number.

Upload the Budget Justification Narrative for the entire period of performance. The budget justification must clearly describe the traineeship award support for each proposed student trainee. The budget justification narrative must be consistent with the amounts requested on the SF-424 R&R Budget Forms for Line Item E (Participant/Trainee Support Costs) and Line Item H (Indirect Costs for all budget periods). Justify each budget item; (see below).

A **Disbursement Plan** must be included in the budget justification narrative at the time of application. The Disbursement Plan refers to awards to be made to students using traineeship funds from the ANEW award. The plan should include a schedule of disbursement for student awards for the year of the period of performance. The schedule should document the following:

- The frequency of disbursement (e.g., annually at the start of the academic year or by semester at the start of each semester). Identification of a plan to establish a Point of Contact within the applicant organization for student enrollee questions about disbursement; and to provide student trainees with necessary information about trainee support, for example, direct deposit or tax questions.
- For each student enrollee for which support is being requested please list the traineeship amount itemized by tuition and fees, stipends (i.e. reasonable living expenses) and textbooks/eBooks. Also, list the student's nursing specialty.

Ensure that the total traineeship award amounts per full-time student do not exceed $22,000 and traineeship total awards per part-time student do not exceed $11,000.

For example, Student A (full time in family NP program) is allotted to receive:

Tuition and Fees	$10,250.00
Reasonable Living Expenses	$10,250.00
Textbooks/e-books	$1,500.00
Total	$22,000.00

Please note: The total number of trainees for which support is being requested must be consistently reported in the Budget (SF-424 R&R Budget Forms for Line Item E), Budget Justification, and the traineeship data must be reported in Table 2. The total number of trainees must be the same in all three sections.

Program-Specific Forms, ANEW Tables

As part of the application submitted through Grants.gov, applicants must also complete and electronically submit the ANEW Program-Specific Data Forms (ANEW Tables) as Attachment 8; refer to the attachment for more specific information. The ANEW Tables are essential in determining the funding preference.

vi. Attachments

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

Attachment 1: _Accreditation Documentation and Approvals Documentation –_
Required

**All nursing programs that are associated with the project must be accredited
for the purpose of nursing education.**

Schools of nursing affiliated with the proposed project that provide formal degree
programs must be accredited by a national nurse education accrediting agency or
state approval agency recognized by the Secretary of the U.S. Department of
Education for the purposes of nursing education. These agencies include
Commission on Collegiate Nursing Education or the Accreditation Commission for
Education in Nursing. For nurse-midwifery programs, accreditation from
Accreditation Commission on Midwifery Education of the American College of
Nurse-Midwives is required. Applicants must submit an official letter of
accreditation as proof of accreditation from the accrediting agency specifically
stating that accreditation has been granted and the period of time covered by the
accreditation.

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

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

Healthcare Facility Accreditation
To ensure that health care facilities are organizations dedicated to ongoing and
continuous compliance with the highest standard of quality requires accreditation.
Non- profit health care facilities responding to this NOFO must provide
documentation of accreditation by either a national or state accrediting agency,
such as from such as the Joint Commission or Accreditation Association for
Ambulatory Health Care, other federal or state approval. This information must be
clearly documented, to include the period of time covered by the accreditation.

Other Entities Accreditation
Other entities responding to this NOFO are encouraged to provide documentation of accreditation, by a national, regional, or state accrediting agency or body.

Approval of New PhD programs and/or New Programs – As applicable.
Applicants must provide documentation of all approvals (as defined in the Section I.2 Program Definitions in this NOFO) needed to enroll students into a new master's or doctoral program. This includes approval from the State Board of Nursing, as appropriate. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing as appropriate for the school.

Attachment 2: Organizational Chart, Memoranda of Understanding, Letters of Agreement, and/or Description(s) of New/Expanded Academic-Practice Partnerships (project specific) – Required

Provide evidence of your formal academic-practice partnership. Include an organizational chart demonstrating the roles, responsibilities, and functions of each member of the partnership. This chart should include community stakeholders, providers, preceptors, faculty, and students and describe communication pathways to help inform the development of curriculum, training, and evaluation methodology. Applicants will provide this information as a flowchart detailing partnerships/feedback loop and how it informs curricula, training, and methodology. Agreed upon timeframes for regularly scheduled planning and evaluation meetings must be included. The memoranda of understanding and the letters of agreement must be dated and signed by all parties involved and must not be dated earlier than three (3) months prior to the close of this NOFO.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel. (i.e., Consultant Information and other staff personnel) - Required, if applicable

Provide the qualifications and nature/scope of the work to be provided by each consultant slated to serve on the project.

Attachment 4: Community and Administrative Support – As applicable

Include here any other documents that are relevant to the application, including Letters of Support. Letters of Support **must** be signed and dated. All Letters of Support are part of the application and must conform to the page limit requirements described in the Content and Form of Application Submission section (see Section IV.2). Letters of Support pertinent to an application submitted after the deadline will not be forwarded to Objective Review.

A meaningful Letter of Support states what will be provided to the applicant if the application is funded (such as dollars, space, staff, equipment, and personnel,

placement of students for clinical learning experiences, preceptors, and employment for future graduates). Include relevant letters of agreement/support from the Dean of the School of Nursing, University Officials, Chief Nursing Officers, and Chief Executive Officers and relevant letters from key collaborating organizations, clinical sites, and consultants.

Note: Include only Letters of Support that specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

Attachment 5: *Maintenance of Effort Documentation – Required*

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

NON-FEDERAL EXPENDITURES	
FY 2018 (Actual) Actual FY2018 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2019 (Estimated) Estimated FY 2019 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: *Progress Report (Required for COMPETING CONTINUATIONS ONLY)*

The Progress Report should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report should include:

(1) The period covered (dates).

(2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.

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

(4) Document the difference between your current ANEW project and the proposed project that you are requesting funding

Attachment 7: *Documentation of Private or Public Non-profit Status – As applicable (Not included in the page limit)*

Applicants applying as a public or private non-profit education institution must submit verification from the Internal Revenue Service (IRS) of non-profit 501(c)(3) status signed by an authorized representative of the IRS, or an authorizing tribal resolution.

Applicants applying as a tax-exempt public education institution under IRS Section 511 must submit verification from the IRS in the form of a Government Information Letter.

Please visit the IRS website for more information: https://www.irs.gov/government-entities/federal-state-local-governments/governmental-information-letter.

Attachment 8: *Request for Funding Preference – Required if requesting preference*

To receive a Funding Preference, include a statement that the applicant is eligible for a Funding Preference and identify the preference. Include documentation of this qualification as requested in Section V.2. In addition, include in this Attachment the completed ANEW Program-Specific Data Forms (ANEW Tables 1 and 2 included as an Appendix to this NOFO). Consistent with the program purpose, these tables reflect the applicant's plans for student support and applicant's past performance in producing graduates who go on to work in areas with rural, underserved, and public health needs, fulfilling the purpose of this funding opportunity. The Tables are essential in determining the funding preference. These Tables are to be filled out and submitted along with the other required application documents.

Attachment 9: *Other Relevant Documents - As applicable (i.e. Documentation of difference between current and proposed projects and other relevant documents)*

For programs that received funding through HRSA's Advanced Nursing Education program (ANE) or through the ANEW program, please describe the difference between your previously funded project and the project being proposed in this application.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the

applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (https://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide.*

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

SAM.gov is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is January 8, 2019 *at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

ANEW Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $700,000 (up to $350,000 for traineeships) per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

Funds under this notice may not be used for purposes specified in HRSA's SF-424 R&R Application Guide. In addition, you cannot use funds under this notice for the following purposes:
* Subsidies or paid release time for project faculty;
* Payment of temporary personnel replacement costs for the time faculty/ preceptors/participants are away from usual worksite during involvement in project activities;
* Accreditation, credentialing, licensing, continuing education, franchise fees and expenses; pre-admission costs, promotional items and memorabilia; and animal laboratories;
* Construction or renovations;
* Incentive payments, including but not limited to purchasing gift cards or gas cards; and
* Foreign travel.

No more than $50,000 annually can be used for the purpose of purchasing equipment to augment the training and education of students, for a total of $200,000 over the 4 year period of performance.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for

all other applicable award requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the competing continuations' progress report, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The ANEW program has five review criteria:

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

Reviewers will consider whether you have presented a clear purpose and evidence of a significant and compelling need for advanced practice primary care NPs, primary care CNSs, and nurse midwives in your benefiting community.

Reviewers will consider the extent to which your application demonstrates the problem and associated contributing factors to the problem, including the quality of and extent to which the application:
- Provides relevant demographic data, health care data, health status indicators, health literacy data, and other information that illustrate that their target population has limited access to and interaction with primary care services.
- Identifies measurable gaps and/or barriers this population faces in accessing and interacting with primary care services.
- Provides a clear and compelling justification for how the partnership(s) will use the requested funds to meet the needs and address the gaps and barriers of this

population to include the number of students who will be supported by the traineeship.

- Describes the education needs of primary care NP, primary care CNS and nurse-midwife students in preparing them to provide primary care services to the population described.

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

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan
The extent to which you provide a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the diversity of the populations and communities served.

Reviewers will consider the quality and effectiveness of your plans to address the following:
- Enhance the academic-practice partnership(s), including formal mechanisms for feedback and evaluation between the clinical practice sites and academic institution, with a description of regularly scheduled meetings and deliverables projected for both partners.
- Use of existing evidence-based tools and methods to monitor and measure student clinical competencies.
- Use of a database or other tools to manage preceptorships to ensure quality clinical experiences for students.
- Collaborations supporting cultural competence and community awareness related to rural and/or underserved populations.
- Include a logic model. Note: While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the goals of the project (e.g., objectives and/or reasons for proposing the intervention, if applicable); including:
  - Assumptions (e.g., evidence to support how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience);
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources).
  - Target population(s) (e.g., the individuals to be served).
  - Activities (e.g., approach(es) and/or listing key intervention, if applicable).
  - Outputs (i.e., the direct products or deliverables of project activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Methodology/Approach

Reviewers will consider the quality, relevance, and extent to which you:

- Demonstrate how the academic-practice partnership(s) will effectively support the goal/purpose of the program and addresses the needs highlighted in the Purpose and Need section.
- Provide a logical description of proposed activities and describe why the project is innovative and the context for why it is innovative.
- Describe, as appropriate, tools and strategies for meeting stated needs and provide training on meaningful use of technology.
- Demonstrate the strength of an academic-practice partnership between a school of nursing and one or more clinical sites (i.e., evidence of a shared mission/vision, shared and leveraged resources) to include staff, budget, space, evidence of a memorandum of agreement beyond a standard clinical affiliation agreement, dedicated program coordinator, sufficient opportunities for longitudinal clinical experience at partner sites, evidence of a how a feedback loop informs didactic and clinical training (frequency and quality of information sharing, shared decision making, mechanisms to track outputs from the logic model) detailing ongoing mechanisms that serve to improve the quality of both the partnership and the clinical experiences.
- Detail the quantity, quality, frequency, duration, variety, depth, levels of immersion, and exposure to the care environment and target population; and plans/evidence of how training experiences may be tailored based on the feedback loop established through the partnership.
- Identify the level of interest and availability of APRNs to serve as preceptors and the core knowledge, skills, and abilities (KSAs) that will be used to identify and screen them.
- Provide professional development opportunities and educational support to identified preceptors.
- Develop a plan to ensure faculty support preceptors in understanding the types of experiences that supplement the curriculum.
- Exhibit past performance in, and future plans for, recruiting and retaining students who are underrepresented in the nursing profession. Newly established programs may describe their relevant experience and future plans.
- Detail your successful, evidence-based strategies to provide career development and job placement services to assist students in obtaining employment in rural and/or underserved settings following graduation, including specific development activities designed to help participants gain employability skills and work experience prior to graduation, including use of the BHW Health Workforce Connector. Newly established programs may describe their relevant experience and future plans.
- Propose a sophisticated and plausible logic model.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges
Reviewers will consider how well the planned strategies:

- Demonstrate an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.
- Identify and address challenges within the preceptor system and/or the academic-practice partnership, especially through use of RCQI.
- Address barriers to ensure participation of students, preceptors, and faculty from underrepresented or disadvantaged backgrounds.

Criterion 3: IMPACT (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

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

Reviewers will assess the strength and effectiveness of the method proposed to monitor and evaluate the project results, which include:
- The extent to which the program objectives have been met.
- The extent to which these can be attributed to the project.
- The extent to which the feedback cycle between the school of nursing, clinical practice sites and preceptor development component has been addressed.
- The ability to disseminate findings.

Performance Evaluation Plan
- The extent to which you are able to incorporate data collected into program operations to ensure continuous quality improvement.
- The extent to which the evaluation plan is capable of providing information to stakeholders to support the data collection, reporting, replication, extension, and sustainability of the program.
- The extent to which you anticipate obstacles to the evaluation and propose how to address those obstacles.

Performance Reporting Plan
- The extent to which the reporting plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how you will collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes to HRSA.
- The extent to which you describe the participants and activities that address the HHS/HRSA priorities that were outlined in organizational purpose and need.

Performance Dissemination Plan
- The extent to which your plans for disseminating project results are feasible and effective.

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

Reviewers will consider the extent to which you:
● Describe a solid plan for project sustainability after the period of federal funding ends.
● Clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges.
● Address strategies for maintenance and enhancement of academic-practice partnerships as well as continued development of the preceptor management system after funding ends.

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

Reviewers will consider the extent to which:
● Project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through your project narrative, as well as through your attachments.
● The quality and availability of facilities and personnel demonstrate you are capable of fulfilling the needs and requirements of the proposed project.
● The application describe experience in collaborating with other schools of nursing or clinical institutions to advance the field of nursing and/or availability and willingness to regularly work with other ANEW award recipients toward common goals of determining best practices related to NOFO purpose.

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

Reviewers will consider the extent to which:
● Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
● Key personnel have adequate time devoted to the project to achieve project objectives.
● Participant/trainee support are reasonable and supportive of the project objectives and include a disbursement plan.
● The use of the traineeship and infrastructure budgets is clearly distinguished, within the parameters of the award.
● The extent to which the proposal follows the budget guidelines specified in the NOFO and the SF-424 R&R Application Guide.
● Funding is used toward funding opportunity-specific activities, such as to:

- o Develop, coordinate and maintain a formalized partnership(s) between clinical training sites and academic institution(s);
- o Develop and implement clinical field placements focused on serving rural and/or underserved populations utilizing telehealth services to extend the reach of BHW programs to rural areas;
- o Recruit faculty to serve as preceptors to provide oversight and guidance to students, (funds cannot be used for direct payment to preceptors and clinical sites);
- o Support curricular enhancements specific to clinical competencies; and
- o Implement rapid cycle quality improvement strategies to evaluate the innovated clinical training model.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

For this program, HRSA will use Statutory Funding Preference and Special Consideration.

Funding Preferences
This program provides a Funding Preference for some applicants as authorized by Section 805 of the Public Health Service Act which requires a Funding Preference be applied for applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in state or local health departments. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference and will award it to any qualified applicant that demonstrates that they meet the criteria for the preference as follows:

HRSA staff will review all applications for this funding notice and calculate the median rate of graduates from the previous academic year who are currently employed in rural or underserved settings or in state or local health departments. HRSA will award the funding preference to those applicants that have a rate higher than the median rate.

Qualification 1: Rural Preference
In order to determine their eligibility for the rural preference, applicants must complete Table 1, and input the address of the clinical partner site in the HRSA's Rural Health Grants Eligibility Analyzer

(http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx) and include a copy of the output with the application.

Qualification 2: Underserved Preference
In order to determine their eligibility for the underserved preference, applicants must complete Table 1, and input the address of the clinical partner site in the HRSA's HPSA (Health Professional Shortage Area) Finder (https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx) and include a copy of the output with the application

Qualification 3: Public Health Nursing Needs Preference
In order to determine their eligibility for helping to meet the public health nursing needs in state or local Health Department preference, applicants must complete Table 1, referring to program's past performance in this area.

Funding Special Considerations
This program includes special consideration as authorized by PHS Act Section 811(g)(2) which requires that HRSA give a Special Consideration for eligible applicants that agree to expend the award to train advanced education nurses who will practice in Health Professional Shortage Areas (HPSA) designated under Section 332. A special consideration is the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

Please include supporting information and data proving the number and percentage of clinical sites that are HPSAs for Statutory Funding Preference and/or Special Consideration in **Attachment 8**, if applicable.

3. Assessment of Risk and Other Pre-Award Activities

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

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

determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System (FAPIIS)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates announcing/issuing awards prior to the start date of July 1, 2019.

VI.   Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2019. See Section 5.4 of HRSA's *[SF-424 R&R Application Guide](#)* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *[SF-424 R&R Application Guide](#)*.

Requirements of Subawards

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

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

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

   Further information will be available in the award notice.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the award notice.

   The annual performance report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the period of performance, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the period of performance ends.

3) **Final Program Report.** A final report is due within 90 days after the period of performance ends. The Final Report must be submitted online by recipients in the Electronic Handbook system at https://grants.hrsa.gov/webexternal/home.asp.

   The Final Report is designed to provide HRSA with information required to close out an award after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information:
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this award activity.
  - Changes to the objectives from the initially approved award.

Further information will be provided in the award notice.

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

5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Latisha Nibblett
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 442-1582
Fax: (301) 443-6343
Email: LNibblett@hrsa.gov.

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

Michael McCalla, MSHA
Lead ANEW Public Health Analyst
ATTN: Advance Nursing Education Workforce (ANEW)
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 11N94C
Rockville, MD 20857
Telephone: (301) 446-0856
Fax: (301) 443-0791
Email: MMcCalla@hrsa.gov.

ANEW Program Contacts:
Janice B. Young, PhD, MPH, RN, Nurse Consultant, Project Officer
JYoung2@hrsa.gov

Karen Delia Breeden, MPA, Public Health Analyst
KBreeden@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

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

VIII.   Other Information

Logic Models*:*

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

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

Technical Assistance:

HRSA will hold a pre-application technical assistance (TA) webinar(s) for applicants seeking funding through this opportunity. The webinar(s) will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at https://bhw.hrsa.gov/fundingopportunities/ to learn more about the resources available for this funding opportunity.

IX.   Tips for Writing a Strong Application

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

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/index.html.

Appendix

Table 1 - ANEW: Rural, Underserved, and/or Public Health Practice Settings Data Graduate Data from 7/01/2017 to 6/30/2018

Practice Settings	NP	CNS	NM	CRNA	Grand Total
State or Local Health Departments					
Rural Populations / Settings					
Medically Underserved Populations / Settings					
1. Total Number of Graduates Employed in these Settings (from 07/01/2017 – 06/30/2018)					
2. Total Number of Graduates (from 07/01/2017 – 06/30/2018)					
3. Percentage of Graduates Employed in these Settings (SFP) (Number 1 divided by Number 2)					
Health Professional Shortage Areas					
4. Percentage of Graduates Employed in HPSAs (SPC) Total Number of Graduates Employed in HPSAs divided by Total Number of Graduates (from 07/01/2017-06/30/2018)					

Instructions for Completing Table 1 - ANEW: Rural, Underserved, and/or Public Health Practice Settings & HPSA Data - Graduate Data from 7/01/2017 to 6/30/2018

In order to be eligible for the Funding Preference and/or the Special Consideration, applicants must complete Table 1.

Data on Table 1 should reflect graduate totals for nurse practitioners (NP), clinical nurse specialists (CNS), and nurse-midwives (NM) who completed program/degree requirements between 07/01/2017 and 6/30/2018.

Complete Table 1, as appropriate, providing data on the number of graduates in academic year 7/1/2017-6/30/2018 who spend at least 50 percent of their employment in clinical practice sites substantially benefiting rural or medically underserved populations, or in State or local health departments. **Each graduate is to be counted only once**. Table 1 is used to determine if the institution meets the Statutory Funding Preference and also used to determine if the institution meets the Special Consideration.

In the "Total Number of Graduates Employed in These Settings" row, the system will automatically calculate the total number of graduates per specialty employed in these settings. The grand total will be system generated. This is a subset of "Total Number of Graduates".

In the "Total Number of Graduates" row, enter the total number of graduates who completed degree requirements between 7/01/2017 and 6/30/2018 in the appropriate column. Enter the grand total: The Grand Total will be system generated. Numbers omitted in this row of Table 1 will not be counted.

In the "Percentage of Graduates Employed in these Settings" row, the system will automatically calculate this figure. Percentage of Graduates Employed in these Settings = Total Number of Graduates Employed in these Settings (from 07/01/2017–06/30/2018) divided by Total Number of Graduates (from 07/01/2017 – 06/30/2018).

In the "Percentage of Graduates Employed in HPSAs" row, the system will automatically calculate this figure. Percentage of Graduates Employed in HPSA's = Total Number of graduates employed in HPSAs divided by Total Number of Graduates (from 07/01/2017-06/30/2018).

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Table 2: Projected Master's and/or Doctoral and Post Masters Certificate Data

TRAINEESHIP DATA	NURSE PRACTITIONER		CLINICAL NURSE SPECIALIST		NURSE-MIDWIFE		CERTIFIED REGISTERED NURSE ANESTHETIST	
	FT	PT	FT	PT	FT	PT	FT	PT
Total # of Master's Degree Students Projected to Receive Traineeship – Support in Budget Year 1								
Total # of Master's Degree Students Projected to Receive Traineeship – Support in Budget Year 2								
Total # of Master's Degree Students Projected to Receive Traineeship – Support in Budget Year 3								
Total # of Master's Degree Students Projected to Receive Traineeship – Support in Budget Year 4								
Total # of Doctoral Degree Students Projected to Receive Traineeship – Support in Budget Year 1								
Total # of Doctoral Degree Students Projected to Receive Traineeship – Support in Budget Year 2								
Total # of Doctoral Degree Students Projected to Receive Traineeship – Support in Budget Year 3								

Total # of Doctoral Degree Students Projected to Receive Traineeship – Support in Budget Year 4								
Total # Post-Master's Certificate Students Projected to Receive Traineeship – Support in Budget Year 1								
Total # Post-Master's Certificate Students Projected to Receive Traineeship – Support in Budget Year 2								
Total # Post-Master's Certificate Students Projected to Receive Traineeship – Support in Budget Year 3								
Total # Post-Master's Certificate Students Projected to Receive Traineeship – Support in Budget Year 4								

Instructions for Completing ANEW Table 2: Projected Master's and/or Doctoral Degrees and Post Masters Certificate Data

- Enter the total number of Master's and Doctoral Degree and Post-Master's Certificate students projected to receive traineeship support in Budget Years 1 (July 1, 2019 to June 30, 2020), year 2 (July 1 2020 to June 30, 2021), year 3 (July 1, 2021 to June 30, 2022), and year 4 (July 1, 2022 to June 30, 2023) as appropriate by their enrollment status (FT or PT) and their specialty role.