

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Medicine and Dentistry

Primary Care Training and Enhancement - Physician Assistant Program

Funding Opportunity Number: HRSA-19-087

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.884

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: January 14, 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 31, 2018

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Authority: Title VII, Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k(f)).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Primary Care Training and Enhancement: Physician Assistant (PCTE-PA) Program. The purpose of the PCTE- PA Program is to increase the number of primary care physician assistants (PA), particularly in rural and underserved settings, and improve primary care training in order to strengthen access to and delivery of primary care services nationally. The PCTE-PA Program is a component of the Primary Care Training and Enhancement (PCTE) Program, which functions to strengthen the primary care workforce by supporting enhanced training for future and current primary care clinicians and educators and to promote primary care practice.

Funding Opportunity Title:	Primary Care Training and Enhancement: Physician Assistant Program
Funding Opportunity Number:	HRSA-19-087
Due Date for Applications:	January 14, 2019
Anticipated Total Annual Available FY19 Funding:	Approximately \$2,000,000
Estimated Number and Type of Award(s):	Up to seven grants
Estimated Award Amount:	Up to \$300,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2024 (5 years)
Eligible Applicants:	Eligible entities are academically-affiliated physician assistant training programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). 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 Notice Of Funding Opportunity (NOFO) to do otherwise.

Technical Assistance

HRSA will hold a technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar 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 *Primary Care Training and Enhancement: Physician Assistant (PCTE-PA) Program*.

The purpose of the PCTE- PA Program is to increase the number of primary care physician assistants (PA), particularly in rural and underserved settings, and improve primary care training in order to strengthen access to and delivery of primary care services nationally. The PCTE-PA Program is a component of the Primary Care Training and Enhancement (PCTE) Program which functions to strengthen the primary care workforce by supporting enhanced training for future and current primary care clinicians and educators and to promote primary care practice, particularly in underserved and rural areas.

Program Objectives

The PCTE-PA Program objectives support the U.S. Department of Health and Human Services (HHS) and Health Resources and Services Administration (HRSA) priority around combatting the opioid crisis as well as HRSA's priorities around enhancing access to mental health services and transforming the health workforce by targeting the need. Specifically, the objectives for the PCTE-PA are:

1. Enhance primary care PA training, particularly in rural and underserved settings, including enhancements in the primary care learning environment.
2. Initiate new or enhance existing PA training in opioid and other substance use disorders, including clinical experiences in opioid and other substance use disorders, Medication Assisted Treatment (MAT), and enhancements to clinical learning sites and faculty development as needed.
3. Integrate evidence-based education for PAs and other health professionals to screen, assess, intervene, and refer patients to specialized treatment for mental health issues.
4. Develop and implement a systematic approach to improve trainee, provider, and faculty wellness.

Applicants should be committed to developing a diverse health workforce that reflects the population they serve.

You are encouraged to improve recruitment, retention, and education of veterans who want to become PAs. The PA profession has a long military history. Some of the first PAs were veterans who used their military medical experience to help meet healthcare needs once home.

This NOFO also encourages interprofessional education and practice. The lead applicant training program for this NOFO must be from the PA discipline; however, we encourage cross-disciplinary academic and clinical training with medicine, nursing,

social work, and others who may be part of the interdisciplinary team, or faculty in any of these areas.

Additional Program Information

Funding Preference

This notice includes a funding preference (section 791(a) (1) of the PHS Act). The funding preference is for applicants that:

- a) demonstrate a high rate for placing graduates in practice settings having the principal focus of serving residents of Medically Underserved Communities¹ or demonstrate a significant increase in the rate of placing graduates in Medically Underserved Community settings over the preceding two years; or
- b) are new programs as defined by PHS Act section 791(c).

You may apply for this NOFO without requesting a funding preference. Applicants receiving a funding preference will be placed in a more competitive position among applications that can be funded. Refer to [Section V.2](#) of this NOFO for detailed information on qualifying for a funding preference. Submit information to apply for the funding preference in [Attachment 7](#).

2. Background

The PCTE Program is authorized by Title VII, Section 747(a) of the Public Health Service Act. As a component of the PCTE Program, training of primary care PAs facilitates the overarching purpose of the PCTE program to strengthen the primary care workforce by supporting enhanced training for future primary care clinicians, educators and researchers and to promote primary care practice, particularly in rural and underserved areas.

Research shows that a strong primary care foundation is critical for health care system performance and improved health.^{2,3} Recent evidence also suggests that the active presence of a primary care workforce is associated with higher quality care at lower spending.⁴

Demand for primary care services is projected to grow more rapidly than physician supply, and lack of providers leads to inadequate access to primary care services for

¹ For this NOFO, a MUC is defined as a geographic location or population of individuals that is designated by the federal government as a Health Professional Shortage Area (HPSA) or Medically Underserved Area and Population (MUA/P).

² Starfield B, Shi I, Macinko J. Contributions of primary care to health systems and health. *Millbank Quarterly* 2005;83:457-502.

³ Chang C, Stukel TA, Flood AB, Goodman DC. Primary care physician workforce and Medicare beneficiaries' health outcomes. *JAMA*. 2011;305(20):2096-2104.

⁴ Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. *Health Affairs*. 2004. Jan-Jun;Suppl Web Exclusives:W4-184-97

some communities.⁵ Between 2006 and 2025, the demand for primary care physicians is projected to rise by 8 percent, from 228 to 246 physicians per 100,000 people, and the supply is projected to decline by 8 percent, from 228 to 210 full-time physician equivalents per 100,000 people.⁶

PAs play a crucial role in providing access to primary care for underserved and rural populations. Reports suggest that, as of 2013, there were 84,064 licensed PAs in the U.S. The number of clinically active PAs is expected to increase by at least half by 2026.⁷ However, other reports suggest that fewer PAs are choosing to practice in primary care and may be leaving primary care to work with specialists. The percentage of PAs practicing primary care declined from 54 percent in 1996, to 31 percent in 2010, and to 27 percent in 2016.^{8,9} Furthermore, the number of PAs practicing in rural settings decreased from 17 percent in 2005 to 12 percent in 2013.¹⁰

There is evidence that providers who receive training in community-based, rural, and underserved settings are more likely to practice in similar settings, such as health centers.^{11,12} Therefore, training PAs in rural and underserved areas will help to increase the numbers of PAs practicing in rural and underserved settings. Additionally, PAs in rural areas tend to have a wider scope of practice and are more likely to practice in primary care settings, and see patients who are uninsured or covered by Medicaid or Medicare. PAs in rural areas are often the usual source of care for individuals with chronic conditions, provide care that is cost effective and safe, and thereby increase access to care.¹³ Individuals requesting care from their primary care provider usually present with a chief complaint of physical illness. However, data suggest that there's often an underlying mental health or substance use issue triggering the visit.¹⁴ Approximately 70 percent of primary care visits result from psychosocial problems.¹⁵

⁵ HRSA. Projecting the supply and demand for primary care practitioners through 2020. HRSA. 2013. Available at: <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projectingprimarycare.pdf>.

⁶ Glick, Lane, "Results of the PAEA 2006 Survey of PA Program Expansion Plans." *Journal of Physician Assistant Education*. 18:1; 52-53.

⁷ Hooker, Muchow. "Supply of Physician Assistants: 2013-2016." *Journal of the American Academy of Physician Assistants*. March 2014. 27:3; 39-40.

⁹ Henry, Hooker, and Yates. "The role of Physician assistants in rural health care: a systematic review of the literature". *Journal of Rural Health*. 2011. Spring. 27(2):220-229

¹⁰ 2016 Statistical Profile of Certified Physician Assistants by Specialty: An Annual Report of the National Commission on Certification of Physician Assistants.

¹¹ Ibid

¹⁰ Cawley, Lane, Smith, Bush. "Physician Assistants in Rural Communities." *Journal of the American Academy of Physician Assistants*. January 2016. 29-1; 42-45.

¹¹ Phillips RL, Petterson S, Bazemore, A. Do residents who train in safety net settings return for practice? *Academic Medicine*. 2013; 88(12): 1934–1940.

¹² Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. *Academic Medicine*. 2016; 91(9): 1313–1321

¹³ Cawley, Lane, Smith, Bush. "Physician Assistants in Rural Communities." *Journal of the American Academy of Physician Assistants*. January 2016. 29-1; 42-45.

¹⁴ Chris Collins, Denise Levis Hewson, Richard Munger, and Torlen Wade, *Evolving Models of Behavioral Health Integration in Primary Care*, Milbank Memorial Fund, 645 Madison Ave., New York, New York 10022. 2010. ISBN 978-1887748-73-5.

¹⁵ Ibid.

Studies suggest that primary care providers and the primary care team are not always sufficiently trained to fully address these issues.¹⁶

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

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$2,000,000 to be available annually to fund approximately seven recipients. You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. The period of performance is July 1, 2019 through June 30, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on indirect cost rates

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

¹⁶ Fagri, Boisvert, & Faghri, Understanding the expanding role of primary care physicians to primary care psychiatric care physicians: enhancing the assessment and treatment of psychiatric conditions, Mental Health in Family Medicine, 2010.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must be academically affiliated PA training programs, accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Domestic faith-based and community-based organizations, tribes and tribal organizations may apply for these funds, if otherwise eligible.

Required Eligibility Documentation

The applicant must submit accreditation documentation for the PA program in Attachment 4. The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not on probation, and (2) the dates of initial accreditation and next expected accrediting body review. The full letter of accreditation is not required. Provisional accreditation is acceptable for new programs. You must include a statement on the accreditation status for all other partner training programs in Attachment 4. Award recipients must immediately inform the HRSA project officer of any change in accreditation status.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other Eligibility Information

Ceiling Amount

HRSA will consider any application that exceeds the ceiling amount of \$300,000 as 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 797(b) of the Public Health Service Act. Complete the MOE information and submit as Attachment 6.

Multiple Applications

Multiple applications from an organization are not allowable. Only one award will be made per organization. Separate 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 documents will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.**

Beneficiary eligibility requirements - Student/Trainee

Every student/trainee receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

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](https://www.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 **65 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 10: Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

1. A brief overview of the project as a whole.
2. Specific, measurable objectives that the project will accomplish.
3. If and how the project will facilitate education of veterans as PAs.
4. How the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of the project.
5. A statement about qualifications for the Funding Preference, if applicable. Justification is to be provided in [Attachment 7](#).

Please place the following at the top of the abstract:

- Project Title
- Program: Primary Care Training and Enhancement: Physician Assistant Program
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Number
- Email Address
- Website Address, if applicable
- Number of PA Trainees per Year
- Number of Faculty per Year (if applicable)

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. Describe the need for increased number of PAs to increase access to primary care services you will address through this funding opportunity, particularly as it pertains to underserved and rural populations. Describe in particular how you will increase the number of primary care PAs, as members of interdisciplinary teams, providing community based services in your area, including at community health centers.

Describe the needs of the clinical learning sites that will be enhanced through this project. To the extent possible, include data on the demographics, social determinants of health, health disparities, and health care needs of the population served, with a focus on rural and medically underserved populations.

Applicants must demonstrate high need in the population served by the clinical sites where the PA students receive their education. Describe how your proposed project is expected to improve health care for the populations described.

This section will help reviewers understand the organization that would receive funding for training, as well as the needs of the communities that trainees will serve during their clinical learning experiences.

- *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 describes 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 by budget period to achieve each of the objectives proposed during the entire period of performance identified in the Methodology section.
 - Describe the timeframes, deliverables, persons responsible, and key partners required during the project 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 grant implementation, such as recruitment of students, retention activities, establishment of clinical learning sites, and outreach to veterans.
 - 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 diversity and inclusion of the populations and communities served.
 - If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- (b) *METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (b).*
 - Describe your goals, objectives, and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Objectives must be specific, measurable, achievable, relevant and timely.
 - Describe the key activities to enhance training, particularly in rural and underserved settings, including any enhancements to the clinical learning sites, and any other activities to increase the number of PA graduates who will practice primary care, particularly in rural and underserved settings.
 - Describe project activities to increase the capacity of the primary care system to improve outcomes related to opioid use disorder prevention and treatment and to enhance training and clinical experiences in opioid and other substance use disorders, including the provision of Medication Assisted Treatment (MAT).
 - Identify key indicators for project objectives.
 - Describe any plans to address the integration of evidence-based trainings for health professionals to screen, assess, intervene, and refer patients to specialized treatment for mental health issues.
 - Describe your plan to address trainee and provider wellness in your project.
 - Provide evidence and/or identify resources for training strategies, tools and best practices that support your proposed activities. Examples of resource centers include the:
 - [HRSA-funded Rural PREP](#)

- [HRSA-funded National Center for Integrated Behavioral Health](#)
- [SAMSHA-HRSA Center for Integrated Health Solutions](#)
- [National Institute on Mental Health](#)
- If applicable to your project, describe any activities to facilitate recruitment, retention, and graduation of veterans to become qualified as PAs.
- Describe how you will collaborate with other disciplines and programs to plan, implement, and evaluate curriculum enhancements and interprofessional team clinical learning.

Logic Model

You must submit a logic model ([Attachment 8](#)) 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 interventions, 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).
- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

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

You must describe the plan for program performance evaluation. 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; evaluation questions; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. You must specifically include a plan for evaluating graduate outcomes

in primary care, including in rural and underserved practices; and any improvements in patient access, quality of care, and cost effectiveness, as well as provider wellness, as a result of the training and PA student-faculty projects. You are encouraged to align your outcome measures with existing measures.

For the opioid and other substance use disorder training and clinical learning site enhancement activities, your evaluation plan must assess any increases in opioid and substance use disorder services, quality of care, and MAT certifications and services. You must be able to provide baselines for these measures and you are encouraged to match your evaluation measures to existing measures. For example:

The [Centers for Medicare and Medicaid Merit-based Incentive Payment System](#) includes the following measures:

- Documentation of Signed Opioid Treatment Agreement: All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.
- Evaluation or Interview for Risk of Opioid Misuse: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g., Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record.

The Bureau of Primary Health Care Uniform Data System includes the following:

- The number of physicians, certified nurse practitioners and physician assistants, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication.
- The number of patients who received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center.

Programs will be required to report on their evaluation progress and findings in their annual Progress Report. Additional technical assistance resources for

developing an evaluation plan are available at:

<https://bhw.hrsa.gov/grants/medicine/primary-care-training-enhancement-grantee-evaluation-resources>

The applicant is highly encouraged to refer to the recommendations provided in the evaluation tool kit found at the link above in designing their evaluation plan.

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

You also must 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.

For implementation of the program performance evaluation and HRSA's performance measures requirements, describe current experience, skills, and knowledge of the evaluation team, 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.

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

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

You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant's projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding, and (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 in education and clinical practice and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4*
 - 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.
 - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs including funding of any sub awards, so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.
 - A project organizational chart is requested in [Attachment 5](#). This chart should delineate the relationships, roles, and responsibilities of all partner

- organizations, including primary care clinical training sites and interprofessional training program partners.
- The staffing plan and job descriptions for key faculty/staff must be included in [Attachment 2](#) (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, which can be accessed in the Application Package under “Mandatory.” Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with the 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:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual’s experience and qualifications make him/her particularly well-suited for his/her role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Section D (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the

overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
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 in the *R&R Application Guide* and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects the application for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

The Consolidated Appropriations Act, 2018, (P.L. 115-141), Division H, § 202, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal year, as required by law.

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

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's [SF-424 R&R Application Guide](#). In addition, the Physician Assistant Program requires the following:

Evaluation Costs: You may request funding to support annual reporting requirements (i.e., software, personnel time, etc.), and to conduct the required program evaluation as outlined in *Section IV*.

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. Trainee costs must only be awarded to PA students.

Stipends may be used only for defraying the cost of living expenses during the period of training. Other educational expenses (such as tuition, travel, and conference fees) should be itemized and justified apart from any planned stipend allotment. **Trainee stipends are allowable for PA students and must be used at the discretion of the PA students.** The maximum stipend rate for predoctoral students is \$24,324 per year.¹⁷

¹⁷ National Institutes of Health Ruth L. Kirschstein National Research Service Award Stipend Levels for FY 2018. Available at: <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-175.html>

Maximum stipend levels for postdoctoral trainees are:

Postdoctoral Years of Experience	Stipend for FY 2018*
0	\$48,432
1	\$48,804
2	\$49,188
3	\$51,324
4	\$53,184
5	\$55,308
6	\$57,528
7 or more	\$59,736

*The amount of the stipend is to be adjusted with changes or updates to the [NIH stipend guidelines](#).

Enter the number and total stipend amount for each trainee as appropriate. The payment of stipends must also be consistent with institutional policy. **Grant funds may not be used to pay fringe benefits for trainees receiving stipend support.** Stipends must be paid in accordance with the award recipient's usual payment schedule and procedures. Any trainee who receives 100 percent of their salary from non-grant sources is not eligible for supported stipends from the award.

Requests for stipend support must fully document that 1) trainees are in need of the support, 2) alternative sources of financial support for such stipends are not available, and 3) grant funds will not be used to supplant other available funds.

Applicants must indicate the percentage of support (if any) covered by other sources, including state grants, institutional support, and/or other sources including federal education awards (fellowships, traineeships, etc.) except for educational assistance under the Veterans Readjustment Benefits Act ("GI Bill").

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (See Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the partners, or contractors and any deliverable(s). Make sure any letters of agreement are signed and dated.

Attachment 4: Accreditation

The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body, the Accreditation Review Commission for the Physician Assistant (ARC-PA), and are not on probation, and (2) the dates of initial accreditation and the next accrediting body review. The full letter of accreditation is not required. If a partner organization holds the accreditation for a training program, a letter of agreement must be provided as well.

Attachment 5: Project Organizational Charts, Tables, Charts, etc.

Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization) with links to partner organizations, and provide any additional tables or charts to give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: Maintenance of Effort Documentation

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

NON-FEDERAL EXPENDITURES

FY 2018 (Actual)
Actual prior FY non-federal funds,
including in-kind, expended for
activities proposed in this application.

Amount: \$ _____

Current FY 2019 (Estimated)
Estimated current FY non-federal
funds, including in-kind, designated for
activities proposed in this application.

Amount: \$ _____

Attachment 7: Request for Funding Preference

Include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification showing calculations. **Please Note: the data provided must be based on the applicant's PA program.** See [Section V.2](#)

Attachment 8: Logic Model

Attach a logic model for the PCTE: PA Program. More information on logic models is provided in Section VIII.

Attachment 9: Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed, and dated. Letters of support should indicate how the organization will contribute to the project such as serve as a clinical site, faculty, or offer employment to graduates.

Attachment 10: Other Relevant Documents

Include here any other document that is relevant to the application.

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with

the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

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.

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 14, 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

The Primary Care Training and Enhancement: Physician Assistant Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 R&R Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$300,000 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 H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal year, as required by law.

You may use funds under this notice for stipends and tuition for PA students, and for faculty development for purposes of the project. Stipends are not allowed for other disciplines.

Funds may not be used for new construction or patient services.

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

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

Review criteria are used to review and rank applications. The Primary Care Training and Enhancement: Physician Assistant Program has five review criteria:

Criterion 1: PURPOSE AND NEED (20 points)

The application will be evaluated on:

- The extent to which the proposed project addresses a high need for an increased number of primary care PA trainees and graduates to address primary care provider shortages, particularly in community based organizations in rural and underserved communities.

- The extent to which the primary care clinical training sites for PA students serve the highest need populations, particularly rural, underserved, and veteran populations if appropriate for the project and communities facing significant health disparities.

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

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Work Plan

The application will be evaluated on:

- The extent to which goals and objectives are clear, comprehensive, specific, and measurable; and concrete and feasible steps are proposed for each year to achieve those goals and objectives. The description must include a time line, persons responsible, and key partners required to meet the needs described in the Purpose and Need section.
- The extent to which the work plan and targets fit into the overall timeline of the period of performance.
- The extent to which stakeholders that reflect the populations and communities served are meaningfully engaged in the planning, design, and implementation of the application and project activities.

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

This application will be evaluated on:

- The extent to which the proposed goals and objectives specifically relate to the purpose of this program to increase recruitment, retention and graduation of PAs who are likely to practice primary care, particularly in rural and underserved settings. The strength of the plan to establish clinical learning placements in primary care learning environments, particularly those serving rural and underserved populations.
- The strength of the goals, objectives, and activities to enhance training in opioid and substance use disorder, including provision of MAT, and the extent to which the project is likely to have the greatest impact on opioid and substance use disorder outcomes in the clinical learning sites and in graduate practice.
- The extent to which integration of evidence-based trainings for health professionals to screen, assess, intervene, and refer patients to specialized treatment for mental health issues is addressed.
- The extent to which trainee and provider wellness is appropriately addressed and integrated into the project activities.
- The extent to which proposed activities and learning strategies are either evidence-based or innovative.
- The extent to which the goals of the project, inputs, activities, outputs, and outcomes (provided in the logic model) are logical, feasible within the timeframe and scope of the proposed project, and address the purpose of this program.

- The extent to which the program is interprofessional and collaborates with other programs and disciplines such as primary care physicians, nurse practitioners, social workers, and other members of the interprofessional team.

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

- The extent to which you demonstrate an understanding of potential obstacles and challenges during the design and implementation of the project.
- The extent to which your plan for resolving identified potential obstacles and challenges is feasible.

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 (20 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

- The extent to which evaluative measures and the evaluation plan will effectively assess whether project objectives have been met, identify quality improvement strategies, as well as your ability to effectively report on measurable outcomes. This includes both your internal program performance evaluation plan and HRSA’s required performance measures, as outlined in the corresponding Project Narrative Section IV’s Impact Sub-section (a).
- The extent to which the evaluative measures will be able to assess: 1) to what extent the project and program objectives have been met, and 2) to what extent these can be attributed to the project.
- The extent to which the evaluation plan for the project assesses outcomes around opioid and substance use disorder and MAT certifications and services, provides baselines for these measures, and describes how they will match them to existing measures.
- The strength of your plan to collect and report on HRSA’s required performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data.
- The extent to which you anticipate obstacles to the evaluation and propose how to address those obstacles.
- The strength of the dissemination plan and the extent to which project results may be national in scope and project activities will be replicable.
- The extent to which you describe your use of continuous quality improvement to monitor program objectives and activities to improve program outputs and outcomes.
- The extent to which the project evaluator(s) demonstrate the technical capacity to conduct the evaluation of the project, including evaluation of outcomes matched to prevailing quality measures relevant to the primary care sites (e.g., UDS measures for federally qualified health centers).

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

- The extent to which you describe a solid plan for project sustainability after the period of federal funding ends.
- The extent to which you clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (10 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities

- 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 extent to which you describe the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

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

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The completeness of the SF-424 R&R, and responsiveness to the budget information requested within this NOFO and SF-424 R&R Application Guide.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which trainee stipends or traineeships are reasonable and supportive of the project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., funding preference). 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 the funding preference.

Funding Preferences

This program provides a funding preference for some applicants as authorized by Section 791(a) (1) of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. 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. The Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by the peer review committee.

Funding preference will be granted to any qualified PA applicant that demonstrates that they meet the qualification for the preference as follows below.

The applicant must provide the required data for the academically affiliated PA program. "Tracks," such as primary care or rural tracks, or regional campuses within existing organizations, DO NOT qualify under either the Medically Underserved Community or the New Program funding preference qualification.

Please note: the data must be that of the applicant's PA program.

A total of one funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference via one of the following qualifications:

Qualification 1: Medically Underserved Community (MUC) Funding Preference

This preference focuses on the number of graduates from your PA school that were placed in MUCs. To apply, you must provide and clearly label in **Attachment 7** that you are requesting consideration for the **MUC Funding Preference**. You must provide all of the requested data shown below and you must include a description of how you determined graduate practice in an MUC. For this NOFO, a MUC is defined as a geographic location or population of individuals that is designated by the federal government as a Health Professional Shortage Area (HPSA) or Medically Underserved Area and Population (MUA/P). More information on HRSA shortage designations, including a link to find HPSAs and MUAs/Ps by address, is available at: <https://bhw.hrsa.gov/shortage-designation>. Failure to provide all required information will result in not meeting the funding preference. There are two ways to qualify, as outlined below.

A) High Rate

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

To calculate the MUC Preference by demonstrating High Rate for PA **graduates**, the numerator will be the number of graduates from AY 2016-2017 who are currently in practice in a MUC added to the number of graduates from AY 2017-2018 who are currently in practice in a MUC. Any graduates that are currently in further training programs, such as residency programs, further traineeships or fellowships, are not

considered in practice and should not be included in the numerator. The denominator will be the total number of graduates for AY 2016-2017 added to the total number of graduates in AY 2017-2018. Use the following formula:

$N_{2016-2017}$ = number of AY 2016-2017 graduates currently in practice in a MUC

$N_{2017-2018}$ = number of AY 2017-2018 graduates currently in practice in a MUC

$D_{2016-2017}$ = the TOTAL number of graduates in AY 2016-2017

$D_{2017-2018}$ = the TOTAL number of graduates in AY 2017-2018

$$\text{High Rate} = \frac{N_{2016-2017} + N_{2017-2018}}{D_{2016-2017} + D_{2017-2018}} \times 100$$

The applicant must report all graduates of the PA program regardless of their training program's source of funding. Any graduates that are currently in further training programs, such as residency programs or fellowships are not considered in practice and must not be included in the numerators.

B) Significant Increase

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

To calculate the MUC Preference by demonstrating significant increase **for PA graduates**, calculate the difference between the percent of graduates in AY 2017-2018 and AY 2015-2016 who are currently practicing in a MUC. Any graduates that are currently in further training programs, such as residency programs or fellowships are not considered in practice and should not be included in the numerators.

Use the following formula:

$N_{2017-2018}$ = number of AY 2017-2018 graduates currently in practice in a MUC

$D_{2017-2018}$ = the TOTAL number of graduates in AY 2017-2018.

$N_{2015-2016}$ = number of AY 2015-2016 graduates currently in practice in MUC

$D_{2015-2016}$ = the TOTAL number of graduates in AY 2015-2016.

$$\text{Percentage Point Increase} = ((N_{2017-2018}/D_{2017-2018}) - (N_{2015-2016}/D_{2015-2016})) \times 100$$

The applicant must report all graduates of the PA program regardless of their training program's source of funding. Any graduates that are currently in further training

programs, such as residency programs or fellowships, are not considered in practice and must not be included in the numerators.

Qualification 2: Mechanism for New Training Programs to Qualify for the Funding Preference

New programs for the purpose of this NOFO means those PA schools that have completed training of less than three consecutive classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the funding preference described in section 791(a)(1) of the PHS Act. The funding preference is for applicants that:

- a) demonstrate a high rate for placing graduates in practice settings having the principal focus of serving residents of Medically Underserved Communities or demonstrate a significant increase in the rate of placing graduates in Medically Underserved Communities settings over the preceding two years.

New programs as defined above can qualify for the funding preference if they meet **at least four** of the following criteria, and have completed training for less than three consecutive classes:

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is required under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

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

- Describe how their program meets at least four of the seven criteria mentioned above.
- State the year the program was established.
- Provide the total number of graduates for each year, including the current year, since the training program began.

As mentioned above, new "tracks," such as primary care or rural tracks within existing institutions DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification. Programs that

have been significantly changed or improved with a new focus also DO NOT qualify for the New Training Program qualification.

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 NOFO. 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.

Human Subjects Protection:

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

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 evaluation and 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 recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the award notice.

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

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

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

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

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 [FAPIS](#), 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:

Curtis Colson
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH04
Rockville, MD 20857
Telephone: (301) 443-3438
Email: CColston@hrsa.gov

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

Svetlana Cicale, MPH
Project Officer, Medical Training and Geriatrics Branch
Division of Medicine and Dentistry
Attn: Physician Assistant Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N194B
Rockville, MD 20857
Telephone: (301) 443-7172
Email: scicale@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/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

HRSA will hold a technical assistance (TA) webinar and conference call for applicants seeking funding through this opportunity. The webinar 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.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be found in the [Health Workforce Glossary](#). In addition, the following additional definitions apply to the PCTE: Physician Assistant Program for FY 2019.

Accredited – The term “accredited” means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education. In general, the relevant accrediting bodies are the Liaison Committee on Medical Education (LCME) for allopathic medical schools, American Osteopathic Association (AOA) for osteopathic medical schools, Accreditation Council for Graduate Medical Education (ACGME) for allopathic residency programs, and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for physician assistant programs.

Lead applicant - is the designated PA primary training program that is submitting a request for financial support. An applicant is the entity that meets the agencies or programs' eligibility criteria and has the legal authority to apply and to receive the award. The lead applicant training program must be an academically affiliated physician assistant training program.

Stipend – a payment made to an individual under a fellowship or training grant in accordance with established levels to provide for the individual's living expenses during the period of training. A stipend is not considered compensation for the services expected of an employee such as a salary.

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>.