

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Bureau of Health Workforce
Division of Medicine and Dentistry

Geriatrics Academic Career Award Program

Funding Opportunity Number: HRSA-19-007

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.250

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: January 15, 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.*

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Young Song, DrPH, MPH, MS, RD
Senior Program Management Consultant
Division of Medicine and Dentistry
Telephone: (301) 443-3353
Fax: (301) 443-0162
Email: ysong@hrsa.gov

Authority: Title VII, Section 753(c) of the Public Health Service Act (42 U.S.C. 294c(c))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Geriatrics Academic Career Award (GACA) Program. The purpose of the GACA Program is to support the career development of junior faculty in geriatrics at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health. Faculty with expertise in geriatrics are needed to train the workforce and provide specialized care to improve health outcomes for older adults. Through this notice of funding opportunity (NOFO), career development awards will be made to support individual junior faculty who will provide interprofessional¹ clinical training and become leaders in academic geriatrics.

Funding Opportunity Title:	Geriatrics Academic Career Award Program
Funding Opportunity Number:	HRSA-19-007
Due Date for Applications:	January 15, 2019
Anticipated Total Annual Available Funding:	\$2,000,000
Estimated Number and Type of Award(s):	Up to 26 grants
Estimated Award Amount:	\$75,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2023 (4 years)
Eligible Applicants:	<p>Eligible applicants are accredited health professions schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health who apply on behalf of individuals to HRSA for a Geriatrics Academic Career Award where the individuals have a full-time junior faculty appointment.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

¹ The Advisory Committee on Interdisciplinary, Community-Based Linkages recommends using the term “interprofessional” in place of “interdisciplinary” because it is more inclusive of all healthcare professionals.

Application Guide

You (the applicant organization/agency and the project director) 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, in addition to a follow-up 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. The conference call will address Frequently Asked 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 Geriatrics Academic Career Award (GACA) program.

Program Purpose

The purpose of the GACA program is to support the career development of individual junior faculty in geriatrics at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health as academic geriatrics specialists and to provide clinical training in geriatrics, including the training of interprofessional teams of health care professionals².

Program Goals

The goals of the program are for the GACA candidate to develop the necessary skills to lead health care transformation in a variety of settings, including rural and/or medically underserved settings, to be age-friendly and to provide training in clinical geriatrics, including the training of interprofessional teams of healthcare professionals to provide healthcare for older adults.

Program Objectives

1. Develop junior faculty for a career as an academic geriatrics specialist to address the above program goals.
2. Spend at least 75 percent of their time providing training in clinical geriatrics, including the training of interprofessional teams of healthcare professionals.
3. Identify a mentor who will advise and provide guidance and supervision to the GACA candidate regarding planning, directing, executing, and evaluating the proposed activities in the GACA candidate's Faculty Career Development Plan.

GACA candidates are encouraged to address the U.S. Department of Health and Human Services (HHS) and HRSA clinical priorities around substance and opioid use disorder, value-based care, and mental health through interprofessional education and training in clinical geriatrics using, where appropriate, telehealth technology, including teleprecepting, telementoring and Project ECHO³, live video, remote patient monitoring, or other technology as appropriate.

² By statute, GACA recipients are required to provide training in clinical geriatrics, including the training of interdisciplinary teams of health care professionals. The Advisory Committee on Interdisciplinary, Community-Based Linkages recommends using the term "interprofessional" in place of "interdisciplinary" because it is more inclusive of all healthcare professionals.

³ Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. For more information see: <https://echo.unm.edu/>.

2. Background

This program is authorized by Title VII, Section 753(c) of the Public Health Service Act (42 U.S.C. 294c(c)). The focus of this subsection is on supporting the career development of individual junior faculty in geriatrics at accredited health professions schools.

The number of individuals over the age of 65 has reached 46 million and is projected to reach 74 million by 2030. Americans reaching the age of 65 today can also expect, on average, to live an additional 19 years.³ As older adults live longer, they develop more chronic conditions. Multiple chronic conditions (MCC) among older adults puts burden on national health care systems and increases costs.⁴

The National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025 report by the HRSA, Bureau of Health Workforce (BHW), National Center for Health Workforce Analysis projected demand for geriatricians will exceed supply, resulting in a national shortage of 26,980 full time equivalent positions in 2025. The report states all regions of the U.S. are projected to have a 2025 shortage of geriatricians, although the degree of shortage in each region is variable⁵. The National Academy of Medicine, formerly called The Institute of Medicine, published a report titled *Retooling for an aging America: Building the health care workforce*, stating that the health care workforce has been inadequate in both size and skills to meet the health care needs of the rapidly growing number of older adults. The education and training of health professionals in the area of geriatrics are hindered by a shortage of faculty, inadequate and variable academic curricula and clinical experiences, and a lack of opportunities for advanced training.⁶

In order to address these issues, faculty with expertise in geriatrics are needed to train the workforce to provide specialized care to improve health outcomes for older adults. These individuals will provide education and training including the training of interprofessional teams of health care professionals.

3. Program Definitions

A glossary containing general definitions for terms used throughout Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the GACA program for FY 2019:

Age-Friendly Health System means a healthcare system that improves the quality of care for older adults and optimizes value for health systems by providing older adults with the best care possible; reducing healthcare related harms to older adults to close to zero; satisfying older

³ National Prevention Council. Healthy Aging in Action. (2016). U.S. Department of Health and Human Services, Office of the Surgeon General, Washington, DC

⁴ Sage Open Nursing. (2018). Self-Management of Multiple Chronic Conditions by Community-Dwelling Older Adults: A Concept Analysis. Retrieved from <https://doi.org/10.1177/2377960817752471>

⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. (2017). National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025. Rockville, Maryland

⁶ Institute of Medicine. (2008). *Retooling for an Aging America: Building the Health Care Workforce*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12089>.

adults with their care; and optimizing value for individuals including patients, families, caregivers, direct care workers, healthcare providers, and health professions students, residents, fellows, and faculty, and health systems. The essential elements of age-friendly health systems are a) What Matters (to the older adult); b) Medication; c) Mentation; and d) Mobility.⁷

Allied Health Professionals refer to health professionals who share in the responsibility for the delivery of health care services or related services, including: services relating to the identification, evaluation, and prevention of diseases and disorders; nutrition and dietetic services; health promotion services; rehabilitation services; and health systems management services. Allied health professionals include those who have received a certificate, an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or post baccalaureate training, in a science relating to health care. For Title VII Programs, allied health professionals do not include: registered nurses, physician assistants, doctors of medicine, doctors of osteopathy, dentists, veterinarians, optometrists, podiatrists, pharmacists, individuals with graduate degrees in public health, health administration, or other equivalent degrees, chiropractors, clinical psychologists, social workers, or individuals with a degree in counseling or an equivalent degree.

Full-Time Junior Faculty refers to a full-time academic rank of instructor or assistant professor.

Telehealth means the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Value-based care refers to reimbursement that ties payments for care delivery to quality of care provided and supports better care for individuals, better health for populations, and lower costs.⁸

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

HRSA will provide funding in the form of a grant.

⁷ The John A. Hartford Foundation & The Institute for Healthcare Improvement. (2018). Age-Friendly Health Systems. Retrieved from <https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly-hospitals/>

⁸ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html>

2. Summary of Funding

HRSA expects approximately \$2,000,000 to be available annually to fund up to 26 awards. You may apply for an award of \$75,000 total cost (includes both direct and indirect, facilities and administrative costs) per year, per application. You can submit multiple applications, but no more than two awards will be made per institution. If two awards are made to an institution, they will be from different disciplines (Please refer to Section III.3 for further detail). The amount of the GACA will be adjusted annually to reflect the increase in the Consumer Price Index subject to the availability of funds. The period of performance is July 1, 2019 through June 30, 2023 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Geriatrics Academic Career Award program 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 organizations other than federally recognized Native American or American Indian tribes, state, or local governments will be budgeted and reimbursed at eight (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 applicant organizations include accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health. Eligible applicant organizations must submit a separate application on behalf of each eligible individual applying for a Geriatric Academic Career Award.

Eligible individuals (GACA candidates) must:

- A. Be board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or have completed any required training in a discipline and be employed in an accredited health professions school that is approved by the Secretary;
- B. Have completed an approved fellowship program in geriatrics or have completed specialty training in geriatrics as required by the discipline; and for disciplines that do not require specialty training in geriatrics, they must have relevant clinical education, training, and research activities within the last five years;
- C. Have a junior (non-tenured) faculty appointment at an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or other allied health discipline in an accredited health

professions school that is approved by the Secretary. Adjunct and associate professor positions are not considered eligible faculty appointments for this award;

- D. Have a full-time junior faculty appointment in an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health, and commitment from the institution to spend 75 percent of the total time of the individual on teaching and developing skills in interprofessional education in geriatrics; and
- E. The GACA candidate receiving support from award funds must 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.

The eligible applicants and eligible individuals must submit required documentation as **Attachments 1-5**. For further detailed instructions, refer to the Section IV.2.v, Attachments.

Applications that do not include the required documents specified in this NOFO **will be considered non-responsive and will not be considered for funding under this notice**.

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 \$75,000 total cost per year 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)

An eligible individual that receives an Award shall provide assurances to the Secretary that funds provided to the eligible individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the eligible individual. Complete the MoE document and submit as **Attachment 6**.

Multiple Applications

NOTE: Multiple applications from an organization with the same DUNS number are allowable if the applications propose distinct GACA candidates, with separate and distinct projects. Please note: while you can submit multiple applications, no more than two awards will be made per institution. If two awards are made to an institution, they will be from different disciplines.

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

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. 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 <http://www.grants.gov/applicants/apply-for-grants.html>.

HRSA recommends that you supply an email address to Grants.gov on the Grant Opportunity Synopsis page and when accessing this NOFO (also known as “Instructions” on Grants.gov) or workspace application package. This allows Grants.gov to email organizations 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, faculty development plan 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 application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. The

Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to 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

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

i. Project Abstract

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

The Abstract must include:

1. Name of the project director (GACA candidate) and the specific discipline;
2. A brief overview of your GACA project including a description of your faculty development plan, how you will meet the statutory service requirement, and the role of your mentor;
3. Specific, measurable objectives that the project will accomplish;
4. HHS and HRSA clinical priorities (i.e., substance and opioid use disorder, mental health, telehealth, and/or value-based care delivery) that will be addressed by the project, if appropriate; and
5. 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 your proposed GACA plan. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed faculty development plan.

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**
This section will help reviewers understand you and your organization as well as the needs of the communities that your trainees would ultimately serve.
 - Briefly describe the purpose of your proposed GACA project;
 - Outline the need for faculty with geriatrics expertise and interprofessional geriatrics education and training at your institution;
 - Identify the targeted learners (including their health professions/discipline) you will be training (their training needs, and the population(s)/community(ies) served, including in any rural and/or medically underserved population(s)/community(ies);
 - Describe the socio-cultural determinants of health and health disparities that you will be addressing, including for any rural and/or medically underserved population(s)/community(ies) served;
 - Use and cite demographic data whenever possible to support the information provided;
 - Describe your prior training, teaching experience, and academic career. Include a description of your primary duties and professional responsibilities at your institution, any publications related to the proposed project, and other relevant experience;
 - Provide evidence of your potential to develop into a clinician educator/faculty leader to transform health systems to be age-friendly, including health systems in rural and/or medically underserved areas; and
 - Describe your commitment to a career in interprofessional geriatrics clinical education and describe how the GACA is expected to advance your academic career.
- **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 how you will implement the project (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 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 four-year period of performance; and
- Identify meaningful support and collaboration with your mentor in planning, designing, and implementing all activities, including development of the application, and the extent to which your faculty development plan addresses the educational needs the healthcare professionals to be trained and the populations and communities they serve, including any rural and/or medically underserved populations.

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

1. Faculty Career Development Plan:

- Describe your faculty career development plan and how your plan is designed to help you develop the necessary knowledge and skills as a clinician educator in geriatrics to transform and lead age-friendly health systems;
- Describe your interprofessional training activities and how you will meet the statutory service requirement;
- Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs.
- Describe the targeted learners and population(s)/community(ies) that will benefit from the project, including any rural and/or medically underserved population(s)/community(ies), how their experiences will be enhanced, and how the proposed activities are expected to improve access, quality, and cost of care for patients;
- 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;
- Describe the activities you will use to become a successful clinician educator, including, but not limited to, how you will:
 - Obtain the necessary pedagogical experience to facilitate development as an academician;
 - Develop effective culturally and linguistically competent interprofessional curricula, tools, and training materials that address the social determinants of health and health disparities of the targeted population(s)/community(ies), including in any rural and/or medically underserved population(s)/community(ies);
 - Provide interprofessional geriatrics education and training to health professions students, faculty, providers, direct care workers, patients, families, and caregivers, as appropriate, to practice in age-friendly health systems;
 - Transform clinical training environments to be age-friendly;
 - Interact and learn from other clinician educators as well as other program participants at both the local and national levels;
 - Publish educational outcomes; and
 - Actively participate in national professional societies;
- Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences; and
- Explain how your faculty career development plan is innovative in educating and training interprofessional teams.

Logic Model

You must submit a logic model for designing and managing your faculty career development plan. The logic model should be submitted as **Attachment 7**. A logic model is a one-page diagram that presents the conceptual framework for a proposed career development plan 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 career development plan (e.g., objectives, reasons for proposing the project 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, and other resources);
- Target population (e.g., health professions trainees and the individuals to be served from rural and/or medically underserved areas);
- Activities (e.g., approach, faculty career development plan, interprofessional geriatrics training program, health professions, patient, family, and caregiver education and training activities); and
- Outputs (i.e., the direct products or deliverables of program activities); and Outcomes (i.e., the results of a GACA program, typically your promotion to associate professor, publications, health professions trainees impacting in patient outcomes describing a change in 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 GACA 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 that will contribute to value-based care and 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 [this may be you and your mentor], organizational support, budget, and other resources); inputs; key processes; variables to be measured; expected outcomes; and a description of how all key evaluative measures will be reported. 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://bhwh.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 your current experience, skills, and knowledge, materials published, and previous work of a similar nature. You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of your ongoing career development plan, processes, outcomes of implemented activities, progress toward meeting GACA 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/>

Program Impact Evaluation

You must include an evaluation plan to show program impact related to your clinical training in geriatrics, your interprofessional training of health care professionals, improvement in patient health outcomes, and your career development activities. You are encouraged to evaluate patient outcomes matched to existing measures. For example, the [Centers for Medicare and Medicaid Merit-based Incentive Payment System](#) (MIPS) includes the following performance measures:

- Dementia Caregiver Education and Support: Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period.
- Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
- Use of High-Risk Medications in the Elderly: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported; a. Percentage of patients who were ordered at least one high-risk medication, and b. Percentage of patients who were ordered at least two different high-risk medications.
- Screening for Future Fall Risk: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

If you are providing opioid training, you may include in your evaluation plan the below standardized measure to show impact on patient care quality:

- MIPS MEASURE: 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, Screener and Opioid Assessment for Patients with Pain-Revised) or patient interview documented at least once during Opioid Therapy in the medical record.
- *(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. GACA candidates are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

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

The GACA candidate must:

- 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 contribute to your ability to comply with the program requirements and meet program expectations. Submit the organizational chart as request in Section IV.2.v., **Attachment 8**.
- Identify and describe the primary mentor who will advise and provide guidance and supervision to you regarding planning, directing, executing, and evaluating the proposed activities in your career development plan. The mentor(s) must have expertise in the area of your proposed career development plan, be committed both to your career development and to the direct supervision of your project.
- Describe the expertise and role of the primary mentor in the development of your career development plan and provide a letter of support from the primary mentor (**Attachment 4**). The primary mentor must document a strong commitment to your career development and must:
 - Demonstrate expertise in the area of your proposed faculty career development plan and a commitment both to your career development and to the direct supervision of you within the context of your proposed career development plan;
 - Demonstrate how the award will enhance the development of your academic/clinical career in geriatrics;
 - Document that they have a full-time academic appointment located at the same institution as you;
 - Attest that you have the necessary resources to implement your faculty development plan and meet the statutory service requirement that 75% of your time will be devoted to training; and
 - Commit to providing an annual evaluation of your progress.

For the Applicant Organization:

In a letter of commitment (**Attachment 5**), the applicant organization must document a strong, well-established career development program related to the GACA candidate's area of interest, including:

- Assurances that the GACA candidate has a full-time faculty appointment in an accredited health professions school and that the institution has a documented commitment to spend 75 percent of the trainee's total time on teaching and developing skills in interprofessional geriatrics education.
- Resources and facilities that will be available to GACA Candidate, to include appropriate office space, equipment, and other resources and facilities, including access to clinical populations, necessary to carry-out the proposed career development plan;
- 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.

Biographical sketches for the GACA candidate, Primary Mentor, Department Chairperson, and other key personnel, such as Secondary Mentor(s) and consultants 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 established, please include a letter of commitment from that person with the biographical sketch.

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., Program Director/Principle Investigator) in the career development plan 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 three years) projects (Federal or non-Federal support). Begin with any projects relevant to the career development plan 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	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

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

The 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.

The indirect cost is limited to 8 percent of the modified total direct cost. Provide a line item budget and budget justification for all planned sub awards. For any sub awards, the line item budget form to be used is the “R & R Sub award Budget Attachments Form” that should be included in the application package. The budget justification should be included with the recipient’s budget justification.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). In addition, the Geriatric Academic Career program requires the following:

- *GACA Candidate Training Costs:* Include all annual support for you and your training needs, including but not limited to your attendance at seminars, professional conferences, classes, and education materials.
- *Travel:* Include travel support for you and the Primary Mentor to attend one grantee meeting to be held annually over 2 days in the Washington, D.C. area over the four-year period of performance.
- *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.

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: *Accreditation Documentation of Health Professional School – required.* Accreditation documentation for the health professional school where the GACA candidate has a full time junior faculty appointment must be submitted as **Attachment 1**. The full letter of accreditation is not required. In the event of any change in the status of

accreditation, you must immediately inform the HRSA project officer. The document must provide:

- a. a statement that the health professions school holds continuing accreditation from the relevant accrediting body and is not on probation,
- b. the name of the accrediting body,
- c. the date of initial accreditation, or provisional accreditation or evidence that the applicant organization has started the accreditation process from the accreditation agency, and
- d. the date of the next expected accrediting body review (or expiration date of current accreditation).

Attachment 2: Board Certification, Certificate or Letter of Board Eligibility—required. Board certification documentation in internal medicine, family practice, or psychiatry for allopathic and osteopathic physicians, or licensed dentistry for dentists should be submitted as **Attachment 2**. Board eligible individuals from internal medicine, family practice, or psychiatry for allopathic and osteopathic physicians, or licensed dentistry for dentist must submit a letter from your Department Chairperson stating when you will be board eligible and when you will be taking the board examination.

Attachment 3: Certificate of Completion of an Approved Fellowship Program in Geriatrics or Certificate of Completion in Specialty Training in Geriatrics as Required by the Discipline, and Any Other Additional Geriatrics Training—required. Submit documentation indicating completion of the relevant programs or trainings.

Attachment 4: Letter of Commitment from the Primary Mentor—required. The letter of commitment from the primary mentor should include acknowledgement of his/her roles, responsibilities, and commitment to support your career development and advancement in academic geriatrics.

Attachment 5: Letter of Agreement from the Applicant Organization: Your Health Professions School (5a: certificate of faculty appointment; 5b: certificate of service requirement)—required. The letter of agreement must include a signed and dated:

- a. certificate of faculty appointment (CFA) from your health professions school and should include that you have a full-time junior faculty appointment from July 1, 2019 through June 30, 2023; and
- b. institutional commitment for you to spend 75 percent of your total time on teaching and developing skills in interprofessional geriatrics education.

Attachment 6: 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

<p>FY 2018 (Actual) Actual prior FY2018 non-federal funds, including in-kind, expended for activities proposed in this application.</p> <p>Amount: \$_____</p>	<p>FY 2019 (Estimated) Estimated FY 2019 non-federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: \$_____</p>
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Attachment 7: Logic Model – required.

Attach a logic model for the Geriatrics Academic Career Award. More information on logic models is provided in *Section VIII*.

Attachment 8: Project Organizational Chart– required. Provide a one-page figure that depicts the organizational structure of *the career development plan (not the applicant organization)*.

Attachment 9: 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 (<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.

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 15, 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 GACA 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](#) or additional information.

6. Funding Restrictions

You may request funding for a period of performance of four years, at \$75,000 per year (inclusive of direct **and** indirect costs). The annual award amount will be subject to change per the cost of living adjustment. 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.

You may not use funds under this notice for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, funds may not be used for construction or major renovation activities, international training or travel, or specialty board certification exam fees. Individuals on temporary or student visas are not eligible to receive GACA support.

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.

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. Post-award requirements for program income can be found 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 GACA program has five review criteria:

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

The extent to which the application demonstrates:

- The need for the GACA’s candidate’s career development to lead and transform clinical training environments to be age-friendly, including for any rural and/or medically underserved populations or communities;
- The need for interprofessional geriatrics education and training by the targeted learners (health professions/disciplines) that the GACA candidate will provide, and the

population(s)/community(ies) served, including for any rural and/or medically underserved population(s)/community(ies);

- The GACA candidate's prior training, background, or other evidence that is supportive of his or her potential to develop into a clinician educator and faculty leader to lead and transform age-friendly health systems; and
- The GACA candidate's commitment to a career in interprofessional geriatrics education and training.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

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

The application will be evaluated on:

- The extent to which the GACA candidate provides a clear, comprehensive, and specific set of goals and objectives and concrete steps that will be used to achieve those goals and objectives. The application should include timelines, stakeholders, and a description of the educational needs the healthcare professionals to be trained and the populations and communities they serve, including for any rural and/or medically underserved populations or communities;
- The degree to which the objectives are specific, measurable, reasonable, and attainable within the four-year period of performance;
- The feasibility of the proposed activities and timelines, including the evaluation plan;
- The extent to which the work plan is clear, complete, and allows tracking of project progress; and
- The extent to which the GACA candidate's career development plan addresses the needs of the targeted learners and population(s)/community(ies), including for any rural and/or medically underserved populations or communities served.

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

- The GACA candidate's career development plan is matched to the needs of the individual and likely to provide the necessary knowledge, skills, and experience needed for the candidate to advance in an academic career;
- The extent to which the proposed faculty development career development plan responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need sections;
- The strength of the proposed goals and objectives and their relationship to the proposed career development plan;
- The extent to which the targeted learners and population(s)/community(ies) benefit from the project, how their experiences will be enhanced, and how the proposed activities are expected to improve access, quality, and cost of care for patients;
- The extent to which the GACA candidate's career development plan addresses the statutory service requirement to spend at least 75 percent of your total GACA protected

time on teach clinical geriatrics, including the training of interprofessional teams of health care professionals;

- The extent to which interprofessional education impacts improvement in the knowledge and skills of the workforce in clinical geriatrics and improves the health of the target population(s), including for any rural and/or medically underserved populations;
- The extent to which the activities described in the application are capable of addressing the attaining the project objectives. This includes describing, as appropriate, tools and strategies for meeting stated needs;
- The extent to which the GACA candidate provides a logical description of proposed activities and describes how the project is innovative; and
- The extent to which the logic model presents the conceptual framework for the proposed career development plan and explains the links among program elements to achieve relevant outcomes.

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

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

Criterion 3: IMPACT (30 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 (25 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

The application will be evaluated on:

- The extent to which the GACA candidate’s proposed career development plan will be effective in meeting career development needs, the education and training of health care professionals and the population(s)/community(ies) they serve, including for any rural and/or medically underserved population(s)/community(ies);
- The extent to which your evaluation plan captures measurable outcomes. This includes both internal program performance evaluation plan, health outcomes performance measures, 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 program objectives have been met, and 2) to what extent these can be attributed to the project;
- The extent to which the evaluation plan includes necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how data will be collected and managed data in such a way that allows for accurate and timely reporting of performance outcomes;
- The extent to which the GACA candidate anticipates obstacles to the evaluation and proposes how to address those obstacles;

- The extent to which the GACA candidate describes the feasibility and effectiveness of plans for dissemination of project results; and
- The extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

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

The application will be evaluated on:

- The extent to which you describe a plan for project sustainability after the period of federal funding ends; and
- 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 15 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities

The application will be evaluated on the extent to which:

- The applicant organization can effectively manage the programmatic, fiscal, and administrative aspects of the proposed GACA award;
- The primary mentor, through a letter of support (**Attachment 4**), demonstrates that he/she is qualified through past education and experience to fully support the candidate’s career development plan and is committed to the GACA candidate’s career development plan;
- The applicant organization, through a letter of support (**Attachment 5**); demonstrates a commitment to the GACA candidate’s career development plan. This includes assurances that the GACA candidate has a documented commitment to spend 75 percent of their total time on teaching and developing skills in interprofessional geriatrics education and has a full-time faculty appointment; and
- The unique needs of the targeted health professions/disciplines and target populations(s)/community(ies) served are routinely assessed and improved, including any rural and/or medically underserved population(s)/community(ies).

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

The application 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 are reasonable given the scope of work.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

The GACA program does not have a funding preference.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA anticipates funding at least one awardee in each of the ten HHS regions.

HRSA also will aim for a proportionate distribution of awards across the health professional disciplines based on the number of eligible applications received and recommended for funding by the objective review committee.

While you can submit multiple applications, no more than two awards will be made per institution. If two awards are made to an institution, they will be in different disciplines.

PLEASE NOTE: In order to achieve the distribution of awards as stated above, HRSA may need to fund out of rank order.

Applications that do not receive special consideration will be given full and equitable consideration during the review process.

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 \(FAPIS\)](#). 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 [FAPIS](#) 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 FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing 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 under Subawards and Contracts under Grants

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 and contractors under grants, unless the NOA specifies an exception. 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>.

Acknowledgement of Federal Funding

HRSA requires recipients to use the following acknowledgement and disclaimer on all products produced by HRSA funds: “This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

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 whether 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, and 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. The annual progress report also should include a summary brief of each fellow’s healthcare transformation project.

Further information will be provided in the award notice.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All 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 (GPRM). The recipient must report his/her National Provider Identifier (NPI) number as part of the data collection process. 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 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 EHB 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 award notice.
- 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:

David Treer
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0563
Fax: (301) 443-5461
Email: DTreer@hrsa.gov

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

Young Song, DrPH, MPH, MS, RD
Senior Program Management Consultant
Division of Medicine and Dentistry
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N-194A
Rockville, MD 20857
Telephone: (301) 443-3353
Fax: (301) 443-0162
Email: ysong@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@hrsa.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: <https://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 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/>.