

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Bureau of Health Workforce
Division of Nursing and Public Health

***Advanced Nursing Education - Sexual Assault Nurse
Examiners (ANE-SANE) Program***

Funding Opportunity Number: HRSA-21-016
Funding Opportunity Type(s): New, Competing Continuations

Assistance Listings (CFDA) Number: 93.247

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: February 17, 2021

*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: November 17, 2020

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Advanced Nursing Education-Sexual Assault Nurse Examiners (ANE-SANE) Program. The purpose of the ANE-SANE program is to fund advanced nursing education to recruit, train and certify Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs)¹, and Forensic Nurses (FNs) to practice as sexual assault nurse examiners (SANEs). The program aims to increase the supply and distribution of qualified working SANEs and expand access to sexual assault forensic examinations. By expanding access to SANEs, the ANE-SANE program aims to provide better physical and mental health care treatment for survivors of sexual assault and domestic violence leading to better evidence collection and potentially higher prosecution rates.

The FY 2021 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled prior to award.

Funding Opportunity Title:	Advanced Nursing Education-Sexual Assault Nurse Examiners (ANE-SANE) Program
Funding Opportunity Number:	HRSA-21-016
Due Date for Applications:	February 17, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$8,000,000
Estimated Number and Type of Award(s):	Approximately 16 grants
Estimated Award Amount:	Up to \$500,000 per year, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2021 through June 30, 2024 (Three (3) years)

¹ Advanced Practice Registered Nurses includes Nurse Practitioners, Nurse Midwives, Clinical Nurse Specialists, and Nurse Anesthetists.

Eligible Applicants:	<p>Eligible applicants include accredited schools of nursing, nursing centers, nurse-managed health clinics, academic health centers, State or local health departments, HRSA-supported Health Centers, Rural Health Clinics, public or non-profit Hospitals, other emergency health care service providers, Federally Qualified Health Centers, Clinics receiving funding under Title X, and other similar public or private non-profit entities. Federally recognized Indian Tribal Government and Native American Organizations as well as community-based and faith-based non-profit organizations (under IRS 501(c)(3)) may apply if they are otherwise eligible.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

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

Technical Assistance

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Advanced Nursing Education-Sexual Assault Nurse Examiners (ANE-SANE) Program.

Program Purpose

The purpose of the ANE-SANE program is to fund advanced nursing education to train and certify Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs), and Forensic Nurses (FNs) to practice as sexual assault nurse examiners (SANEs). The program aims to increase the supply and distribution of qualified working SANEs and expand access to sexual assault forensic examinations. By expanding access to SANEs, the ANE-SANE program aims to provide better physical and mental health care for survivors of sexual assault and domestic violence leading to better evidence collection and potentially higher prosecution rates.

Program Goals

The ANE-SANE program is designed to:

1. Increase the supply and distribution of SANEs by increasing the number of RNs, APRNs and FNs trained to practice as SANEs;
2. Expand access to sexual assault forensic examinations by increasing availability of training and supporting certification of qualified SANEs who are skilled and knowledgeable in providing quality care to survivors of sexual assault and domestic violence, especially in rural and underserved settings;
3. Enhance stakeholder support for training and increase retention of SANEs, to ensure the provision of better physical and mental health care of survivors of sexual assault and domestic violence and improved evidence collection; and
4. Cultivate an environment conducive to SANE training and practice through partnerships and technical assistance consultation.

Program Objectives

To accomplish the goals, ANE-SANE projects will:

1. Financially support participants/trainees through their SANE certification requirements which, at a minimum, include: didactic (classroom or online) education, clinical training, and experiential learning (or practice).
2. Develop academic-practice partnerships, including collaboration with HRSA-supported health centers and critical shortage facilities. These partnerships should promote recruitment of participants/trainees, interagency collaboration, and integrate trauma-informed, evidence-based sexual assault and domestic violence services into training and practice settings.

3. Incorporate innovative models of training and practice, including virtual, tele-education models, telehealth, and sexual assault response teams (SARTs) to ensure flexible options for learning and practice.
4. Reduce system-level and structural barriers to SANE training and practice through collaborative partnerships and technical assistance consultation.²

HHS and HRSA Priorities

This program will build upon HHS and HRSA's current strategic goals to strengthen and expand the health care workforce to meet America's diverse needs, and improve access to quality health care services. It is expected that applicants will address the first priority below, and if applicable, also address the second priority:

- Transforming the workforce –by targeting the need
- Strengthening health care access through telehealth

Background

Reported sexual assaults have risen from 323,450 individuals aged 12 or older in 2016³ to 772,850 in 2018.⁴ Affecting more than 10 million adults annually, domestic violence is the willful abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another, and includes sexual violence.⁵ Nearly 1 in 5 women and 1 in 12 men have experienced sexual violence by an intimate partner in their lifetime.⁶ Victims of sexual assault should have access to timely, quality sexual assault services,⁷ and sexual assault nurse examiners are critical to addressing this significant public safety and public health issue. Due to the traumatic nature of sexual assault, sexual assault forensic examinations should be performed by a specially educated and clinically prepared sexual assault forensic examiner (SAFE) or SANE who can validate and address health concerns, minimize the trauma, promote healing, and maximize the detection, collection, preservation, and documentation of physical evidence related to the assault for potential use by the justice system.⁸

² Strengthening Nonprofits: A Capacity Builder's Resource Library; Delivering Training and Technical Assistance; (2010); https://www.acf.hhs.gov/sites/default/files/ocs/delivering_tta.pdf.

³ Morgan, R. E. and Kena, G., (2018). Criminal Victimization, 2016: Revised, U.S. Department of Justice, Bureau of Justice Statistics

⁴ Morgan, R. E. and Oudekerk B.A., (2019). Criminal Victimization, 2018, U.S. Department of Justice, Bureau of Justice Statistics [2018 National Crime Victimization Survey \(NCVS\)](https://www.bjs.gov/index.cfm?ty=pr&id=1100)

⁵ National Coalition Against Domestic Violence (2020). Domestic violence. Retrieved from https://assets.speakcdn.com/assets/2497/domestic_violence-2020080709350855.pdf?1596811079991

⁶ National Coalition Against Domestic Violence (2020). Domestic violence. Retrieved from https://assets.speakcdn.com/assets/2497/domestic_violence-2020080709350855.pdf?1596811079991

⁷ In 2018, all 50 states received STOP Formula Grant funds <https://www.justice.gov/ovw/awards/fy-2018-ovw-grant-awards-program#STOP>, requiring states coordinate with regional health care providers to notify victims of sexual assault of the availability of rape exams at no cost to the victims, without regard to whether the victim participates in the criminal justice system: United States Code Sec. 10449 https://www.govinfo.gov/content/pkg/USCODE-2018-title34/html/USCODE-2018-title34-subtitle-chap101-subchapXIX-sec10449.htm#10449_1_target.

⁸ U. S. Department of Justice, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, (Washington, D.C.: 2013).

Access to SANEs is vital to survivors of sexual assault and domestic violence, as they provide a bridge between the legal, law enforcement and health care systems.⁹ Many communities, however, lack experienced, trained, and qualified SANEs who are equipped with the skills and competencies necessary to perform the forensic exams, especially in rural areas. There is a need for more training opportunities to grow the SANE workforce, including more clinical sites, more instructors and preceptors, and more opportunities for continuing education.¹⁰ In addition, potential students report difficulty securing funds for training or receiving time off to attend training and continuing education classes.¹¹ Offering students financial support and a variety of innovative training options such as virtual simulation, telehealth, tele-education, etc.,¹² provides alternatives to the often difficult process of securing clinical sites and qualified clinical preceptors.

Partnership is essential to recruiting and training SANEs, and increasing quality and access to care. Development of partnerships between medical, legal, and advocacy agencies strengthen their capacity to improve services to crime victims, survivors, and communities.¹³ The importance of a coordinated approach to ensure comprehensive and cohesive care of sexual assault survivors is well-documented, and shows that established uniform protocols and standardized interaction and responses between agencies leads to better emotional, physical, and judicial outcomes.¹⁴ SANE training requires training with the different agencies that respond to sexual assault cases. Therefore interagency collaboration and partnerships are vital to SANE training and practice. The SART is the most common approach¹⁵ and is a foundation for the coordinated efforts between agencies in sexual assault service provision.¹⁶ Such partnerships inform the training and practice of SANEs, thereby strengthening the SANE workforce and improving services for sexual assault survivors.¹⁷

⁹ Patterson, D., Resko, S., Pierce-Weeks, J., and Campbell, R. (2014). Delivery and Evaluation of Sexual Assault Forensic (SAFE) Training Programs, Final Report (Detroit, MI: March 2014), <https://www.ncjrs.gov/pdffiles1/nij/grants/247081.pdf>.

¹⁰ United States Government Accountability Office, Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners, GAO-16-334 (Washington, D.C.: March 2016).

¹¹ Washington State Department of Commerce, Sexual Assault Nurse Examiners: Study of Sexual Assault Nurse Examiner Availability, Adequacy, Costs, and Training (Olympia, W.A.: December 2016).

¹² Eysenbach, G., (2019). Clinical Virtual Simulation in Nursing Education: Randomized Controlled Trial. *Journal of Medical Internet Research*; 21(3).

¹³ National Sexual Violence Resource Center, Build Your SART Toolkit, Retrieved from: <https://www.nsvrc.org/sarts/toolkit/3-1>

¹⁴ Department of Justice, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, NCJ 228119 (Washington, D.C.: U.S. Department of Justice, 2013).

¹⁵ Greeson, M. and Campbell, R., (2015). Coordinated Community Efforts to Respond to Sexual Assault: A National Study of Sexual Assault Response Team Implementation. *Journal of Interpersonal Violence*; 30(14):2470-87.

¹⁶ Moylan, C., Lindhorst, T., and Tajima, E. (2015). Sexual Assault Response Teams (SARTs): Mapping a Research Agenda That Incorporates an Organizational Perspective, *Violence Against Women*; 21(4):516-34.

¹⁷ Henry, Shantee, The Development, Implementation, and Evaluation of a Sexual Assault Nurse Examiner Training Program (2020). Doctor of Nursing Practice (DNP) Translational and Clinical Research Projects. 43. <https://kb.gcsu.edu/dnp/43>

Limited stakeholder support is a challenge to maintaining a supply of trained examiners.¹⁸ Obtaining support and collaboration from stakeholders, like hospitals and law enforcement, can be difficult¹⁹. Complex issues of local policies, state laws, and reimbursement protocols create barriers to stakeholder involvement, limit access to services, and negatively impact SANE training. These complex issues must be addressed in order to reduce/remove system-level and other structural barriers. National SANE coordinators recommend use of [technical assistance consultancy](#) models that facilitate collaboration between agencies to effectively address jurisdiction-specific barriers, and limited stakeholder support.²⁰ For the ANE-SANE program, technical assistance consultation should target reduction of system-level and structural barriers to SANE training and practice, promotion of partnerships, and enhancement of stakeholder support.

The ANE-SANE program facilitates SANE training programs to develop innovative methods for provision of effective experiential learning so that participants/trainees can attain the clinical practice hours required for SANE certification. Applicants are encouraged to integrate innovative, virtual training options into SANE training. It is essential for SANE applicants to develop robust community partnerships that strengthen SANE training opportunities and increase access to domestic violence and sexual assault services. In order to increase the supply, access and distribution of SANEs in rural and/or underserved settings, applicants are encouraged to partner with HRSA-supported health centers to recruit, train and provide experiential learning experiences to participants/trainees. There are nearly 1,400 HRSA-supported health centers operating across the United States. To find the location of the closest health center, utilize the locator tool (<https://www.findahealthcenter.hrsa.gov/>). Collaboration with other HRSA-funded programs leverages federal investments, to better address community and clinician needs especially in rural and underserved areas.

Program Definitions

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the definitions below apply to the ANE-SANE Program for Fiscal Year 2021.

Communities of Practice (CoPs) – Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. Communities of practice is a strategy for performance improvement.²¹ Examples of some method improvements include: problem solving, requests for information, seeking experience, reusing assets, coordination and synergy, discussing

¹⁸ United States Government Accountability Office, Released December 12, 2018, *SEXUAL ASSAULT, Information on the Availability of Forensic Examiners* <https://www.gao.gov/assets/700/695914.pdf>

¹⁹ United States Government Accountability Office, Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners, GAO-16-334 (Washington, D.C.: March 2016).

²⁰ NVSC National SANE Coordinator Symposium, 2009, Final Report and Recommendations. Retrieved from: https://www.nsvrc.org/sites/default/files/2012-04/Publications_NSVRC_Reports_First-National-SANE-Coordinator-Symposium.pdf

²¹ Wegner, Etienne, *Communities of Practice: A Brief Introduction*, (2011), University of Oregon: Scholars' Bank, <https://scholarsbank.uoregon.edu/xmlui/handle/1794/11736>.

developments, documentation projects, visits, mapping knowledge, and identifying gaps.

Experiential Learning – The concept that learning occurs during and from experience, processing of knowledge and skills through experience, reflections, experimentation, and application and involving learners in concrete activities that enable them to experience what they are learning.²² For ANE-SANE, experiential learning involves SANE-related practice hours required to complete training or obtain certification, including but not limited to providing patient care, teaching/precepting, consulting, and participating in peer review. ANE-SANE encourages innovative forms of clinical experiential learning.

SANE Certification – Demonstrates through objective validation to colleagues, clients, employers, and the public at-large that the nurse has the knowledge and expertise required for this specialty practice, and possesses an ongoing professional commitment to providing quality patient care. Nurses can seek national credentialing as Sexual Assault Nurse Examiner-Adult/Adolescent (SANE-A®) and/or Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P®) or Combination Adult/Adolescent and Pediatric/Adolescent from the *International Association of Forensic Nurses (IAFN)*.²³ Depending on the state, examiners may also become certified through a state certifying body, such as a state board of nursing²⁴ – these requirements vary by region. ANE-SANE projects may support participants/trainees to obtain national or state certification as applicable.

SANE Training – Specific didactic and clinical training is required for nurses who perform medical forensic exams on adult, adolescent, or pediatric patients following sexual violence or assault, preparing them in the psychological, medical and forensic care of sexual assault patients.²³ The goal of training is for examiners to be able to effectively evaluate and address survivors' health concerns, minimize their trauma and promote their healing during and after the exam, and to detect, collect, preserve, and document physical evidence related to the assault for potential use by the legal system.²⁵

Sexual Assault Response Team (SART) - A sexual assault response team is an organized group of individuals, professionals, and officials who promote a community-wide approach to end sexual violence and help victims of sexual assault to navigate the complexities of medical, emotional, and legal issues. Core members typically include

²² Murray, R., (2018). An Overview of Experiential Learning in Nursing Education, *Advances in Social Sciences Research Journal*; 5(1).

²³ International Association of Forensic Nurses, Commission for Forensic Nursing Certification. *Sexual Assault Nurse Examiner (SANE-A and SANE-P) Certification Examination Handbook* (Elkridge, M.D.: 2018).

²⁴ United States Government Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO-16-334 (Washington, D.C.: March 2016).

²⁵ International Association of Forensic Nurses, *Sexual Assault Nurse Examiner (SANE) Education Guidelines* (Elkridge, M.D.: 2015).

advocates, law enforcement officers, forensic medical examiners—including sexual assault nurse examiners (SANEs), forensic laboratory personnel, and prosecutors.²⁶

Stakeholders – Stakeholders include those who may be impacted directly or indirectly by the implementation of a SANE training program. They may have direct or indirect contact with survivors. Examples include: Emergency Department , Law enforcement, Community-based service providers, Sexual assault victim service providers, Hospitals, Criminal justice officials, Criminal laboratories, Faith-based community groups, Advocacy groups, Government officials, Policymakers, Tribal Councilmembers.²⁷

System-level Barriers – System-level and structural barriers to SANE training and practice include aspects of the sexual assault and domestic violence services system that negatively impact the training and practice of SANEs.²⁸ Some examples of system-level and structural barriers to SANE training include: lack of interagency collaboration, lack of standardized policies and protocols, limited stakeholder support, lack of resources, and lack of sites for SANE training and practice.²⁹

II. Award Information

Type of Application and Award

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

HRSA will provide funding in the form of a grant.

²⁶ National Sexual Violence Resource Center, Build Your SART Toolkit, Retrieved from: <https://www.nsvrc.org/sarts/toolkit/2-2>

²⁷ Office of Justice Programs, Office for Victims of Crime, SANE Program Development and Operation Guide, <https://www.ovcttac.gov/saneguide/building-a-sustainable-sane-program/partners-and-stakeholders/>

²⁸ Population-based Public Health Nursing, Levels of Care, LA County Department of Public Health, 2007, retrieved from: <http://publichealth.lacounty.gov/phn/docs/Level%20of%20Care.pdf>

²⁹ Data collected from awardee reports describe that SANE training and practice is affected by several system-level and structural barriers including: lack of participation from the State Attorney General's office, lack of internet access at rural sites, cell phone carriers not working at the rural clinical training sites, no Standard of Practice amongst various regional practices for SANE training and employment, clinical training sites only committed to training individuals who they would eventually employ, insufficient tracking system of regional clinical hours , lack of training equipment at clinical training sites (gynecological tables, speculums, etc.), and a lack of support for SANE training programs among hospital administration.

1. Summary of Funding

HRSA estimates approximately \$8,000,000 to be available annually to fund 16 recipients. The actual amount available will not be determined until enactment of the final FY 2021 federal appropriation.

You may apply for a ceiling amount of up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2021 President's Budget does not request funding for this program.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2021 through June 30, 2024 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for ANE-SANE in subsequent fiscal years, satisfactory recipient progress, 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 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 subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic accredited schools of nursing, nursing centers, nurse-managed health clinics, academic health centers, State or local health departments, HRSA-supported health centers, Rural Health Clinics, public or non-profit Hospitals, other emergency health care service providers, Federally Qualified Health Centers, Clinics receiving funding under Title X, and other similar public or private non-profit entities. Federally recognized Indian Tribal Government and Native American Organizations, as well as nonprofit (Internal Revenue Service (IRS) 501(c)(3) status) community-based and faith-based organizations may apply if they are otherwise eligible.

The eligible state government entities include the 50 states, and the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals and foreign entities are not eligible under this NOFO.

Where required, applicants that do not include an official letter of accreditation or the Letter of Reasonable Assurance as specified in the instructions for *Attachment 1* 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 \$500,000 per year 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 maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award. Such Federal funds are intended to supplement, not supplant, existing non-Federal expenditures for such activities. Complete the Maintenance of Effort information and submit as *Attachment 2*.

Multiple Applications

Multiple applications from an organization are not allowable. An organization is defined by having a valid Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UEI).

For example, eligible applicants can submit only one application per campus or clinical facility; a single campus or clinical facility with the same DUNS number is not allowable. A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. A clinical facility is defined as a health care facility, whether part of a system or not, which has its own grounds containing its own leadership (Chief Nursing Officer, Chief Medical Officer, Chief Executive Officer, etc.). Independent organizations are those entities that have unique DUNS numbers or UEIs.

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.

Beneficiary Eligibility (Participants and Trainees)

An eligible participant or trainee must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible to receive ANE-SANE support. Award recipients must use this funding to support participants/trainees who are either: (1) currently practicing generalist Registered Nurses, Advanced Practice Registered Nurses or Forensic Nurses; or (2) students in Advanced Nursing Education programs, including Advanced Practice Registered Nursing and Forensic Nursing Programs.

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>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

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 the 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 included in the page limit may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Biographical sketches **do** count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-016, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important 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.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are 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 you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 9: Other Relevant Documents*.

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

Program-Specific Instructions

Program Requirements

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

1. Develop academic-practice partnerships to recruit participants/trainees, provide clinical and experiential training, and integrate trauma informed, evidence-based sexual assault services into community health practice and rural and/or underserved settings. The partnerships must provide support and coordination to ensure participants/trainees complete the state/national requirements for SANE training and certification. You are encouraged to partner with HRSA-supported health centers, other HRSA-funded sites, critical shortage facilities, and other organizations that address social determinants of health as part of a coordinated systems of care;
2. Provide financial support for participants/trainees to complete SANE didactic training, clinical training, and experiential learning and certification exams;
3. Develop or enhance clinical training sites;
4. Integrate innovative models and ensure flexible options for training and practice, to include virtual, tele-education models, telehealth, SARTs, etc. Funds may be used to develop or enhance technological or other innovative training options;
5. Provide support and resources towards engagement in communities of practice, increased retention, counseling support, continuing education, and burnout prevention;
6. Participate in Awardee Cohort Collaboration³⁰ efforts to bolster project success. Collaboration activities include sharing resources and solutions, and developing and disseminating best practices related to SANE training, practice and retention; and
7. Secure technical assistance for SANE program expert consultation. The intent of the technical assistance is to improve processes and address system-level and structural barriers to SANE training and practice such as enhancement of

³⁰ Awardee cohort collaboration include all activities that provide a platform for awardees to come together and share best practices. Examples include: awardee-led meetings, conferences, and chat-discussions.

stakeholder support, development of standardized protocols and promotion of effective interagency collaboration. See [Appendix A](#).

Entities must be ready to continue and adapt project activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that grantees are ready to respond, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. Applicants must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies, to ensure continuation of programmatic and training activities including clinical experiential training.

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. The type of entity applying (e.g., school of nursing, nurse-managed health clinic, Community Health Center, State or local government, Rural Health Clinic, Hospitals, HRSA-supported health center, including the description of partners).
3. Specific, measurable objectives that the project will accomplish (i.e., the number of SANEs to be trained and/or certified, geographic location of training, population served, types of clinical training sites, types of virtual clinical technology, etc.).
4. How the proposed project for which funding is requested will be accomplished (i.e., the "who, what, when, where, why and how" of a project).
5. If applicable, a statement indicating eligibility for funding preference.

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.

Applicants' projects should aim to enhance stakeholder support, and reduce system-level and/or other structural barriers to SANE training. This can be achieved by collaborating with community partners and utilizing technical assistance consultation.³¹

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

³¹ Technical assistance (TA) is the process of providing targeted support to an organization with a development need or problem. It is commonly referred to as consulting. TA is one of the most effective methods for building the capacity of an organization.

- *PURPOSE AND NEED -- Corresponds to Section V's [Review Criterion #1](#)*

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

- Briefly describe the purpose of the proposed project.
 - Discuss the target population served by this segment of the health workforce, as well as the social determinants of health and health disparities impacting the population or communities served, including:
 - Demographics of the population affected³² (e.g., number of people who experienced sexual assault, age, sex, race/ethnicity, gender identity, etc.);
 - Describe the targeted discipline to be trained and outline the need for the training program, including current number of trained and/or certified SANEs in the target community and number of SANEs required to meet the current demand for services;
 - Provide a target number for how many SANEs you will be able to train and/or certify, if awarded;
 - Provide current SANE training (including clinical training sites, qualified preceptors and experiential learning sites) and retention resources available;
 - Provide current SANE certification resources available, including availability of a state level SANE certification that permits practice in the jurisdiction;
 - Provide current number of health care facilities offering SANE programs and estimated number of programs needed.
 - Describe barriers to preparing SANEs to provide and integrate sexual assault services into community health practice and rural and underserved settings; and
 - Describe barriers to SANE training, stakeholder support, collaboration, and development of uniform and cohesive interagency sexual assault processes and response, including utilization of a SART.
- *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 \(a\)](#).*

Provide a detailed work plan narrative that demonstrates your plan for implementing a project of the proposed scope. Include a detailed description of how the proposed project will be accomplished. The work plan describes project activities, outlines a

³² See CDC reference for rationale on importance of demographics including gender identity, as available, to support reducing health disparities: <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html>.

specific set of goals and objectives, as well as the concrete steps that will be used to achieve those goals and objectives.

Your work plan must be submitted through the Standardized Work Plan (SWP) Form. The work plan must account for all functions or activities identified in the application.

The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. Objectives may be categorized by organizational priorities by selecting applicable priorities on the SWP form. Form instructions are provided along with the SWP form, and are included in the application package found on Grants.gov.

If you make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds in Attachment 9.

- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's [Review Criterion #2 \(b\)](#).*
 - Describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

Specifically, describe the following:

- Rationale and evidence base behind proposed activities, including existing trauma informed, evidence-based tools and methods used in the proposed SANE didactic and clinical training, and virtual learning options;
- How the proposed activities and training strategies will address the barriers to training identified in the Purpose and Need section above;
- Details of how the project will conduct the following activities: (1) recruitment and selection of participants/trainees, (2) determination of location and types of didactic and clinical training, (3) development/enhancement of clinical skills training as applicable, (4) use of clinical skills instructors and/or preceptors, (5) provision of support for SANE certification exams, (6) provision of resources and support for training and practice retention, and (7) consultation with SANE expert for technical assistance;

- An emergency preparedness plan that is training-focused, to ensure continuation of programmatic training activities in case of public health emergencies;
- Innovative models/approaches to be used to train, certify and retain participants/trainees in practice, and why the approaches are considered innovative; and
- Collaborative partnerships established to accomplish the project goals including partners' roles, deliverables, and leveraged resources (include Memoranda of Understanding [MOUs] in *Attachment 4*).

Logic Model

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

- Goals of the project (e.g., 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 personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line 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. You can find additional information on developing logic models at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

- (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.

Information must include, but is not limited to the following:

- A plan for resolving challenges with project implementation and the achievement of the proposed goals and objectives including, recruitment, didactic training, clinical training sites, experiential learning sites, retention,

- interagency collaboration, and partnership roles and responsibilities; as well as a plan for handling identified contingencies that may arise;
- A plan for resolving challenges with establishing or expanding academic-practice partnerships; and
 - A plan for resolving challenges to address system-level and structural barriers to SANE training and practice.

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 demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met; 2) the extent to which the program objectives can be attributed to the project; and 3) the ability to disseminate findings.

Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Demonstrate how you will track participants/trainees from recruitment, training, experiential learning to completion of state/national certification requirements, and completion of state/national SANE certifications; and how you will track the retention of SANE trained/certified nurses including participation in SARTs.

The Evaluation Plan must:

- Describe how you are able to support the data collection (including one year participants/trainees follow-up data), reporting, replication, extension, and sustainability of the program;
- Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report 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;

- Include descriptions of the inputs from your Logic Model (e.g., evaluation of key staff, organizational support, collaborative partners, budget, resources, key processes, variables to be measured, expected outcomes of the funded activities), and a description of how all key evaluative measures will be reported;
- Describe the anticipated obstacles to the Program Performance Evaluation implementation in meeting HRSA's Performance Reporting Requirements (see below) and how you plan to address and overcome these obstacles; and
- Describe your plans to disseminate project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustment to planned activities to effect course corrections. Additional information on RCQI is available at the following website: [Rapid Cycle Quality Improvement Resources - Health Workforce Technical Assistance Center](https://www.healthworkforceta.org/po-resources/rapid-cycle-quality-improvement-resources/) – <https://www.healthworkforceta.org/po-resources/rapid-cycle-quality-improvement-resources/>.

Performance Reporting Measures:

Describe your capacity to collect and report data such as, but not limited to, the following on an annual basis:

Supply

- Number and characteristics of participants/trainees recruited, trained and certified
- Number and types of training completed: didactic, clinical (preceptor or clinical skills), experiential learning
- Types of certification completed (state, national)
- Characteristics of SANE training and certification completed (SANE-A[®], SANE-P[®], etc.)
- Number and types of didactic or continuing education training courses developed
- Number and types of clinical sites established or enhanced according to approved standards
- Number and types of partnerships formed to provide training

Quality

- Types of SANE training, practice and retention support and resources implemented by awardees (promotion of engagement in communities of practice [Cops], counseling support, continuing education, burnout prevention, etc.)
- Characteristics and types of innovative models and flexible options for training and practice implemented (virtual, tele-education models, telehealth, SARTs, multidisciplinary training, etc.)
- Number and types of system-level and structural barriers reduced/removed to support SANE training

- Number of program completers linked to Communities of Practice, SARTs and/or other multidisciplinary response teams

Distribution

- Location of practice employment for program completers
- Number, types, and location of SANE practice and employment sites for program completers at 1 year post program completion.
- Number of employment sites for program completers located in rural and underserved areas

Access

- Number and types of SANE services provided by participants/trainees during clinical experiences, including number of patient encounters
- Number of participants/trainees trained and/or certified practicing as SANEs, including SANE vacancies filled
- Number and types of collaborative partnerships formed (e.g., Hospitals, Advocacy Centers, Training Centers, Academic Centers) to implement/enhance SANE services and types of services provided
- Number of partnerships with HRSA-funded sites, critical shortage facilities, and with organizations that address social determinants of health as part of coordinated systems of care
- Number of new health care facilities providing SANE services

Evaluation/Impact

- Number and types of best practice resources (literature, videos, tools, etc.) published and/or disseminated to field
- Number of evaluation (RCQI) activities conducted

At the following link, you will find the required data forms for this program:

<http://bhwh.hrsa.gov/grants/reporting/index.html>.

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

Recipients are expected to sustain key elements of their projects, e.g., training strategies or interventions, which have been effective in improving training and practices and those that have led to improved outcomes for participants/trainees. 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:

- Disseminate and highlight key elements of your grant projects, e.g., recruitment, training methods or strategies, which have been effective in improving practices;
- Address strategies for continued training and certification after funding ends;
- Address strategies for retention of trained and certified SANEs, including efforts to promote engagement with communities of practice, SARTs, etc.;
- Address strategies to harness stakeholder support and integrate SANE services into community health practices;

- Provide a timetable for becoming financially self-sufficient;
 - Obtain future sources of potential funding; and
 - Resolve likely challenges in sustaining the program using logical approaches.
- *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 implement the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v., *Attachment 5*.) Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. As appropriate, discuss the development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination. Describe your capacity to ensure flexibility and continuation of programmatic and training activities in case of public health emergencies.

The staffing plan and job descriptions for key faculty/staff must be included in *Attachment 6 (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 (Expanded) form that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed two pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Project Director: The Project Director for the proposed project must at a minimum be a licensed Registered Nurse; HRSA encourages applicants to select Project Directors who are SANE trained and/or certified. NOTE: There may only be one Project Director for the ANE-SANE project.

Other Key Staff: The ANE-SANE project must include description of the capacity and institutional mechanisms to establish the ANE-SANE project coordination team. The project coordination team should include a project coordinator recommended at approximately 1.0 Full Time Equivalent (FTE) capacity. This can be supported with grant funds or in-kind funds. The project coordinator will be responsible for overseeing, managing, coordinating and tracking the ANE-SANE project participants and activities, and will serve as a liaison between project partners. The project should also include a project evaluator (direct hire staff and/or contractor(s), or supported with in-kind resources). The project director is responsible for strategic leadership and ensuring the project performs and reports effectively, based on HRSA requirements. The project director cannot be the same individual as the project coordinator.

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.

iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 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, may 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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award

and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, § 202 Salary Limitation applies to this program. Note that this or other restrictions will apply in the following fiscal years, 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 subawards 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](#).

The budget justification narrative must describe all line-item federal funds (including subawards), proposed for this project. Please note: all budget justification narratives count against the page limit.

The ANE-SANE program requires a budget justification narrative for all training-related expenses, such as staff salaries, consultant costs, equipment, supplies, staff travel, trainee health insurance, continuing education for participants, trainee support for participants/trainees, and other expenses directly related to the training program.

Participant/Trainee Support Costs: List tuition/fees, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these participants/trainee costs, and includes a separate sub-total entitled "Total Participant/Trainee Support Costs". Participant/Trainee support costs may not exceed \$10,000 per trainee per year.

Participant Travel: Enter amount requested for participant travel necessary to the training experience (for example, a weekend-long clinical skills workshop blitz). Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested. Daily commuting costs and costs of routine local travel are not allowable.

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 to be provided, the total number of days, travel costs, and the total estimated costs.

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. Any attachments referenced in a narrative section may be considered during the objective review.	
<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 Justification Narrative	(5) Support Requested

v. Standardized Work Plan (SWP) Form

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. *Work Plan -- Corresponds to Section V's [Review Criterion #2 \(a\)](#).*

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in [Section IV.2.ii. Project Narrative](#).

vi. Attachments

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. Clearly label **each attachment**.

Attachment 1: Accreditation Documentation – Required (not scored during the objective review)

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

Schools of nursing affiliated with the proposed project that provide formal degree programs must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of

Education for the purposes of nursing education. These agencies include, but are not limited to, the Commission on Collegiate Nursing Education, the Accreditation Commission for Education in Nursing, or the Accreditation Commission on Midwifery Education of the American College of Nurse-Midwives. Applicants must submit an official letter of accreditation as proof of accreditation from the accrediting agency specifically stating that accreditation has been granted and the period of time covered by the accreditation.

Substantive Change Notification

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

Newly Established Programs of Nursing Accreditation

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

Health Care Facility Accreditation

To ensure that health care facilities are organizations dedicated to ongoing and continuous compliance with the highest standard of quality, applicants must submit proof of accreditation by either a national or state accrediting agency, such as from the Joint Commission or Accreditation Association for Ambulatory Health Care, or other Federal or state regulations approval. This information must be clearly documented, to include the period of time covered by the accreditation.

Other Entities Accreditation

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

Attachment 2: Maintenance of Effort (MOE) Documentation -- Required (not scored during the objective review)

Federal funds cannot be used to supplant current funding for the same purpose. Provide a baseline aggregate expenditure for sexual assault nurse examiner training activities for the prior fiscal year (FY 2020) and an estimate for the next fiscal year (FY 2021) using a chart similar to the one below. If this does not apply to you, zeros (\$0) should be included in the below chart. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 2020 (Actual)	FY 2021 (Estimated)
Actual FY 2020 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	Estimated FY 2021 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Attachment 3: Performance Evaluation Plan – Required

Attach the plan for Program Performance Evaluation that will contribute to continuous quality improvement, as well as the RCQI plan.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) – Required

Provide evidence of your collaborative partnership(s) through an MOU, or MOUs. Include an organizational chart demonstrating the roles, responsibilities, and functions of each member of the partnership. This chart should include community stakeholders, providers, preceptors, faculty, participants, and describe communication pathways to help inform the development of curriculum, training, and evaluation methodology. Applicants will provide this information as a flowchart detailing linkages (partnerships)/feedback loop and how it informs curricula, training, and methodology. Agreed upon timeframes for regularly scheduled planning and evaluation meetings must be included. The MOU(s) and the Letters of Agreement, if applicable, must be dated and signed by all parties involved and must not be dated earlier than three (3) months prior to the close of this NOFO. It is not necessary to include the entire contents of lengthy agreements, so long as the included documentation provides the information that relates to the requirements of the NOFO.

Attachment 5: Project Organizational Chart – Required

Provide a one-page figure that depicts the organizational structure of the *project* (not the *applicant organization*).

Attachment 6: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 R&R Application Guide](#)) – Required

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 7: 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, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: Request for Funding Preference

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2](#).

Attachment 9: Sub award/contract oversight (Required)

If you intend to make sub awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds and include that here.

Attachment 10: Other Relevant Documents (e.g., Training-focused emergency preparedness plan as applicable, Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification). Include here any other document that is relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. At a future, to-be-determined date, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed 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 it is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently 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](#).

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.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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 *February 17, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

ANE-SANE 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 three (3) years, at no more than \$500,000 per year (inclusive of direct and indirect costs). The FY 2021 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year is 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) and Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116-159) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY 2021 appropriation. The NOA will reference the FY 2021 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply as required by law in subsequent appropriations acts for FY 2021.

Funds under this notice may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, grant funds may not be used for the following:

- a. Construction
- b. Foreign travel
- c. Fringe Benefits for participants/trainees
Liability insurance, unemployment insurance, life insurance, taxes, fees, retirement plans, or other fringe benefits for participants/trainees are not allowable costs under this grant. Trainee Health Insurance is allowable.
- d. Accreditation Costs
Accreditation costs (i.e. Renewals, annual fees, etc.) of any kind are not allowable under this program.

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 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 and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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 ANE-SANE program has five (5) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: PURPOSE AND NEED (20 points) – Corresponds to Section IV's [Purpose and Need](#)

Reviewers will consider whether you have presented a clear need for your program's facilitation of SANE training and certification in your target area(s). Applicants will receive up to 20 points based upon the quality, relevance, and extent to which you demonstrate:

- A comprehensive framework and description of all aspects of the proposed project, which is succinct, self-explanatory and well organized;
- A clear program purpose and significant evidence of the compelling need for SANE training and certification in order to benefit the population served;
- A clear, well-supported description of the community and target population, including:
 - Demographics of the population affected (e.g., number of people who experienced sexual assault, age, race/ethnicity, gender identity, etc.);
 - Challenges around access to care (e.g., stigma, distance to nearest Community Health Center or Rural Health Clinics, number of available trained and certified SANEs, etc.); and
 - Social determinants of health and health disparities impacting the population or communities served.
- A clear description of the current efforts to address unmet need for trained and certified SANEs in the population or communities served, including:
 - Specific numbers of SANEs required to meet current demand for services;
 - Availability of SANE training and experiential learning, including accessibility of clinical site partners and qualified preceptors;
 - Current SANE recruitment, training, certification, practice and retention resources available including through private or Federal funding and a

- plan for coordinating with these resources to ensure alignment and reduce duplication;
 - Current number of health care facilities offering SANEs and estimated number of SANE programs needed to meet the need;
 - Measurable gaps and barriers to preparing SANEs to provide services for the community and population identified; and
 - The target number for how many SANEs you will be able to recruit, train, and certify, if awarded.
- A well-conceived and comprehensive discussion of other relevant barriers or gaps that the proposed project intends to address, including:
 - Barriers to SANE training and SANE state and national certification that restricts supply and practice in the jurisdiction;
 - Barriers to preparing SANEs to provide services and integrate sexual assault services into community health practice and rural and underserved settings; and
 - System-level and other structural barriers, including limited stakeholder support, lack of interagency collaboration, and lack of standardized protocols.

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

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV’s [Response to Program Purpose Sub-section \(a\) Work Plan](#)

Reviewers will consider the extent to which the application:

- Provides a clear, comprehensive, and specific set of goals and objectives and the concrete steps that will be used to achieve those goals and objectives. The description should include timeline, stakeholders, and a description of the socio-/ethnic populations and communities served;
- Provides a detailed description of how the proposed project will be accomplished and a detailed work plan accounting for all functions or activities identified, demonstrating experience and preparation for implementing a project of the proposed scope;
- Describes the activities, timeframes, deliverables, and key partners required to accomplish the project, and how they will address the needs described in the Purpose and Need Section;
- Describes meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, and the extent to which these contributors reflect the populations and communities served; and
- Explains how the Work Plan is appropriate for the program design, and how the targets fit into the overall timeline of grant implementation, and likely success in implementing the proposed project.

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

Reviewers will consider the extent to which the application demonstrates:

- The proposed project methodology and the existing evidence-based tools and methods used in the SANE didactic and clinical training;
- How the proposed activities and training strategies will address the barriers to training identified in the Purpose and Need section;
- How the project will conduct the following activities: (1) recruitment and selection; (2) location and types of didactic training; (3) location and types of clinical skills training sites; (4) use of clinical skills instructors and/or preceptors; (5) types of certification exam and certification exam support; (6) types of practice retention support; and (7) technical assistance for SANE program expert consultation;
- How the program will leverage existing SANE training and support resources, such as meaningful use of virtual learning, for example, telehealth or tele-education modalities for training;
- The utilization of innovative models/approaches, to recruit, track, train, certify and retain participants in practice;
- Clearly defined collaborative partnerships to accomplish the project goals including partners' roles, deliverables, and leveraged resources (include MOUs in Attachment 4); and
- How the Logic Model effectively summarizes the connections between the goals of the project and other key program elements such as inputs, outputs, and outcomes.

Criterion 2 (c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's [Response to Program Purpose Sub-section \(c\) Resolution of Challenges](#)

Reviewers will consider how well you discuss the approaches that you will use to resolve challenges likely to be encountered while designing and implementing the activities described in the work plan—specifically including the following:

- A clear and concise description of the potential obstacles and challenges to be encountered during the design and implementation of the project activities as outlined in the work plan;
- A well-developed plan for resolving challenges with project implementation and the achievement of the proposed goals and objectives including, recruitment, didactic training, clinical training sites, experiential learning sites, retention, interagency collaboration, and partnership roles and responsibilities; as well as a plan for handling contingencies that may arise;
- A feasible plan for resolving challenges with establishing or expanding academic-practice partnerships, implementing innovative models, and providing support and resources for SANE training, practice and retention; and
- A finely-honed plan for resolving challenges with addressing system-level and structural barriers to SANE training and practice such as limited stakeholder support, lack of standardized protocols and ineffective interagency collaboration.

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

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

Reviewers will consider your ability to demonstrate through evidence that the evaluative measures selected will be able to assess the following:

- The extent to which the program objectives have been met, the extent to which the program objectives can be attributed to the project; and the ability to disseminate findings;
- The extent to which the plan for program performance evaluation will contribute to continuous quality improvement - RCQI and will monitor ongoing processes and progress toward meeting goals and objectives of the project; and
- Tracking of participants/trainees from recruitment, training, experiential learning, retention, to completion of state/national certification.

Reviewers will consider your ability to demonstrate through evidence that the evaluation plan described will be able to:

- Integrate accurate tracking, collection, management, analysis, and storage of data
- Support data collection (including one year participant follow-up data), reporting, replication, extension, and sustainability of the program;
- Measure process and impact/outcomes, and inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes;
- Incorporate the inputs from the Logic Model (e.g., evaluation of key staff, organizational support, collaborative partners, budget, resources, key processes, variables to be measured, expected outcomes of the funded activities);
- Identify and address the anticipated obstacles to the Program Performance Evaluation implementation in meeting HRSA’s Performance Reporting Requirements; and
- Indicate the feasibility and effectiveness of plans for dissemination of project results.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV’s [Impact Sub-section \(b\) Project Sustainability](#)

The reviewers will consider the extent to which you provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to:

- Disseminate and highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving best practices;
- Clearly address strategies for training and certification as well as continued development of approved clinical skills training after funding ends;
- Clearly address strategies for retention of trained and/or certified SANEs in the workforce, including efforts to promote engagement with communities of practice and inclusion in SARTs;

- Clearly address strategies to harness stakeholder support and integrate SANE services into community health practice;
- Provide a thoroughly developed timetable for becoming self-sufficient;
- Provide a well-developed plan to obtain future sources of potential funding; and
- 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](#)

Reviewers will consider if you effectively and succinctly describe your capacity to manage the programmatic, fiscal, and administrative aspects of the proposed project, specifically including the following:

- The extent to which the applicant and/or collaborative partner organization’s current mission and structure, including an organizational chart, relevant experience, and scope of current activities, all contribute to the organization’s ability to implement the program requirements and meet program expectations. (A project organizational chart is requested in Section IV.2.v., *Attachment 5*);
- The extent to which 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;
- The capabilities of the applicant organization (or collaborative partnerships) and the availability of facilities and personnel are adequate and qualified by training and/or experience to implement and carry out the project to fulfill the needs and requirements of the proposed project. (An MOU/Letters of Support are requested in *Attachments 4 and 7*, biosketches and Staffing Plan are requested in *Attachment 6*);
- The extent to which the unique needs of target populations of the communities served are routinely assessed and addressed, and effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination are developed; and
- Inclusion of a flexible training-focused emergency preparedness plan to ensure flexibility and continuation of programmatic and training activities in case of public health emergencies.

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

Reviewers will consider 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 extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which training, experiential learning and certification costs are reasonable and supportive of the project goals and objectives;

- The extent to which the costs for innovative training and practice models and technical assistance consultation are reasonable and supportive of the project goals and objectives; and
- The extent to which the application budget and budget justification follows the program-specific budget guidelines under Section IV and the SF-424 R&R Application Guide; costs are clearly justified by a narrative description, including an itemized cost breakdown that includes allowable indirect costs.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

Funding Preferences

Section 805 of the Public Health Service Act (42 U.S.C. § 296d) requires a preference for applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet any one of the criteria for the preference(s) as follows:

Qualification 1: Rural

Applicants who qualify for the rural funding preference must demonstrate that their project impacts a rural community. In order to determine eligibility for the rural preference, applicants must submit evidence that they (or their established primary partner) are located in a rural location. To obtain this evidence, applicants must input their address or address of the practice partner site (a MOU delineating partnership with the partner must also be included *Attachment 4*) in the HRSA's Rural Health Grants Eligibility Analyzer (<http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>) and include a copy of the output with the application in *Attachment 8*. Applicants can also use the "Am I Rural?" Tool <https://www.ruralhealthinfo.org/am-i-rural>, to determine whether a specific location is considered rural based on [various definitions of rural](#), including definitions that are used as eligibility criteria for federal programs. Note that if the output exceeds three pages, only the first three pages will count toward the page limit.

Qualification 2: Underserved

Applicants who qualify for the underserved funding preference must demonstrate that their project impacts an underserved community. In order to determine their eligibility for the underserved preference, applicants must submit evidence that they (or their established primary partner) have a HPSA score of 18 or above. To obtain this evidence, applicants must input their address or address of the practice partner site (a MOU delineating partnership with the partner must also be included in *Attachment 4*) in HRSA's HPSA (Health Professional Shortage Area) Finder (<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>) and include a copy of the output with the application in *Attachment 8*. Note that if the output exceeds three pages, only the first three pages will count toward the page limit.

Qualification 3: Public Health Nursing Needs

Applicants who qualify for the public health nursing needs in State or local health department preference must demonstrate that their project will address public health nursing needs in state or local health departments. In order to determine their eligibility for helping to meet the public health nursing needs in State or Local Health Departments, applicants must submit evidence that they (or their established primary partner) are a state or local health department in *Attachment 8*. Applicants should also include an MOU delineating partnership with state or local health department(s) if applicable

Applicants must meet only one qualification to receive the preference. Applicants may submit information pertaining to more than one qualification if they wish.

3. Assessment of Risk

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.

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 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 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](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2021. 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](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Requirements of Subawards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort

will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

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 that approved and funded applicants' proposed objectives are accomplished during each year of the project.

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

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

In addition, you must submit a Quarterly Performance Update (QPU) to HRSA via the EHBs at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

Further information will be available in the NOA.

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

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 calendar days after the period of performance ends.

- 3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs 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 NOA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. More specific information will be included in the NOA.
- 5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Latisha Nibblett
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1582
Email: LNibblett@hrsa.gov

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

Deitra Scott, RN, MSN
Project Officer, Division of Nursing and Public Health
Attn: ANE-SANE Funding Program
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Room 10N-90A
Rockville, MD 20857
Telephone: (301) 945-3113
Email: dscott1@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 EHBs. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 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

Technical Assistance

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

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 helpful tips have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.

Appendix A: Sample Technical Assistance Strategy and Helpful Resources

- Technical Assistance Strategy: Applicants are encourage to develop a technical Assistance Strategy. The following is a sample strategy resource for applicants.
 - Assess the current need, access and procedural policies for sexual assault training and services in the area and areas of breakdown and barriers.
 - Determine reasonable and impactful goals for a SANE training program.
 - Determine SANE training and practice stakeholders and develop interagency collaboration protocol(s) after consideration of local laws, policies, practices, and needs.
 - Identify criteria and develop metrics for collaboration and interagency process improvement to improve efficiency and quality of SANE training.
 - Establish a plan to implement a formal arrangement with a health professions organization for training and technical assistance with regards to relationship building and interagency protocol development for jurisdiction-specific sexual assault services, clinical site and preceptor arrangements, and development of virtual learning models.

- Technical Assistance Resources: Below you will find examples of helpful resources for SANE Program and Technical Assistance:
 - [HRSA's Guide for Rural Health Care Collaboration and Coordination](#)
 - [National Sexual Violence Resource Center's 2018 SART Toolkit](#)
 - [Office of Justice Programs, Office for Victims of Crime, SANE Program Development and Operation Guide](#)
 - [First National SANE Coordinator Symposium Final Report and Recommendations](#)
 - [National Association of Crime Victim Compensation Boards](#) (for clinical partners compensation assistance)
 - [Toolkit and Guide: Adult Human Trafficking Screening | Office on Trafficking in Persons | ACF](#)
 - [International Association of Forensic Nurses \(IAFN\)](#)
 - [www.SAFETa.org](#) (IAFN and Office on Violence Against Women project)
 - [Futures without Violence](#)
 - [National Sexual Violence Resource Center](#)
 - [Indian Health Service, Sexual Assault Examiner Program](#)
 - [National Sexual Assault Hotline](#)
 - [National Domestic Violence Hotline](#)
 - [Centers for Disease Control and Prevention, Sexual Violence Resources](#)
 - [National Women's Health Information Center, Sexual Assault Resources](#)