U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
Division of Health Careers and Financial Support

**Program Guidance Number: HRSA-18-009
Catalog of Federal Domestic Assistance (CFDA) No. 93.157
Fiscal Year 2018**

Competing Continuation Program Guidance for the four Eligible Historically Black Colleges and Universities (HBCUs) under the Centers of Excellence (COE) Program:
- Meharry Medical College School of Dentistry
- Meharry Medical College School of Medicine
- Tuskegee University School of Veterinary Medicine
- Xavier University of Louisiana School of Pharmacy

Application Due Date: March 26, 2018

Issuance Date: January 23, 2018

Authority: Public Health Service Act, Title VII, Section 736

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I. Purpose

This Program Guidance solicits applications from the four Historically Black Colleges and Universities (HBCUs) that are specifically designated in statute to receive Centers of Excellence (COE) Program awards under Public Health Service Act (PHSA) section 736(c)(2).

The COE Program funds innovative resource and education centers to assist health professions schools in supporting programs of excellence in health professions education for under-represented minority (URM) individuals. Specifically, the COE Program is part of a national strategy to improve the public's access to quality, culturally appropriate health care by supporting programs that assist URM students and faculty.

1. Statutory Program Requirements

Under the Public Health Service Act[1], health professions schools awarded a COE grant are required to use funds to offer programming that will meet the following statutory purposes of the program:

- Develop a large competitive applicant pool for health professions schools through certain linkages and establish an education pipeline;
  - Since these academic institutions already have a long-standing history and proven track record of increasing the proportion of URMs in health professions, this requirement will be demonstrated by increasing the supply of URM students who are well-prepared, competitive applicants each year of the performance period.
- Strengthen or expand programs to enhance URM student academic performance;
  - Since these academic institutions already have a long-standing history and proven record of accomplishment of increasing the proportion of URMs in health professions, this requirement will be demonstrated by strengthening or expanding programs to enhance URM student academic performance and graduation rates each year of the performance period.
- Improve the capacity of such school to recruit, train and retain URM faculty;
- Improve information resources, curriculum, clinical education and cultural competency of graduates as relating to minority health issues;
- Facilitate faculty and student research on health issues particularly affecting URM groups;
- Engage students in practice-based training in community-based settings serving significant numbers of URM individuals;
- Provide stipends, as appropriate;
- Develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for URMs; and
- Provide improved access to the library and informational resources for the school.

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[1] Public Health Service Act Sec 736(b).

HRSA is committed to demonstrating the national impact of our programs. In order to fulfill this goal, a successful program must do the following activities:

- Increase the number of students who receive clinical training in high need areas, including health professional shortage areas (HPSAs), medically underserved communities (MUCs) and rural areas by a minimum of 20% over the five-year project period.
  - Institutions must enhance curriculum, clinical education, and cultural competency as they relate to serving URM individuals. Ideally, clinical training will be conducted at community-based sites where a significant number of URM individuals receive health services, including HPSAs, MUCs, and/or rural communities.
  - Institutions must demonstrate a track record of effectiveness in assisting URM students to complete the program of education and receive the degree involved, to enroll in and graduate from the school.
  - Institutions are encouraged to use funds to develop and/or enhance curriculum and/or training opportunities that develop students' competencies around the delivery of health services to minority health issues. Institutions must demonstrate how competencies will be assessed and monitored over time.
  - Institutions are encouraged to use funds to develop best practices and evidence-based models in the support of veterans who are URM students and/or faculty.

- Implement cutting edge technology and innovative opportunities for interprofessional training among students and health professionals.
  - Institutions are encouraged to develop or enhance training opportunities that promote interprofessional education (IPE) and team-based learning (TBL). Opportunities for IPE and/or TBL should be geared toward developing competencies associated with providing health care to URM individuals.
  - Institutions are encouraged to adopt evidence-based models and best practices that support a coordinated, patient-centered model of health care that involves an understanding of the contributions of multiple health care professionals.

- Facilitate new faculty-student research centered on minority health issues in the United States.
  - Institutions must use funds to facilitate opportunities for student-initiated faculty-mentored research projects that focus on health issues particularly affecting URM groups, including research on issues relating to the delivery of health care, in the United States.
  - Projects must focus on the Department of Health and Human Services (HHS) clinical priorities of addressing (1) childhood obesity; (2) mental health; and (3) opioid abuse. Projects may also focus on chronic and/or communicable diseases among minority populations; population-based/public health issues among URM populations; maternal and child health issues prevalent among URM populations; mental health and behavioral health integration; and access to health care for URM populations.

- The majority of stipends related to faculty-student research must be awarded to students.

- Establish and maintain an inter-institutional resource network.
  - Institutions should develop and maintain inter-institutional partnerships with the other designated HBCUs for the purposes of improving access to and dissemination of best practices for the recruiting, retaining and graduating URM individuals, as authorized by PHS Act section 736(c)(1)(B), of URM students and faculty.
  - Projects also should consider collaborating with other HHS and HRSA recipients to address health issues prevalent among URM populations (see HRSA Data Warehouse (https://datawarehouse.hrsa.gov/) for more information).

- Increase the dissemination of program results through publications and presentations at national and regional meetings over the five-year project period.
  - Develop at least three (3) publications in peer-reviewed journals based on program data to disseminate program findings over the five-year project period; and
  - Present in at least three (3) national and regional conferences on program data and outcomes over the five-year project period.

- Formulate a Faculty Development Leadership Institute Program.
  - Formalize a faculty development leadership institute program in partnership with the other designated HBCUs to include the following: (1) faculty mentoring and training program to prepare junior faculty for the rigors of academia; (2) principles of teaching program; (3) leadership development with strategies for career planning; and (4) formal end-product to include a professional portfolio for prepared submission for tenure and promotion process.

II. Background

This program is authorized by Section 736 of the Public Health Service Act. Although there have been marked improvements in the health status of all citizens in the United States, racial and ethnic health disparities in disease, death and disability persist.[2] At a time when the nation's population continues to become more diverse, its health care workforce has been unable to keep pace with these changes.

Evidence indicates that diversity among health professionals is associated with (1) improved access to care for racial and ethnic minority patients, (2) greater patient

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[2] Institute of Medicine. In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce. *The National Academies Press.* 2004. Available at: https://doi.org/10.17226/10885.

choice and satisfaction, and (3) better patient-clinician communication.[3] A review[4] of 72 peer-reviewed research studies determined that the factors most strongly associated with primary care physicians working in underserved areas (both urban and rural) include: (1) being a racial/ethnic URM and (2) growing up in an inner city or rural area.

According to the 2015 Association of American Medical Colleges (AAMC) Report, the number of Black males applying and matriculating to medical school has declined to very low levels, and failed to surpass the numbers from 35 years ago.[5] The decreasing diversity of doctors reduces the quality of health care in the U.S. as a whole for all patient populations.[6]

Thus, diversifying the health care workforce will contribute to increasing access to health care for minority populations across the country. The COE Program is part of a national strategy to address this specific need. To implement this national strategy, the HBCU COE will develop HRSA-branded models of excellence programs called HBCU COE Pioneers. Specifically, the HBCU COE Pioneers will focus on evidence-based practices and promising approaches demonstrating outcome-driven results. In addition, this will help to track HRSA investments into rural and underserved communities and increase participants' awareness of HRSA-branded programs.

Established in 1987 (Excellence in Minority Health Education and Care Act, P.L. 100-97), the COE Program is designed to support programs of excellence in health professions education for URM individuals in designated health professions schools. This guidance outlines successful practices that the four (4) HBCU COEs must meet to receive funding and achieve outcome-based, metric-driven results.

III. Executive Summary

The COE Program applications are due on March 26, 2018.

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Health Careers and Financial Support is accepting applications for the fiscal year (FY) 2018 COE Program. The purpose of this grant program is to strengthen the national capacity to produce quality health care workforce whose diversity is representative of the U.S. population.

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[3] White KM, Zangaro G, Kepley HO, Camacho A. The Health Resources and Services Administration Diversity Data Collection. *Public Health Reports*. 2014;129(Suppl 2):51-56. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863702/.

[4] Goodfellow A, Ulloa J, Dowling P, Talamantes E, Chheda Somil, Bone C, Moreno G. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. *Academic Medicine.*2016 91(9):1313–1321. Available at: https://doi.org/10.1097/ACM.0000000000001203.

[5] Association of American Medical Colleges. 2015. Altering the Course, Black Males in Medicine. Washington, DC: Association of American Medical Colleges. Accessed August 6, 2015.

[6] Laurencin, C. and M. Murray. 2017. An American Crisis: The Lack of Black Men in Medicine. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. https://nam.edu/wp-content/ uploads/2017/06/An-American-Crisis-The-Lack-of-Black-Men-in-Medicine.pdf.

The FY 2018 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, applications can be processed, and funds awarded in a timely manner. Applicants should note that this program may be cancelled prior to award finalization.

Executive Summary Overview

Program Guidance Title	Centers of Excellence
Program Guidance Number	HRSA-18-009
Application Due Date	March 26, 2018
Anticipated Total Annual Available FY 2018 Funding	$12,000,000
Estimated Number and Type of Awards	Up to 4 grants
Estimated Award Amount	Up to $3.5 million per year; average award $3 million
Cost Sharing/Match Required	No
Project Period/Period of Performance	7/1/2018 through 6/30/2023 (5 years)
Eligible Applicants	The four (4) Historically Black Colleges and Universities designated by PHS Act section 736(c)(2)(A): a. Meharry Medical College School of Dentistry, b. Meharry Medical College School of Medicine, c. Tuskegee University School of Veterinary Medicine, and d. Xavier University of Louisiana School of Pharmacy.
Project Officer Contact Information	Denethia Sellers McCarthy, PhD, MSW Project Officer Health Careers Pipeline Branch Division of Health Careers and Financial Support BHW/ HRSA 5600 Fishers Lane, Room 15N-62C Rockville, MD 20857 Email: dsellers-mccarthy@hrsa.gov
Technical Assistance: Webinar	Day and Date: Tuesday, January 30, 2018 Time: 2:00 p.m. – 3:30 p.m. ET Call-In Number: 1-800-369-3194 Participant Code: 2313245 Web link: https://hrsa.connectsolutions.com/coe_guidance_1_30_18 Playback Number: 1-866-403-7096 Passcode: 5136

The applicant is 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 guidance to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

IV. Award Information

1. Type of Application and Award

Type of applications sought: Competing Continuation.
Funding will be provided in the form of a grant.

Indirect costs under training awards to organizations other than State, local or Native American/American 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 and capital expenditures, tuition and fees, and subgrants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

2. Summary of Funding

An estimated $12 million is expected to be available annually to fund the four designated HBCUs; each of the four designated HBCUs may apply for a ceiling amount of $3.5 million per budget year. The average award is estimated to be $3 million. If the total collective budget requests of all applicants are greater than $12 million, budget adjustments will be made to each individual application based on the merits of the proposed activities, budget, and budget justification of each applicant. The project period is five years.

The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 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, applications can be processed, and funds awarded in a timely manner. Funding beyond the first year is dependent on the availability of appropriated funds for the COE Program in subsequent fiscal years, satisfactory recipient performance, a determination that continued funding is in the best interest of the government, and annual approval by the Secretary of HHS.

3. Eligible Applicants

Eligible applicants are the four HBCUs designated in statute. The four designated schools are Meharry Medical College School of Dentistry; Meharry Medical College School of Medicine; Tuskegee University School of Veterinary Medicine; and Xavier University of Louisiana School of Pharmacy.

4. Cost Sharing/Matching

Cost sharing/matching is not required for the COE Program.

V. Application and Submission Information

1. Application Package Information
HRSA *requires* you to apply electronically through Grants.gov. You must download the SF-424 Research and Related (R&R) application package associated with these instructions following the directions provided at https://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages. Instructions for using Grants.gov Workspace are included in HRSA's *SF-424 R&R Application Guide.*

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 Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in these instructions to do otherwise. See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 50 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and these instructions. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under these instructions. Failure to comply with these instructions may result in a delay in funding.

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

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

In addition to the instructions provided in the guide, please include the following at the top of the abstract:

    a. Name of School and Discipline of COE project;
    b. Target URM: African American;
    c. Target Audience URM students and faculty;
    d. A brief overview of the project as a whole, and its special focus, including the COE program's eligibility, purpose, disciplines, and number of students involved;
    e. Specific, measurable objectives which the project will accomplish; and
    f. How the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

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

Use the following section headers for the Narrative:

- ***PURPOSE AND NEED***
This section should briefly describe the purpose of the proposed project that is consistent with the statutory requirements of the COE Program. This section outlines the needs of your community and/or organization. The needs assessment must have been completed no later than two years prior to July 1, 2018. The target population, its unmet health needs, and need for diverse and culturally competent health professionals must be described and documented in this section. Include socio-cultural determinants of health and health disparities impacting the population or communities served. Current demographic data should be used and cited to support the information provided.

The application should address the following elements:
- Demographics of health professionals in the geographic area;
- Diversity of the specific health professions workforce in the geographic area of the proposed HBCU COE project and need for targeted discipline;
- Evidence of the academic performance, graduation rates and socio-economic needs of the students in the targeted area;
- Health status indicators for URM populations in the geographic area, and the health care workforce gaps to address the identified health issues;
- Barriers that exist, at any point along the educational pipeline, that ultimately affect a student's competitiveness to successfully enter and graduate from a health profession school;
- Academic difficulties that URMs encounter in taking academic and standardized exams such as the United States Medical Licensing Examination (USMLE); North American Pharmacists Licensure Examination;
- Challenges in expanding student-initiated research; National Board Dental Exam (NBDE); and North American Veterinary Licensing Examination (NAVLE); and

- Obstacles in preceptor/mentor programs for URM students.

Faculty Development
- Barriers to building capacity to recruit, train, and retain URM faculty;
- Difficulties in developing an effective URM Faculty Development Plan that prepares junior and clinical faculty to become tenured faculty;
- Obstacles that preclude the institution from providing professional support in activities that prepare URM faculty for research, grant/publication writing, leadership, and community service; and
- Barriers in preceptor/mentor programs for URM faculty and challenges in intersecting the faculty mentor program with student research.

- ***RESPONSE TO PROGRAM PURPOSE – This section includes three sub-*** *sections— (a) Work Plan; (b) Methodology; and (c) Resolution of Challenges*

(a) Work Plan
Describe the activities or steps that will be used to achieve each of the activities proposed in the Methodology section. Use a time line that includes each activity and identifies responsible staff. Applicants must include project objectives and subobjectives, activities, COE legislative purpose that will be met, resources and personnel responsibilities for program activities, timeframes and milestones, and evaluation outcome measures. A sample work plan can be found at http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, and the extent to which these contributors reflect the health disparity issues, cultural, racial, linguistic and geographic diversity of the URM populations and communities served. Applicants should include a logic model that illustrates the strategies and approaches that will be used to achieve desired outcomes.

(b) Methodology
Propose methods that will be used to meet the needs identified in the needs assessment above. As appropriate, describe the types of tools and strategies that will be used or developed to ensure the project has the necessary infrastructure and capacity to carry out the project over the five-year project period.

In the proposal, you must address in detail your plan to address each of the Program Requirements to ensure URM students and faculty are recruited, trained, and retained at health professions schools (see page 3 under *Section I. Purpose*), specifically:

1. Increase the number of URM students who receive clinical training in high need areas, including health professional shortage areas (HPSAs), medically underserved communities (MUCs) and rural areas by a minimum of 20% over the five-year project period. This must include development of HRSA-branded models of excellence entitled "HBCU COE Pioneers". Based on your respective field of study, develop a replicable COE program framework to recruit, retain and train URMs.
2. Implement cutting edge technology and innovative opportunities for interprofessional training among students and health professionals.

3. Facilitate new faculty-student research centered on minority health issues in the United States.
4. Establish and maintain an inter-institutional resource network.
5. Increase dissemination of program results through publications and presentations at national and regional meetings over the five-year project period. This must include at least three (3) publications in peer-reviewed journals and presenting in at least three (3) national and regional conferences.
6. Formulate a Faculty Development Leadership Institute Program. This must include development of a formal training program that culminates with a professional portfolio to prepare for the tenure and promotion process.

(c) Resolution of Challenges

Discuss challenges and barriers that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges and barriers.

- *IMPACT*

Describe your plan for monitoring and evaluating the progress and outcomes associated with your proposed project. The proposed evaluation should be able to ensure the applicant will have the ability to monitor ongoing processes and progress toward achieving the project's goals and objectives and identify timelines for doing so. You must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. Please include a description of how your organization will effectively track performance outcomes, including how your organization will collect and manage data in a way that allows for accurate and timely reporting of performance outcomes to HRSA. You must also 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: http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/.

3. Budget and Budget Narrative Justification
Please complete the Budget and Budget Narrative, as directed in the *SF-424 R&R Application Guide* and below.

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

The Consolidated Appropriations Act, 2017, Division H, § 202, (P.L. 115-31) states, "None of the funds appropriated in this title shall be used to pay the salary of an

individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

Allowable Costs

- **Faculty Fellowships and Stipends–** Faculty fellowships may be awarded only to URM individuals to assure and support participation in the Faculty Development Leadership Institute program. In addition, faculty fellows are required to conduct research on the HHS clinical priorities of addressing (1) childhood obesity; (2) mental health; and (3) opioid abuse. Projects may also focus on chronic and/or communicable diseases among minority populations; population-based/public health issues among URM populations; maternal and child health issues prevalent among URM populations; mental health and behavioral health integration; and access to health care for URM populations. After successfully completing the fellowship training program, it will increase institutional commitment to hire and retain fellows as full-time tenured faculty.

    o Fellowship support awarded will be limited to the amount of $45,048 or 50 percent of salary (whichever is less) for a maximum of 2 years. Activities to be included are training in pedagogical and research methods, and mentoring by senior faculty. The institution may request tuition and fees, including appropriate health insurance, only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported fellows. A maximum amount of $5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support.

- **Student Stipends[7] -** Stipends for student participants may be awarded only to URM individuals to assure participation and provide support needed to participate in structured programs of the COE Program. In addition, students are required to conduct research on the Administration's clinical priorities and health issues impacting minority populations, as listed in the Program Requirements section on page 4.

    o Such stipends shall be an amount deemed appropriate by HRSA and must be justified. You must include a description of the method for determining student need. It is the responsibility of the grant recipient to document the basis for award expenditures related to trainee stipends.

    o Stipends to individual participants may be provided **only** when a determination has been made by the university that no other Federal financial assistance program is authorized to provide this support.

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[7] A stipend is provided as a subsistence allowance for trainees to help defray living expenses during the training experience. The budget justification should provide a clear narrative description of how the level of stipend was determined, including an itemized breakdown of all participant support costs and cost per student. The stipend costs requested must be reasonable, necessary for the performance of the project, allowable and allocable to the COE program.

- o Please refer to the Grants Policy Statement at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf for further information on stipends.

- **Post-Baccalaureate Conditional Acceptance Program stipends** must be awarded according to the HBCU COE Post-Baccalaureate program requirements.

  - o Grant funds will provide stipends to the cohort for both summer sessions and during the academic year (not to exceed 12 months).

  - o HBCU COE Post-Baccalaureate programs must include an initial diagnostic summer session, post-baccalaureate level academic year, pre-matriculation summer session, academic counseling, tutoring, and psychosocial support.

- **Tuition and Fees** – Recipients may only pay tuition and fees for participants who receive a faculty fellowship as described above.

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

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

- **Subawards/ Contractual Costs** – As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

- **Order of Payment** – As stated in Section 736(h) (3) of the PHS Act, with respect to any Federal funds received by a COE and available for carrying out activities under the grant, the applicant agrees that they will, before expending COE grant funds, expend Federal funds obtained from sources other than this grant, unless given prior approval from the Secretary of HHS or designee.

- **Indirect costs** under training awards to organizations other than State, local or Native American/American 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 and capital expenditures, tuition and fees, and subgrants and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

4. <u>Attachments</u>
Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. Clearly label each attachment.

Attachment 1: **Organizational Chart.** Provide a one-page figure that depicts the organizational structure of the project staff, including any collaborating partners, with title.

*Attachment 2***: Staffing Plan and Job Descriptions for Key Personnel.** (*Counted in page limit) –* (See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*. Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Describe the specific job title, responsibilities, percent FTE, and geographic location of personnel, and where this person is in the organizational chart. Job descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included as well. Keep each job description to one page in length as much as is possible.

Include biographical sketches (counted in the page limit) for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. These biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, which can be accessed in the Application Package under "Mandatory."

Attachment 3: **Underrepresented Minority Student Enrollment and Graduation Tables.** Indicate the number and percent distribution of URM students by race/ethnicity and academic year, including the number of URM graduates. Indicate the number and percent distribution of the total school enrollment of URM students by race/ethnicity and academic year. Include the average designated URM percentage of successful graduates from the health professions schools with degrees for the past five years. This information is required.

Attachment 4: **Student Clinical Training In Health Care Services.** List the number of COE students who participated in health services training at sites located in community based health facilities in the last five years. This information is required.

Attachment 5: **Underrepresented Minority Full-Time and Part-Time Faculty and Administrative Positions.** Provide the information regarding the positions currently held by URM faculty. This information is required.

Attachment 6: **Sponsor List**. One page listing of letters of support; details to be furnished to HRSA upon request.

Attachment 7: **Progress Report.** A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives.

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

(1) The period covered (dates).
(2) Specific Objectives - Briefly summarize the specific objectives of the project as

actually funded.

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

(4) Publications – Provide the full citations of peer-reviewed journal articles publications or accepted for publication during the most recent grant period.

(5) Outcome data - Provide outcome data for each of the following from each year of the previous grant cycle: 1) number of URM students recruited and successfully enrolled into your program; 2) number of URM students retained in your program each year of the grant; 3) number of URM students that successfully graduated from your program; and 4) number of one year post-graduates working in HPSAs or MUCs.

Attachment 8: Maintenance of Effort Information. Applicants must complete and submit the following information with their application:

NON-FEDERAL EXPENDITURES	
FY 2017 (Actual) Actual FY 2017 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2018 (Estimated) Estimated FY 2018 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 9: Other Relevant Attachments. As applicable; counted in the page limit. Include here any other documents that are relevant to the application.

5. <u>Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management</u>

You must have a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency, and provide that number in your application. You must also continue to maintain active System for Award Management (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**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award at that time.

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

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

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

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

6. <u>Application Due Date</u>
The due date for applications is **March 26, 2018 at 11:59 p.m**. Eastern Time. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

7. <u>Intergovernmental Review</u>
COE 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.

8. <u>Funding Restrictions</u>
Applicants responding to this announcement may request funding for a project period of five (5) years, at no more than $3.5 million per year. The FY 2018 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, applications can be processed, and funds awarded in a timely manner.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, a determination that continued funding would be in the best interest of the Federal Government, and annual approval by the Secretary of HHS.

You may not use funds under this notice for purposes specified in HRSA's *SF-424 R&R Application Guide*.

Faculty fellowship support awarded will be limited to the amount of $45,048 or 50 percent of salary (whichever is less) for a maximum of 2 years. A maximum amount of $5,000 may be requested for travel and other expenses to attend professional meetings, as part of this support. Stipends for student participants may be awarded only to URM individuals to assure participation and provide support needed to participate in structured programs of the COE Program.

9. <u>Program Income</u>
All program income generated as a result of awarded grant funds must be used for approved project-related activities.

VI. Award Administration

Award Notices. HRSA will issue the Notice of Award prior to the start date of July 1, 2018. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

Administrative and National Policy Requirements. See Section 2.2 of HRSA's [SF-424 R&R Application Guide](#).

Reporting. Award recipients must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) **and** the following reporting and review activities:

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

Note that HRSA will survey current and former COEs for options on how to better address the low representation of URM minority males in COE's health professions disciplinary focus areas (medicine, dentistry, pharmacy, and behavioral health) in their non-competing continuation progress performance reports.

Further information will be provided in the award notice.

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

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

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

The Final Report is designed to provide BHW 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 section:

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

   Further information will be provided in the award notice.

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

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

The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII. A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

VII. Agency Contacts

Recipients may obtain programmatic technical assistance by contacting the appropriate Project Officer, as listed on the most recent Notice of Award or by contacting:

Denethia Sellers McCarthy, Ph.D., MSW
Project Officer
Division of Health Careers and Financial Support, HRSA/BHW
Room 15N-62C

5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-0550
Email: dsellers-mccarthy@hrsa.gov

Recipients may obtain additional information regarding business, administrative or fiscal issues related to the NCC submission by contacting:

William Weisenberg
Grants Management Specialist
Division of Grants Management Operations, OFAM/HRSA
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-8056
Email: wweisenberg@hrsa.gov

Recipients may need assistance when working online to submit their information electronically through HRSA's EHBs. For assistance with submitting information in HRSA's EHBs (i.e. technical system issues), contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Tips for Writing a Strong Application

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

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

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