

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Bureau of Health Workforce
Division of Medicine and Dentistry

Preventive Medicine Residency with Integrative Health Care Training Program

Announcement Type: Initial: New
Funding Opportunity Number: HRSA-15-143

Catalog of Federal Domestic Assistance (CFDA) No. 93.117

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: May 29, 2015

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

Release Date: March 31, 2015

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Authority: Title VII of the Public Health Service Act, Sections 765 and 768, 42 U.S.C. 295 and 295c, as amended by Section 10501(m) (1) of the Patient Protection and Affordable Care Act (P.L. 111-148).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, is accepting applications for fiscal year (FY) 2015 for the *Preventive Medicine Residency with Integrative Health Care Training Program*. The goal of this grant program is to improve the health of communities by increasing the number and quality of preventive medicine physicians who can address public health needs and advance preventive medicine practices, increase access to integrative health care, and increase the integration of these two fields into overall primary care training and practice. This program provides funds to (1) plan, develop (including the development of curricula), operate, or participate in an accredited residency or internship program in preventive medicine or public health; (2) defray the costs of practicum experiences, as required in the program; and (3) establish, maintain or improve academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine and public health or programs that improved clinical teaching in preventive medicine and public health.

Funding Opportunity Title:	Preventive Medicine Residency with Integrative Health Care Training Program
Funding Opportunity Number:	HRSA-15-143
Due Date for Applications:	May 29, 2015
Anticipated Total Annual Available Funding:	\$5,400,000
Estimated Number and Type of Award(s):	Approximately 14 grants
Estimated Award Amount:	Up to \$400,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2015 through August 31, 2018 (3 years)
Eligible Applicants:	<p>Entities eligible to apply for this grant program are (a) an accredited school of public health or school of medicine or osteopathic medicine; (b) an accredited public or private nonprofit hospital; (c) a State, local or tribal health department; or (d) a consortium of two or more eligible entities as described in items a through c.</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

Application Guide:

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance:

The Medical Training and Geriatrics Branch (MTGB) in BHW's Division of Medicine and Dentistry will conduct a technical assistance (TA) session for this funding opportunity announcement. The session will be a webinar and will include information for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available after the call, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website:

<http://bhw.hrsa.gov/grants/publichealth/pmr.html>.

Technical Assistance Call Information

Preventive Medicine Residency with Integrative Health Care Training Program

Tuesday, April 14, 2015

Time: 2:00 PM to 3:30 PM ET

Audio: Toll Free Number: 1-888-324-9617

Participant Code: 5719526

To join the meeting via Adobe Connect:

https://hrsa.connectsolutions.com/pmr_with_imp_foa_ta/

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the *Preventive Medicine Residency with Integrative Health Care Training Program*. The broad goal of the program is to improve the health of communities by increasing the number and quality of preventive medicine physicians who can address public health needs, advance preventive medicine practices, increase access to integrative health care,¹ and increase the integration of these two fields into preventive medicine training and practice.

Program Requirements:

Applicants must propose programs to:

1. Increase the number of preventive medicine residents and/or improve training for these residents. The applicant must include a plan for evaluating any improvements in the educational program, such as the effect of the interventions on the knowledge, skills, and practices of the residents.
2. Incorporate evidence-based integrative health care curricula into accredited preventive medicine residency programs; AND
3. Provide interprofessional training of their preventive medicine residents including training in preventive medicine and integrative health care for other primary care or community-based health care trainees or providers in addition to preventive medicine residents.

Awardees shall use funds to:

- Plan, develop (including the development of curricula), operate, or participate in an accredited residency or internship program in preventive medicine or public health;
- Defray the costs of practicum experiences, as required in preventive medicine programs; and
- Establish, maintain or improve academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine, and public health; or programs that improve clinical teaching in preventive medicine and public health.

Operation of residency or internship programs may include support for resident tuition, fees, travel, stipends, and other expenses, infrastructure, and a faculty development program and

¹ Institute of Medicine, *Integrative Medicine and the Health of the Public: Summary of the February 2009 Summit*. Harvey Fineberg's 5 dimensions of integrative medicine included: health care that 1) embraces the physical, mental, emotional, and spiritual factors; 2) encompasses a full spectrum of health interventions including approaches to prevention, to treatment, to rehabilitation, and to recovery; 3) emphasizes coordination of care across an array of caregivers and institutions; 4) is patient-centered; and 5) is open to multiple modalities of care, not just 'usual care,' but also unconventional care that helps patients manage, maintain, and restore health.

activities. Trainee support may be provided for a maximum of 24 months, which includes the academic year and the practicum year. For the three-year project period, different cohorts of residents may be funded for a 24 month period. Examples of other trainee costs that can be supported include tuition for the master's degree in public health or other master's degree related to the preventive medicine specialty, fees, and travel to professional meetings. Examples of faculty development activities that may be supported include the participation of the project director and/or key faculty and preceptors in professional development opportunities to meet the purposes of the project. Examples include attendance at conferences, workshops, and seminars for continuing education and a longer term structured learning opportunity that may or may not lead to certification to increase faculty knowledge and skills in meeting the requirements of the project.

New residency programs, without accreditation, can request up to \$150,000 for the first year of the grant to plan and develop a residency program. New programs must provide proof of accreditation by the end of the first year of support in order to continue to receive grant funds and to receive support for trainee costs.

2. Background

This program is authorized by the Public Health Service (PHS) Act Sections 765 and 768, 42 U.S.C. 295 and 295c as amended by Section 10501(m) (1) of the Affordable Care Act (Public Law 111-148).

The National Prevention Strategy

(<http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html>) focuses on building healthy communities, clinical and community preventive services, empowering people through education and health promotion, and eliminating health disparities. Preventive medicine physicians are educated in both clinical medicine and public health.

Preventive medicine is one of 145 medical specialties and subspecialties recognized by the 24 member boards of the American Board of Medical Specialties.² HRSA provides funding for three specialty areas that share common core knowledge, skills and competencies but emphasize different populations, environments or practice settings. These areas are public health and general preventive medicine (PH/GPM), aerospace medicine (AM), and occupational medicine (OM).

Preventive medicine residency programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association. As of July 2011, Accredited Preventive Medicine residency programs require prior graduate medical education training, including at least one year of clinical training.

Additional information on the PMR program and currently funded grantees can be referenced at <http://bhpr.hrsa.gov/grants/publichealth/pmr.html>.

² American Board of Medical Specialties website: <http://www.abms.org/about-abms/member-boards/> accessed March 18, 2015.

HRSA is focusing on activities that increase the public health and integrative health care services delivered as part of primary care services, as outlined in two Institute of Medicine reports: *Primary Care and Public Health: Exploring Integration to Improve Population Health* (2012) and *Integrative Medicine and the Health of the Public: Summary of the February 2009 Summit*. HRSA is seeking innovative approaches from preventive medicine residency programs that incorporate the public health and integrative health care principles into primary care, and that increase their leadership skills in other national, state, local and Federal programs. Additional information on currently HRSA-funded Preventive Medicine Residency programs and currently funded grantees can be referenced at <http://bhpr.hrsa.gov/grants/publichealth/pmr.html>. HRSA is also funding a Center for Integrative Medicine in Primary Care (CIMPC) to support the development of curricula for existing primary care providers and formative programs. The University of Arizona was awarded this cooperative agreement on September 1, 2014 and named their center the National Center for Integrative Primary Healthcare. This curriculum will build on the 12 previously funded Integrative Medicine projects and the competencies developed by the National coordinating center for Integrative Medicine in Preventive Medicine (NccIM).

All applicants should be committed to increasing diversity in health professions training programs and the health workforce. This commitment helps ensure, to the extent possible, that the workforce reflects the diversity of the nation. Training programs should develop the competencies and skills needed for intercultural understanding and expand cultural fluency, recognizing that bringing people of diverse backgrounds and experiences together, facilitates innovative and strategic practices that enhance the health of all people.

Program Definitions

The following definitions apply to the Preventive Medicine Residency with Integrative Health Care Training Program grant activities for Fiscal Year 2015.

- **Diversity** – Refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing an individual's, group's, or organization's cultural competence; in other words, the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions including, but not limited to, sex, sexual orientation and gender identity, race, ethnicity, religion, age, cultural background, socio-economic status, disability, and language.
- **Disadvantaged Background** – An individual from a disadvantaged background is defined as someone who comes from an environmentally or economically disadvantaged background:
 - **Environmentally disadvantaged** means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.
 - **Economically disadvantaged** means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of

Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

The Secretary defines a ‘‘low income family/household’’ for various health professions programs included in Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

2015 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents’ family*	Income Level**		
	48 Contiguous states and D.C.	Alaska	Hawaii
1	\$23,540	\$29,440	\$27,100
2	31,860	39,840	36,660
3	40,180	50,240	46,220
4	48,500	60,640	55,780
5	56,820	71,040	65,340
6	65,140	81,440	74,900
7	73,460	91,840	84,460
8	81,780	102,240	94,020
For each additional person, add	\$8,320	\$10,400	\$9,560

* Includes only dependents listed on Federal income tax forms. Some programs will use the student’s family rather than his or her parents’ family.

** Adjusted gross income for calendar year 2014.

SOURCE: *Federal Register*, Vol. 80, No. 51, March 17, 2015, pp. 13879-13880

The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned ‘‘low’’ rates based on its own enrollment populations. It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.** The most recent annual data available for the last four examples below can be found on your state’s Department of Education website under your high school’s report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available.

- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either a:
 - low percentage of seniors receiving a high school diploma; or
 - low percentage of graduates who go to college during the first year after graduation.
 - The individual graduated from (or last attended) a high school with low per capita funding.
 - The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.
- **Interprofessional education (IPE)** – Occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). IPE means the collaborative process by which teams of health professionals develop curricula and courses, jointly coordinate and plan practical experiences, and team teach groups of interdisciplinary health professions students to provide holistic care throughout the lifespan.
 - **Medically Underserved Community (MUC)** – A geographic location or population of individuals that is eligible for designation by a State or the Federal Government as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor’s Certified Shortage Area for Rural Health Clinic purposes. MUC also includes populations who are homeless, residents of public housing, and migrants.
 - **Underrepresented minority** – An individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general U.S. population. For purposes of this program the term “racial and ethnic minority group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New applications will be accepted.

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2017. Approximately \$5,400,000 is expected to be available annually to fund approximately 14 awardees. Applicants may apply for a ceiling amount of up to \$400,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Preventive Medicine Residency with Integrative Health Care Training Program in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award will be subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which superseded the previous administrative and audit requirements and cost principles that govern Federal monies associated with this award.

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.

III. Eligibility Information

1. Eligible Applicants

Entities eligible to apply for this grant program are:

- a) an accredited school of public health or school of medicine or osteopathic medicine;
- b) an accredited public or private nonprofit hospital;
- c) a State, local or tribal health department; or
- d) a consortium of two or more eligible entities as described in items a through c.

Preventive medicine residency programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Graduate programs in schools of public health must be accredited by the Council on Education for Public Health (CEPH). Documentation must be provided for other graduate degree programs used by the preventive medicine programs.

An official letter from the appropriate accrediting body must be submitted to HRSA with the application to document the approved accreditation status of the program with the beginning and ending dates of the current accreditation.

Programs that have not obtained accreditation from the ACGME or the AOA at the time of application must provide documentation in their applications that the institutions have started the process of applying for accreditation. This documentation should include a copy of the letter from the appropriate accrediting body that the application has been submitted by the grant applicant. Further, an official letter from the appropriate accrediting body must be submitted to

HRSA to document the approved accreditation status of the program, including the beginning and ending dates of the new accreditation, before the end of the first budget period. Receipt of appropriate documentation is required within the first year of the project period in order to receive continued funding after the first year of support. A term on the notice of award will stipulate the need for ongoing monitoring until the accreditation is obtained.

Accreditation documentation must be submitted as **Attachment 6**.

Eligible applicants include public and nonprofit entities. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply if they meet other eligibility requirements.

2. Cost Sharing/Matching

Cost sharing or matching is not required for this program.

3. Dunn and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

If an applicant/awardee organization has 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.

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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 Application Guide*](#).

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

4. Other

Ceiling Amount

Applications that exceed the ceiling amount (\$400,000 per year including indirect costs) will be considered non-responsive and will not be considered for funding under this announcement. Applicants that are applying to plan, develop, and implement a new preventive medicine residency program may request a ceiling of \$150,000 for the first year of support and may request up to \$400,000 for subsequent years of support.

Deadline

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort (MoE)

In accordance with Section 797(b) of the Public Health Service Act, grant funds shall not be used to take the place of current funding for activities described in the application. The awardee must agree to maintain expenditures of non-Federal amounts for grant activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the grant. **The applicant must provide the requested information in Attachment 5.**

Multiple Applications

NOTE: Multiple applications from an organization are not allowable. Eligible organizations may request support, within the same application, for more than one of the eligible specialty areas of aerospace, occupational, and general preventive medicine if the need is from different administrative units within the one organization. Only one application should be submitted per organization. Should an applicant submit multiple applications, only the last application that is validated by Grants.gov prior to the deadline will move forward. An organization is defined by having a unique Employer Identification Number (EIN). Only one application per Federal tax identification number can be submitted to the Funding Opportunity announcement.

Eligible Trainees

Each trainee receiving stipend support must: (a) be a citizen of the United States, a non-citizen U.S. national, or a foreign national having in his or her possession a visa permitting permanent residence in the United States; (b) be a physician who has graduated from an accredited school of medicine or osteopathic medicine in the United States; or if a graduate from a foreign school, must meet the criteria of the Educational Commission for Foreign Medical Graduates, for entry into the program supported by this grant; and (c) plan to complete the grant-supported program and engage in the practice and/or teaching of preventive medicine and public health, especially in positions which meet the needs of medically underserved populations. Individuals interested in participating in this program must apply directly to the residency training program.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 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 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **65** pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. 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 prior to submission 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 the announcement.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 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 Application Guide](#).

In addition to the instructions provided in the guide, please include the following:

- A four- or five-sentence project summary;
- Specific, measurable objectives which the project will accomplish;
- How the proposed project for which funding is requested will be accomplished, i.e., the “who, what, when, where, why and how” of the project.

ii. Project Narrative

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

Use the following section headers for the Narrative:

- ***PURPOSE AND NEED*** -- *Corresponds to Section V's Review Criterion 1*
This section should briefly describe the purpose of the proposed project consistent with the program requirements in the FOA. Include the specialties in preventive medicine for which support is being requested.

Discuss the needs of the community, including unmet health needs and relate these to national and/or local community assessment tools, databases, and guidelines such as the Healthy People 2020 Objectives and the National Prevention Strategy. Use demographic data, morbidity and mortality data, data on socio-cultural determinants of health and health disparities, and associated factors contributing to these needs; and provide supporting references when possible. Discuss relevant barriers, if any, in the service area that the project hopes to overcome. This section should help reviewers understand the community that will be served by the proposed project.

Document the national, regional, and local need for preventive medicine physicians. Describe the workforce training needs of preventive medicine physicians, and identify methods to address these needs.

Provide documentation of the need and value of incorporating integrative health care principles into the curriculum and practice of preventive medicine physicians and the health care system.

Describe the diversity of the preventive medicine workforce and population to be served.

- ***RESPONSE TO PROGRAM PURPOSE*** – *This section includes three (3) sub-sections – (a) Methodology; (b) Work Plan; and (c) Resolution of Challenges – all of which correspond to Section V's Review Criterion 2 (a), (b), and (c).*

a) Methodology -- *Corresponds to Section V's Review Criterion 2(a)*

Describe in detail your proposed project goals, objectives, and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Describe the key activities that will be used to address the stated needs and meet each of the following program requirements of this funding opportunity announcement:

- 1) Increase the number of preventive medicine residents and/or improve training for these residents;
- 2) Incorporate evidence-based integrative health care curricula into accredited preventive medicine residency programs; and

- 3) Provide interprofessional training of their preventive medicine residents including training in preventive medicine and integrative health care for other primary care or community-based health care trainees or providers.

Clearly describe how any activities are innovative and are expected to improve training, the preventive and integrative health care workforce, and improve health for communities. Describe how the project will improve health for medically underserved communities. Applicants should also describe plans to increase the diversity of the workforce to match the needs of the communities they serve.

Describe any key partner programs, departments, and organizations involved in the project and describe how you will function and coordinate carrying out the grant activities. Specifically describe rotations with governmental public health agencies and other public health practice partners.

As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable. If applicable, include a plan to disseminate reports, products, and/or grant project outputs so project information is provided to key target audiences.

*b) **Work Plan** -- Corresponds to Section V's Review Criterion 2 (b)*

Clearly describe the actions or steps that will be used to achieve each of the activities proposed during the entire project period in the Work Plan section and provide a work plan table in **Attachment 1**. A sample work plan can be found here:

<http://bhpr.hrsa.gov/grants/technicalassistance/workplantemplate.docx>. The Work Plan should clearly link:

- Goals of the project, including objective and sub-objectives;
- Responsibility of entity/entities (e.g., collaborating partners, stakeholders, and key staff);
- Activities;
- The types and number of trainees you expect to train through specific grant activities during each year of the project period;
- Strategies to increase the diversity of the preventive medicine health workforce;
- Key personnel and staff;
- Deliverables and/or products; and
- Proposed outcomes.

The work plan components should also be summarized in a **logic model**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. Information about logic models may be found in Section VIII of the FOA. Include the logic model in **Attachment 1**.

Provide a timeline that includes each activity, key actions and steps, and identifies responsible staff for each action and step. As appropriate, identify meaningful support and collaboration with partners in planning, designing, and implementing all activities, including development of the application.

You must also include an annual training chart that indicates the number of trainees you plan to train and the number you project to complete through the proposed activities for each year of the project period. In addition, the chart should include the trainees' health profession, level of training, and specialty when appropriate. Please also include the number of resident positions for which the program is accredited for each of the two years of the preventive medicine residency program.

c) Resolution of Challenges -- *Corresponds to Section V's Review Criterion 2 (c)*

Discuss challenges 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.

- **IMPACT** – *This section includes 2 sub-sections – (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section V's Review Criterion 3(a) and (b)*

(a) Evaluation and Technical Support Capacity -- *Corresponds to Section V's Review Criterion 3 (a)*

HRSA Required Performance and Progress Reporting

Applicants must describe the systems and processes that will support the organization's collection of HRSA's performance measurement requirements for this program. This section includes a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, and how those obstacles will be addressed. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

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

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

Program Assessment and Improvement:

You must describe a continuous quality improvement plan to measure and assess your program's performance. Your plan should provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. Your plan should also discuss how the

results of these activities will inform improvements in the project over the three-year project period. This should include rapid-cycle improvement strategies that will provide feedback to the applicant and HRSA about early results of the implementation and potential modifications to better meet the goals of the program are encouraged.

Technical Support Capacity

The applicant must demonstrate that it has the capacity to achieve the proposed evaluation plan. In demonstrating technical capacity for developing and implementing the proposed evaluation plan, the applicant must address the following elements:

- 1) Technical Capacity – experience in program evaluation and knowledge of individual(s) responsible for conducting the evaluation and reporting findings. The proposed lead evaluator’s curriculum vitae must be included. Identify technical assistance needs to build capacity of grantee to plan and conduct program evaluation.
- 2) Evaluation Methods – instruments and tools to be used, primary and secondary data sources.
- 3) Quality Assurance – process to validate data collected and verify results.

The evaluation plan must describe how program performance and outcomes will be evaluated against goals, objectives, sub-objectives, activities and timelines of the project. The evaluation plan should include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. Evaluation plans should include integration of evaluation activities with existing institution efforts, such as quality improvement initiatives. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project. Applicants must specifically include a plan for evaluating any improvements in the educational program, such as the effect of the interventions on the knowledge, skills, and practices of the residents. Programs will be expected to report on their findings in their annual Progress Report.

b) Project Sustainability -- Corresponds to Section V’s Review Criterion 3 (b)

Sustainability Approach:

Applicants should describe how their funded program will be sustained. The prospect for having long-term impact from your grant is greatly increased if the potential for sustainability is considered in advance of the end point of your project activities and current funding.

For purposes of this FOA, sustainability is defined as “achieving an organizational state where programs and services are continually provided because they have perceived value and receive adequate financial support.”

Grantees are expected to sustain key elements of their grant projects, e.g., training methods or strategies, which have been effective in improving practices. The applicant must include plans for sustainability by providing specific information that describes the extent and means by which the program plans to continue those program activities that have been effective in improving practices.

▪ **ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES --**

Corresponds to Section V's Review Criterion 4

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

Provide a summary of faculty resources and qualifications and explain the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Describe the qualifications of faculty, including certifications, that are available or planned to implement and carry out the project and fulfill the needs and requirements of the proposed project. Describe the program's academic and practice linkages with the governmental public health agencies and collaboration with the primary health care system. Describe the institutional commitment to diversity and cultural and linguistic competence.

iii. Budget

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 indirect cost is limited to 8 percent of the modified total direct cost.**

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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 Application Guide for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). In addition, the Preventive Medicine Residency with Integrative Health Care Training Program requires the following which corresponds to Section V’s Review Criterion 5:

Applicants **must** summarize any other Federal funding currently being received to conduct activities with a preventive medicine residency or integrative health care focus and provide a narrative description as to how funding requested through the Preventive Medicine Residency with Integrative Health Care Program is not duplicative of other funding sources.

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant must submit one-year budgets for each of the subsequent budget periods within the requested project period (three years) at the time of application. Applications that include budget requests for only the first year of their project risk not receiving financial support in years two and three of the grant.

Travel: Applicants should allow for annual travel to the American College of Preventive Medicine annual meeting and for national and regional meetings related to dissemination of information about the project and faculty and resident development. Travel may be requested for the Project Director or a designee integral to the success of the project and may also be supported for residents through resident costs.

Trainee Expenses: Trainee support including tuition, books, program fees, travel, health insurance, and stipends for living expenses are allowable. Both faculty and residents are eligible for stipend support. The only residents eligible for stipend support are preventive medicine residents; for residents in dual preventive medicine programs, the awarded amount may only be used for the preventive medicine residency activities. Maximum stipend levels for trainees are:

Career Level	Years of Experience	Stipend for FY 2015
Postdoctoral	0	\$42,840
	1	\$44,556
	2	\$46,344
	3	\$48,192
	4	\$50,112
	5	\$52,116
	6	\$54,216

	7 or More	\$56,376
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Requests for stipend support must fully document that 1) trainees or faculty are in need of the support, 2) alternative sources of financial support for such stipends are not available, and 3) grant funds will not be used to supplant other available funds. Each individual receiving stipend support from grant funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States. No fringe benefits are allowed for trainees who receive stipend support. The payment of stipend must also be consistent with institutional policy. Stipends must be paid in accordance with the grantee's usual payment schedule and procedures. Per HHS policy the full level amount of the stipend proposed in the budget must be paid to the trainee.

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

Consultant Services: List the total costs for all consultant services. In the budget justification, identify each consultant, or if not identified, list the expertise that is required, the services he/she will perform, total number of days, travel costs, and total estimated costs.

New Residency Programs: New residency programs, without accreditation status, can request up to \$150,000 for the first year of the grant to plan and develop a residency program. New programs must provide proof of their accreditation status by the end of the first year of support in order to continue to receive grant funds

The indirect cost is limited to 8% of the modified direct total cost.

v. Attachments

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

Attachment 1: Work Plan and Logic Model (Counted in page limit.)

Attach the Work Plan table and Logic Model for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA's [SF-424 Application Guide](#)) (Counted in page limit.)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) (Counted in page limit.)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 4: Project Organizational Chart (Counted in page limit.)

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 5: Maintenance of Effort Documentation (Counted in page limit.)

Applicants must provide a baseline aggregate expenditure for the prior fiscal year (unless otherwise noted in statute) and an estimate for the next fiscal year using a chart similar to the one below.

NON-FEDERAL EXPENDITURES	
FY 2014 (Actual) Actual FY 2014 non-Federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	FY 2015 (Estimated) Estimated FY 2015 non-Federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Attachment 6: Documentation of Accreditation. Letter from ACGME or AOA. (Counted in page limit.)

Refer to [section III.1](#) for specific accreditation documentation requirements.

Attachment 7: Biographical Sketches of Key Personnel (Counted in page limit.)

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. 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.

Attachment 8: Other Relevant Documents (Counted in page limit.)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *May 29, 2015 at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

4. Intergovernmental Review

The Preventive Medicine Residency with Integrative Health Care Training Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$400,000 per year. New residency programs, without accreditation, can request up to \$150,000 for the first year of the grant to plan and develop a residency program. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for purposes specified in HRSA’s [SF-424 Application Guide](#) pages 31-34. In addition, funds may not be used for the following purposes:

Funds under this announcement may not be used for new construction or for the purpose of conducting major renovation activities, international training or travel, specialty board certification nor can funding be used for the acquisition of real property. Please contact the Project Officer for any clarification.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), apply to this program. Funds may not be used for international training and travel or for specialty board certification exam fees. Please see Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

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

The indirect cost is limited to 8% of the modified total direct cost.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be reviewed. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The Preventive Medicine Residency with Integrative Health Care Training Program has five (5) review criteria:

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

The extent to which the applicant:

- Describes the need consistent with the program requirements in the FOA;
- Clearly identifies the disciplines or specialties in preventive medicine for which support is being requested;
- Documents the needs of the community to be served by the awardees and document the community's unmet health needs in relationship to community health assessment tools or National databases such as the Healthy People 2020 Objectives and the National Prevention Strategy;
- Documents demographic data, morbidity and mortality data, data on socio-cultural determinants of health and health disparities, and associated factors contributing to the unmet needs of the community;
- Discusses relevant barriers, if any, in the service area that the project hopes to overcome;
- Documents the national, regional, and local need for preventive medicine physicians, and the workforce training needs of preventive medicine physicians;
- Provides documentation of the need and value of incorporating integrative health care principles into the curriculum and practice of preventive medicine physicians and the health care system;
- Describes the diversity of the preventive medicine workforce and population to be served; and
- Provides supporting references.

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

Criterion 2(a): METHODOLOGY (15 points) - *Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology*

The quality and extent to which the proposed project:

- Describes in detail the proposed project goals, objectives, and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period.
- Describes the key activities that will be used to address the stated needs and meet each of the following program requirements of this FOA:
 - Increase the number of preventive medicine residents and program completers and/or improve training for these residents;
 - Incorporate evidence-based integrative health care curricula into accredited preventive medicine residency programs; and
 - Provide interprofessional training of their preventive medicine residents including training in preventive medicine and integrative health care for other primary care or community-based health care trainees or providers;
- Clearly describes how any activities are innovative;
- Clearly describes how activities are expected to improve training for preventive medicine residents, improve the preventive and integrative health care workforce, and improve health for communities.
- Clearly describes how the project will improve health for medically underserved communities;
- Clearly describes how the project will improve the diversity of the workforce to match the needs of the communities they serve;
- Describes any key partner programs, departments, and organizations involved in the project and describe how you will function and coordinate carrying out the grant activities. Specifically describe rotations with governmental public health agencies and other public health practice partners;
- As appropriate, includes development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds; and
- As appropriate, includes a plan to disseminate reports, products, and/or grant project outputs so project information is provided to key target audiences.

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

- The feasibility of the proposed activities and timeline;
- The extent to which the work plan chart is clear, complete, and comprehensive;
- The extent to which the timeline includes key actions and steps for each activity;

- The adequacy of the staffing plan to implement the proposed work plan. Reviewers should consider level of staffing, skill sets proposed, and qualifications of key personnel;
- The extent to which the logic model concisely articulates the project resources and inputs, implementation of strategies and activities, and desired outputs and outcomes; and
- Provides an annual training chart that indicates the number of trainees you plan to train and the number you project to complete through the proposed activities for each year of the project period. Reviewers will assess for evidence of interprofessional training to include training of other primary care or community-based health care trainees or providers.

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

The extent to which the applicant identifies challenges or barriers that are likely to be encountered (or may arise) in designing and implementing the activities described in the Work Plan, and extent that approaches proposed to resolve such challenges are likely to be effective.

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*

- The quality and extent to which the evaluation plan assesses program performance and outcomes related to the project’s goals, objectives, and activities; and the feasibility of the evaluation plan within the three-year project period;
- The extent to which the plan describes key inputs, processes, variables to be measured, and expected outcomes;
- The extent to which the evaluation plan aims to demonstrate the extent to which the program objectives are met and the extent to which these can be attributed to the project; and
- The extent to which programs that plan to improve the training experience for residents appropriately evaluate the outcomes of these interventions, related to residents’ knowledge, skills, and practice.

In addition:

HRSA Required Performance and Progress Reporting:

- Strength of applicant’s ability to report on HRSA’s program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data.

Program Assessment and Improvement:

- Strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities including how and when feedback from

evaluation findings will be incorporated into the project's continuous quality improvement plans; and

- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities.

Technical Support Capacity:

- The extent to which the proposed evaluation plan to collect, monitor and evaluate the project outputs and outcomes is supported by appropriate program staffing and the applicant organization's infrastructure.

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

- The extent to which the applicant describes a solid plan for project sustainability. The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges;
- The strength and feasibility of the applicant's sustainability plans to achieve sustainable impact of grant-funded activities;
- The strength and feasibility of proposed strategies, plan and timetable to achieve the desired sustainable impact; and
- The feasibility of the resources available or plans for obtaining needed resources to sustain the project.

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

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. This will be evaluated both through the narrative and the attachments. The extent to which the applicant provides comprehensive description of the following:

- Information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations;
- Information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved;
- A summary of faculty resources and qualifications and explanation of the extent to which project personnel are qualified by training and/or experience to implement and carry out the project;
- Qualifications of faculty, including certifications, that are available or planned to implement and carry out the project and fulfill the needs and requirements of the proposed project; and

- The program’s academic and practice linkages with the governmental public health agencies and collaboration with the primary health care system. Describe the institutional commitment to diversity and cultural and linguistic competence.

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

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

- The extent to which the budget narrative provides sufficient detail to determine how the funds requested will be used and the reasonableness of the request;
- 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; and
- The extent to which the budget justification provides line item documentation to support the need for the allocation and is tied to meeting the project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA’s [SF-424 Application Guide](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

This program does not have any funding priorities, preferences or special considerations.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1) **Progress Report.** The awardee must submit a narrative Progress Report to HRSA on an annual basis. Submission and HRSA approval of the Progress Report triggers the budget period renewal and release of subsequent year funds. BHW will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees 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 awardee 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 awardee should also plan to report on dissemination activities in the annual progress report.

Further information will be provided in the NoA.

2) Performance Reports.

The awardee must submit a Performance Report to HRSA via the EHBs on a semi-annual basis. All BHW grantees 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). Performance Reporting for BHW programs was newly implemented in Fiscal Year 2012. 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 semi-annual performance reports will cover the following reporting periods:

Semi Annual Report #1 covers activities between July 1 and December 31. The report must be submitted by January 31 of the following year.

Semi Annual Report #2 covers activities between January 1 and June 30. The report must be submitted by July 31 of the same year.

3) Final Report

All BHW grantees are required to submit a final report within 90 days after the end of the project period. The Final Report must be submitted on-line by grantees in the Electronic Handbooks 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. As such, every grantee is required to submit a final report. The Final Report includes the following sections:

- a) Project Objectives and Accomplishments - Description of major accomplishments on project objectives, summary of evaluation data
- b) Project Barriers and Resolutions - Description of challenges that impeded project's ability to implement the approved plan
- c) Summary Information
 - i. Project Overview
 - ii. Project Impact
 - iii. Prospects for continuing the project and/or replicating this project elsewhere
 - iv. Changes to the objectives from the initially approved grant

1) Federal Financial Report. A Federal Financial Report (SF-425) is required according to the schedule in SF424 Application Guide. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) Other required reports and/or products. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:

“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant *and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources)*. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.”

Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Mrs. Latisha Nibblett
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 10SWH03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1582
Fax: (301) 443-6343
E-mail: lnibblett@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Irene Sandvold, DrPH, FAAN
Project Officer, Division of Medicine and Dentistry, Medical Training and Geriatrics Branch
Attn: Preventive Medicine Residency Program
Bureau of Health Workforce, HRSA
Parklawn Building, Room 12 C 05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2295
Fax: (301) 443-1945
E-mail: isandvold@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
I Portal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website:
http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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

Technical Assistance:

The Medical Training and Geriatrics Branch (MTGB) in BHW’s Division of Medicine and Dentistry will conduct a technical assistance (TA) session for this funding opportunity announcement. The session will be a webinar and will include information for preparing an application and an opportunity to ask questions. A taped replay of the audio portion will be available after the call, through the closing date of the funding opportunity. The link for the webinar recording will be placed on our website: <http://bhw.hrsa.gov/grants/publichealth/pmr.html>.

Technical Assistance Call Information

Preventive Medicine Residency with Integrative Health Care Training Program

Tuesday, April 14, 2015

Time: 2:00 PM to 3:30 PM ET

Audio: Toll Free Number: 1-888-324-9617

Participant Code: 5719526

To join the meeting via Adobe Connect:

https://hrsa.connectsolutions.com/pmr_with_imp_foa_ta/

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s [SF-424 Application Guide](#).

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at:
<http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.