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

Bureau of Health Professions
Division of Nursing

***Nursing Workforce Diversity (NWD) Program***

**Announcement Type:** New
**Announcement Number:** HRSA-14-069

**Catalog of Federal Domestic Assistance (CFDA) No. 93.178**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2014

## Application Due Date: January 24, 2014

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

**Release Date:** ***December 3, 2013***
**Issuance Date:** ***December 3, 2013***

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Authority: Title VIII, Section 821 of the Public Health Service Act (42 U.S.C. 296m), as amended by Section 5404 of the Patient Protection and Affordable Care Act (P.L. 111-148)

# EXECUTIVE SUMMARY

The Health Resources and Services Administration, Bureau of Health Profession, Division of Nursing, is accepting applications for fiscal year (FY) 2014 Nursing Workforce Diversity (NWD) Program. The purpose of this grant program is to increase nursing education opportunities for individuals from disadvantaged backgrounds (including racial, ethnic, tribal minorities under-represented among registered nurses) by providing student stipends, scholarships, and opportunities for mentorship. Projects funded through the NWD program assist students throughout the educational pipeline to become registered nurses, assist diploma or associate degree registered nurses to become baccalaureate-prepared registered nurses, and prepare practicing registered nurses for advanced nursing education. The goal of this solicitation is to increase the public's access to quality health care by supporting programs that increase diversity in the nursing workforce. A diverse, culturally-aligned, and competent workforce is necessary to increase access to quality health care, reduce health disparities and improve health equity in all U.S. populations.

| | |
|---|---|
| Funding Opportunity Title: | Nursing Workforce Diversity |
| Funding Opportunity Number: | HRSA-14-069 |
| Due Date for Applications: | January 24, 2014 |
| Anticipated Total Annual Available Funding: | $4,000,000.00 |
| Estimated Number and Type of Awards: | 12 grants |
| Estimated Award Amount: | Up to $350,000 per year |
| Cost Sharing/Match Required: | No |
| Length of Project Period: | 3 years |
| Project Start Date: | July 1, 2014 |
| Eligible Applicants: | Eligible applicants include accredited schools of nursing, nursing centers, academic health centers, State or local governments, and other private or public entities determined appropriate by the Secretary. Eligible faith-based organizations, community-based organizations, and Tribes and Tribal Organizations can apply for these funds. Individuals are not eligible to apply for these funds. See Section III-1 of this FOA for complete eligibility information. |

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf, except where instructed in this funding opportunity announcement to do otherwise.

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit a grant application. The webinar is scheduled for:

Thursday, December 12, 2013 from 11:00 a.m.-1:00 p.m.
Adobe Connect Link: https://hrsa.connectsolutions.com/nwdfoa2014/
Call-in Number:1-888-847-7599 Participant Code: 9629452

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the **Nursing Workforce Diversity (NWD) Program**. NWD grants are awarded to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities under-represented among registered nurses) by providing (1) student scholarships or stipends for diploma or associate degree nurses to enter a bridge or degree completion program, and (2) student scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities.

The goals of the NWD program and the purposes of this funding opportunity announcement (FOA) are consistent with the statutory authority provided in Title VIII to support projects that assist underrepresented students throughout the educational pipeline to become registered nurses, facilitate diploma or associate degree registered nurses becoming baccalaureate-prepared registered nurses, and prepare practicing registered nurses for advanced nursing education.

For FY 2014, the Division of Nursing will solicit three-year grants that support innovative efforts by schools of nursing to recruit, retain, and graduate disadvantaged students. Disadvantaged populations for this award include: racial and ethnic minorities underrepresented among registered nurses and individuals who are educationally and economically disadvantaged.

This FOA solicits applications that propose evidence-based, multi-level partnership models, approaches, and/or strategies, that incorporate the social determinants of health framework into the design, implementation, and evaluation of scholarship, loan, and pre-entry/mentoring programs including those that support progression through professional nursing, such as Bachelor of Science in Nursing to graduate degrees including master's and higher level degrees such as the PhD. The nursing workforce diversity literature is replete with data to suggest that financial and interpersonal levers such as scholarships, loans, and mentoring are necessary, but not wholly sufficient, to recruit, retain, and graduate underrepresented populations into schools of nursing. Therefore, projects must propose innovative ways to consider multi-level approaches that utilize the social determinants of health[1,2,3] to frame its scholarship, stipend, and pre-entry/mentoring activities.

Proposed projects should extend beyond individual-level interventions (scholarships, stipends, and pre-entry/mentoring activities) and address the larger social and structural forces that impede efforts to diversify the nursing workforce, increase access to quality care, reduce health disparities, and improve health equity. For example, Johnson and Bozeman[4] describe an Asset

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[1] CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.
[2] Marmot M, Friel S. Global health equity: evidence for action on the social determinants of health. J Epidemiol Community Health 2008;62:1095-7.
[3] Marmot M, Allen J, Bell R et al. WHO European review of social determinants of health and the health divide. Lancet 2012;380:1011-29.
[4] Johnson J, Bozeman B. Perspective: Adopting an asset bundles model to support and advance minority students' careers in academic medicine and the scientific pipeline. Academic Medicine 2012;87:1488-95.

Bundles model that targets critical areas in which minority students may need additional support to continue toward careers in science. The asset bundles articulate relevant factors that impact educational retention and achievement – educational endowments, science socialization, network development, family expectations, and material resources. An example of a program that achieved goals similar ones BHPr hopes applicants will achieve is a program at the University of Illinois at Chicago – the Urban Health Program. The program developed an innovative and comprehensive strategy to recruit, retain, and graduate minority students interested in health care careers, and to provide precollege educational and research experiences for underrepresented minority populations in elementary and secondary public schools.[5] The Urban Health Program evolved from a community action model and was an institutional response to a demand from the local community for early outreach and academic pipeline initiatives targeted to local minority students. The success of the Urban Health Program model is partly attributed to changes in the University culture and the University leadership's commitment to diversity within the University of Illinois at Chicago.

## 2. Background

This program is authorized under Title VIII, Section 821 of Public Health Service Act (PHS Act) (42 U.S.C. 296m), as amended by section 5404 of the Patient Protection and Affordable Care Act (ACA), P.L. 111-148.

Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHPr) provides policy leadership and grant support for health professions workforce development – ensuring the U.S. has the right clinicians, with the right skills, working where they are needed most. A nursing workforce that provides the supply and distribution of well-educated and well-prepared nursing professionals and reflects the cultural and social values and needs of the communities in which they serve is critical to achieve the goal of high-quality, safe, and accessible care. Ensuring that all populations have access to high-quality, culturally-aligned, and competent care is necessary to reduce health disparities and improve health equity. Additional information about HRSA's BHPr and its programs is available at http://bhpr.hrsa.gov/.

There is robust literature that demonstrates that multiple, complex factors, beyond the level of the individual, impact access to education and educational attainment. The social determinants of health literature consistently report that multi-level factors, including social, environmental, and structural determinants, can have powerful effects on an institution's ability to recruit, retain, and graduate underrepresented students.

In August 2012, HRSA's Division of Nursing sponsored an invitational summit titled, "*Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health*" available at http://bhpr.hrsa.gov/nursing/summit.html. During the summit, the Division of Nursing introduced the model titled *Transformation from Health Disparities to Health Equity*. The transformation model will guide the Division's goal of enhancing the NWD grant portfolio with innovative projects that offer multi-level (individual, social, structural), evidence-based strategies to diversify the nursing workforce and through it improve health equity. Approaching nursing workforce diversity through the lens of the social determinants of health may accelerate

[5] Toney M. The long, winding road: One University's quest for minority health care professionals and services. Academic Medicine 2012;87:1556-61.

innovation and facilitate the development of effective approaches to eliminating health disparities with the ultimate goal achieving population health equity.
This FY 2014 FOA builds on the 3D concepts that were introduced at the 2012 summit meeting and calls for innovative projects that utilize the social determinants of health framework constructs to inform scholarship, stipend, and pre-entry/mentoring strategies to diversify the workforce. The goal is to increase recruitment, retention and graduation opportunities for disadvantaged populations in schools of nursing, in an effort to increase workforce diversity, reduce health disparities, and achieve population health equity. The 3D concepts, when merged together, are the stepping stones required to achieve population health equity. Proposed projects should therefore address not only individual-level factors, but also the larger social and structural determinants that impede nursing workforce diversity efforts.

**Improving Diversity within Health Professions**

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPR) is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. The following Diversity Guiding Principles have been adopted by BHPr to facilitate diversity in the health professions workforce.

**BHPR Diversity Guiding Principles:**

- Health professions training programs recruit, train, and support a workforce that is reflective of the diversity of the nation.
- Health professions training programs address all levels of the health workforce from pre-professional to professional.
- Health professions training programs recognize that learning is life-long and should be supported by a continuum of educational opportunities.
- Training programs help health care providers develop the competencies and skills needed for intercultural understanding, and expand cultural fluency especially in the areas of health literacy and linguistic competency.
- Health professions training programs recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

To the extent possible, program grant activities should strive to support the guiding principles identified by BHPR to increase diversity in the health professions workforce.

## II. Award Information

### 1. Type of Award

Funding will be provided in the form of a grant.

### 2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 - 2016. Approximately $4,000,000 is expected to be available annually to fund twelve (12) grants. Applicants may apply for a ceiling amount of up to $350,000 per budget period. The project period is three years. Funding beyond the first year is dependent on the availability of appropriated funds for the NWD program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Within the ceiling amount, each applicant organization may request up to $50,000 (maximum) for scholarship funds, with a limit of $10,000 per student annually each budget period.

## III. Eligibility Information

### 1. Eligible Applicants

Eligible applicants include accredited schools of nursing, nursing centers, academic health centers, State or local governments, and other private or public entities determined appropriate by the Secretary. Eligible faith-based organizations, community-based organizations, and Tribes and Tribal Organizations can apply for these funds. ***Individuals are not eligible to apply.***

Schools of Nursing affiliated with the proposed project that are providing formal degree programs must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education for the purposes of nursing education. Newly established programs and those that are established but not yet accredited must contact a national nursing accrediting body recognized by the U.S. Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. Applicants must submit documentation providing proof of accreditation (e.g., the accreditation letter from the accrediting agency specifically stating that accreditation has been granted and the period of time covered by the accreditation) with the application as **Attachment 1.** Links to the accrediting body website will not suffice as evidence of accreditation.

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

the United States Department of Education must be submitted with the application as **Attachment 1**.

All applicants must provide written assurance that on or before January 31, 2015, projects will have resources and program staff in place to actively engage project participants in meeting the goals and objectives outlined in the proposal. For example, for practice goals and objectives, project staff should be working with their partners on projects that offer multi-level (individual, social, structural), evidence-based strategies to diversify the nursing workforce and through it improve health equity care for patients and/or populations on or before January 31, 2015.

**Eligible Project Participants**

Project participants must be in an accredited program, a citizen of the United States, a non-citizen national of the United States, or a foreign national who possesses a visa permitting permanent residence in the United States. **Individuals on temporary or student visas are not eligible participants and may not receive NWD grant support.** In addition, please see Section VIII for definitions for eligibility criteria and how the eligibility is determined.

**2. Cost Sharing/Matching**

Cost sharing or matching is not required for the NWD program.

**3. Other**

Applications that exceed the page limit, exceed the ceiling amount, or do not include all the required attachments indicated in Section IV.2.iv – Attachments will be considered non-responsive and will not be considered for funding under this announcement.

Applicants shall specify only **one** Project Director. The Project Director for the NEPQR-IPCP projects **must be a licensed Registered Nurse (RN).**

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**: The awardee must agree to maintain non-Federal funding for grant activities at a level that is not less than expenditures for such activities during the fiscal year prior to receiving the grant.

NOTE: Multiple applications from an organization are not allowed. Eligible applicants can submit **only one** application.

# 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 Research and Related (R&R) application package associated with this funding opportunity following the directions provided at Grants.gov.

## 2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the 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 the funding opportunity announcement to do otherwise.

**Application Page Limit**
The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The 65-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 are NOT included 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 submitted 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 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

### i. *Project Abstract*

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

The one-page (single-spaced) abstract should serve as a succinct description of the proposed project. In addition to the information described in the Application Guide, applicants should include the following:

- Brief overview of the proposed project and innovation statement
- Goals and specific, measurable objectives of the proposed project
- Statement of project start date (must be supported by Work Plan)
- Statement of funding preference (if applicable)

**ii.** ***Project Narrative***

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1*

  This section should present the applicant organization to the objective reviewer and briefly describe the purpose and background of the proposed project, critically evaluating the need to integrate the social determinants into evidence-based, individual-level strategies to increase the rate at which disadvantaged students are recruited, retained, and graduate from schools of nursing.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1*

  This section outlines the unmet health and workforce needs of the communities that will be served by the proposed project as well as the academic and associated needs of the target disadvantaged student population. Include social and structural determinants of health and health disparities that are impacting the community that the applicant organization serves. Demographic data to demonstrate the social, economic, and physical environments of potential students should be used and cited whenever possible to support the information provided. When preparing the application, utilize tools such as surveys, pilot studies or community needs assessments to document the need for the project. Discuss how the social determinants may have historically impacted disadvantaged student's access to nursing education. This section should help the reviewers understand the students, populations and communities that will be served by proposed project. The needs assessment should be directly linked to the project's goals and objectives.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2*

  Describe the methods that will be used to achieve innovations in nursing workforce diversity programs through the integration of social determinants constructs into scholarship, stipends, and pre-entry/mentoring activities that traditionally occur at the individual-level. In this section, describe multi-level goals with specific, measurable, time-framed objectives for each goal.

  - Describe how multi-level activities (individual, social, structural) will be organized throughout the project period.
  - Provide evidence supporting the proposed methodologies, including literature, prior experience, and historical data.
  - Detail a clear strategy for planning and implementation of the innovative project objectives.
  - Describe a plan for identifying and securing partnerships within and outside of nursing (if applicable) to address the social determinants that impede disadvantaged students access to nursing education.

- Describe a plan for dissemination of the diversity programs' structure, approach and outcomes to accelerate progress towards diversifying the nursing workforce.
- Describe strategies, activities, timeline, and implementation activities that address the social, economic, and physical factors that influence disadvantaged student success.

Multi-level Strategies/Interventions:

Applicants should describe how student financial support in the form of scholarships and stipends provide financial assistance to eligible project participants and will enhance their ability to address the larger and structural forces that impede efforts to diversify the nursing workforce, increase access to care, and reduce health disparities. Applicant organizations may choose to provide student scholarships or stipends, or both, for each nursing program, during each budget period of the project. Include an explanation of how the strategies/interventions have taken into account the social determinants framework.

1. Scholarship funds may be used for tuition, fees, books, and related educational expenses. Scholarship funds are awarded only to NWD program participants who are nursing majors enrolled in an accredited professional nursing program and <u>enrolled in nursing clinical or practicum courses.</u> Program participants who are not nursing majors and/or who are not enrolled in or have not completed nursing courses requiring clinical rotations are not eligible for NWD scholarship funds. Students designated to receive scholarships must be in need of financial assistance in order to pursue the part-time or full-time course of study in the nursing program and must be in good academic standing. Determination of financial need is based on the academic institution's policy for determining financial aid eligibility. Funds awarded must be used to provide full or partial scholarships to eligible nursing students for tuition expenses and other reasonable educational expenses. The payment made to the scholarship recipients may or may not cover the total expenses required by the school.

   The scholarship amount awarded to each student may not exceed $10,000 per budget period. Scholarship funds should be disbursed in logical increments throughout the academic year and calendar year. Awards that are targeted to pay for tuition should be disbursed at the beginning of each period within the academic year (e.g. semester, trimester, quarter).

2. Stipend support is provided to assist in covering the student's general living expenses. Students receiving stipends must participate in all activities of the funded program as described in the grant proposal. When requesting student stipend assistance, applicant institutions are required to identify and outline the institution's policies and guidelines which govern the award of stipend funds. Applicants must designate a person within the school of nursing or the applicant entity to direct and assume responsibility for the stipend program. In addition, the applicant must describe the method in which stipends will be disbursed and monitored, and maintain documentation that will enable government auditors or other officials to review practices at institutions and determine conformance with the established grants policy. The applicant must also indicate the projected number of project participants to receive stipends, the stipend amount per participant, and the total stipend amount for each year of the project. Describe the

methods and standards for selecting stipend recipients and for setting the amounts of the stipends per person. Stipends should not be used as a recruitment tool and are not intended to replace financial aid resources.

3. Pre-Entry/Mentoring activities should enhance the academic abilities and preparation of students from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses, to increase their competitiveness for entry into and graduation from a professional nursing program. Pre-entry and academic enrichment/mentoring activities may be geared to middle and high school students to promote nursing as a career; support the transition from high school to professional registered nursing programs; support the transition of current CNAs or LPNs/LVNs to become registered nurses; support associate degree or diploma RNs to enroll into a baccalaureate degree program in nursing; and/or prepare collegiate pre-nursing students for entry into the registered nursing program.

NWD funds may not be used to support RN licensure costs, National Council Licensure Examination (NCLEX) exam costs, college entrance exam costs or child care costs; NCLEX preparation may be supported.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 & 4*

A comprehensive workplan is required and must address the sustainability of the project. In this section, provide information including, but not limited to the following:

- Describe the strategies, activities, methods, techniques, or steps that will be used to achieve each of the objectives in the project proposal. Each activity must support the proposed project outcomes. Innovations must be linked to the methods to increase the rate at which disadvantaged students are recruited, retained, and graduate from schools of nursing. Describe how the activities are defined by the project objectives and will achieve the desired measurable outcomes. The project workplan should indicate specific activities and project personnel responsible for completing the activities.
- Identify actions to recruit, retain and graduate a diverse nursing workforce that is reflective of the populations/communities served.
- Provide a plan to achieve sustainability after HRSA funding for the NWD project is completed. Include future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient. Include a description of integration of the NWD's innovations into other workforce diversity models, if appropriate.
- Describe how social determinants will be incorporated in the project:
    - Include the social, economic, and physical needs of disadvantaged students.
    - Identifies project personnel responsible for completing the activities.
    - Identify how social determinants of health are fully integrated into the project's goals, objectives, and strategies.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2*

In this section, provide detailed information including, but not limited to:

- Challenges that are likely to be encountered in designing and implementing the activities described in the work plan.
- Approaches that will be used to resolve potential challenges.
- Barriers that may be encountered specifically with regard to the social determinants (social, economic, and physical) in your target population that this project hopes to overcome.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 & 5*

  Applicants must include an evaluation plan that fully describes strategies for assessing the progress and outcomes of their projects. The evaluation plan should identify a specific design and include strategies that are evidence-based and demonstrate project progress, outcomes, as well as determine how identified needs are being met. The evaluation plan should link each objective with appropriate input, throughput, output, and outcome measures. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

  Applicants are encouraged to use a logic model to describe the relationships between identified needs, project goals and objectives, proposed evaluation measures, and expected performance targets. Specifically, results obtained from the evaluation should be able to demonstrate how the project is meeting identified needs and working toward increasing the rate at which racial and ethnic minorities, and individuals who are educationally and economically disadvantaged are recruited, retained, and graduate from schools of nursing.

  Applicants must describe the systems and processes that will enable the organization to collect, track and report performance measures on a semi-annual basis, as well as collect post-graduation data from funded students at 1-year and 3-year intervals. Applicants must include a description of 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 program performance and support quality improvement.

  Applicants should describe current experience, skills, and knowledge of selected evaluator, including individuals on staff, materials published, and previous work in program performance evaluation. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Applicants must also describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

  Applicants must also discuss their ability to collect, report and ensure the validity and reliability of required semi-annual and longitudinal performance measures (see Section VI of the funding opportunity announcement). The implementation and results of all performance measurement and evaluation activities will be included in the annual progress report and the semi-annual BHPr Performance Report for Grantees and Cooperative Agreements (PRGCA). For more information refer to Section VI.3 Reporting.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5*

  Provide information on the applicant organization's current mission and structure, scope of current activities, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. An organizational chart must be provided as **Attachment 3.** Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent services and health literacy services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved by the organization. Applicants should describe the facilities available to meet the needs of the project.

- *REPLICABILITY—Corresponds to Section V's Review Criterion #4*

  Dissemination of Outcomes**:** Applicants should present a plan for dissemination of all products in venues such as conferences, presentations, publications, electronic recordings, web-based publishing, etc. Copies of any materials disseminated should include the following acknowledgement and disclaimer:

  "This project is/was supported by funds from the Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under [grant number] and [title] for [grant amount] (specify grant number, title, and total award amount). 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 the BHPr, HRSA, DHHS or the U.S. Government."

| **ADDITIONAL NARRATIVE GUIDANCE**<br>*Instructions:* In order to ensure that the Review Criteria are fully addressed, this table provides a bridge between the narrative language and where each section falls within the review criteria. | |
|---|---|
| **Narrative Section** | **Review Criteria** |
| Introduction | (1) Need |
| Needs Assessment | (1) Need |
| Methodology | (2) Response & (4) Impact |
| Work Plan | (2) Response, (4) Impact & (5) Resources/Capabilities |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures & (5) Resources/Capabilities |
| Organizational Information | (5) Resources/Capabilities |
| SF-424 R&R Budget Forms | (6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested. |
| Replicability | (4) Impact |

**iii. *Budget and Budget Justification Narrative***

In addition to the instructions in Section 4.1.iv and v. of HRSA's *SF-424 R&R Application Guide* the **NWD** program requires the following:

*Personnel Costs:* Applicants shall identify only **one** Project Director. The Project Director for the NWD projects must be a licensed Registered Nurse (RN).

*Consultant Costs:* Give names, affiliations, and qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. If the consultant is not yet identified provide the desired expertise and the scope of work of the proposed consultant. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6)* apply to this program. These provisions include a salary rate limitation. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information.

*Equipment:* Equipment purchases must satisfy all of the following requirements:

- The principal purpose of the equipment must be related to the objectives of the project and to enhance the collaborative practice experience of nursing and health professionals;
- The equipment must be retained by the awardee, remain in the United States or territories, and used in accordance with the terms of the grant award for the useful life of the equipment;
- The equipment justification must include a detailed status report of current equipment; and
- The equipment purchase must comply with the procurement requirements for Federal grants and your organizational procurement policies, including adequate competition and following proper bid procedures.

*Indirect Costs for Training Grants:*
Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at **8%** 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 actual direct cost base for purposes of this calculation.

*Participant/Trainee Support Costs*
On the SF-424 R&R, do not enter a dollar amount for tuition, fees, health insurance or subsistence. Follow the form directions.

**Scholarships:** Student scholarships cover tuition, fees, books, and other related educational expenses. Enter the total scholarship amount for each budget period in Budget Section E, "Other" of the SF-424 R&R. Requested scholarship funds must be used to provide full or

partial scholarships for eligible participants.

Scholarship funds must be disbursed in logical increments throughout the academic or calendar year and may or may not cover the total expenses required by the school. Awards that are dedicated for tuition should be disbursed at the beginning of each period within the academic year (e.g. semester, quarter, term).

Students are designated to receive scholarships by the applicant institution in accordance with the guidelines established by the applicant organization. The proposed project must use NWD scholarship funds in a manner that will meet the needs of eligible students. The budget narrative must indicate the number of students to receive scholarships for each year of the grant and the proposed amount of each scholarship per student. *The scholarship amount awarded to each student may not exceed $10,000 per budget period.*

Each applicant organization may request up to $50,000 (maximum) for scholarship funds to support eligible nursing students annually.

**Stipends:** Student stipend support is provided to assist in covering the student's general living expenses. Enter the total stipend amount for each budget period in Budget Section E, "Participant/ Trainee Support Costs," of the SF-424 R&R. The budget narrative must indicate the stipend rate (i.e., $500/month), the number of stipends to be awarded, and the total stipend amount for each educational level as appropriate. It is the responsibility of the applicant to justify the basis for the stipend rate requested.

The *maximum annual (12 month) amount for stipends is $10,000 per student* and is to be prorated and paid to eligible participants at regular intervals during the budget period.

**Section 803 of the Public Health Service Act establishes allowable uses of funds for the NWD program and does not include an allowance for dependents**. Whether the use of funds is allowable will be a programmatic determination made after a budget and budget justification is submitted and reviewed.

**Number of Participants/Trainees**
Indicate the total number of proposed project participants for each year of the three-year project.

**iv. *Attachments***

Please provide the following items in the order specified below 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. **Each attachment must be clearly labeled**. The required attachments include:

*Attachment 1: Accreditation Documentation – Required. Counted in the page limit.*
All schools of nursing that are associated with the project and conferring degrees must be accredited, as per PHS Act section 801(2). Applicants must submit documentation with dates

of accreditation (e.g., an accreditation letter from the accrediting agency) with the HRSA grant application**.**

The following process must be followed for new nursing programs associated with the proposed project that are just beginning the accreditation process and wish to establish eligibility. The applicant must contact a national nursing accrediting or state approval body recognized by the Secretary of the Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. The nursing program will need to request the recognized accrediting agency to prepare its letter describing the new program's progression toward accreditation by answering the six questions enumerated below:

1. Is this program actively pursuing accreditation with the agency?
2. What is the date of the program's pending application for accreditation and the date or approximate date when the agency's decision-making body is likely to decide whether to grant or deny accreditation for this program?
3. Does the agency accredit any other nursing education programs at this institution and, if so, are those programs in good standing with your agency?
4. Currently, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program's application and reviewed by your agency, as well as any on-site visits that have occurred.
5. Based on your records, what will be the start date or approximate start date of the program's academic year that immediately follows the expected graduation date for the students comprising the program's first entering class?
6. Based on your agency's review of each program to date, do you have any reason to believe that the program will be unable to demonstrate compliance with your standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? If so, why?

In addition, the letter from the recognized accrediting agency should state that the new educational program is an accrediting activity that falls within the scope of the Secretary's recognition and that the program will meet the accreditation/approval standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant will submit, not less than 30 days prior to the HRSA application due date, its request for a letter of assurance along with the accrediting agency letter and any supporting documentation regarding the accreditation or approval of the nursing program to the Accreditation Division staff at aslrecordsmanager@ed.gov.

If you need additional information regarding the submission, you should contact Cathy Sheffield by telephone at (202) 219-7011; fax: (202) 219:7005; or email at Cathy.Sheffield@ed.gov.

- The program will also submit its contact name(s), address(es), phone number(s), email addresses, and the name of the HRSA Program with all correspondence sent to the Department of Education.
- The Accreditation Division will acknowledge receipt of the application by notifying the program by email. If the application is not received timely, the acknowledgement

letter will notify the program that the Accreditation Division will not process the request.

- The Department of Education will process the applicant's request for a letter of reasonable assurance documenting the Secretary's determination that the program will meet the appropriate accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant must include this letter from the Department of Education with the HRSA program application.

Applications submitted without appropriate documentation of current or pending accreditation will be deemed ineligible and will not be sent forward for objective review.

*Attachment 2: Position Descriptions – Required. Counted in the page limit.*
Attach position descriptions that include the roles, responsibilities, and qualifications of proposed project staff. Keep each to one page in length as much as is possible. Include a resume of the proposed Project Director. It is expected that the PD will be a licensed Registered Nurse with IPCP experience.

*Attachment 3: Organizational Chart – Required. Counted in the page limit.*
Each application should attach a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators and/or partnerships.

*Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) – As applicable. Counted in the page limit.*
Provide any documents that describe working relationships between the applicant agency and other agencies, academic institutions and programs cited in the proposal. Letters of agreement from key organizations/ institutions/ individuals must document their willingness to perform in accordance with the plan presented in the application. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreement must be dated.

*Attachment 5: Letters of Support – As applicable. Counted in the page limit.*
Include only letters of support which specifically indicate a commitment to the project/program (i.e., in-kind services, dollars, staff, space, equipment). Letters of support must be dated. Applicants may list on one page other support letters which do not specifically identify a commitment to the project/program.

*Attachment 6: Request for Funding Preference or Priority – If Applicable. Counted in the page limit.*
To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. An example of the request would be: the network service areas included in the application are considered HPSAs or the applicant is serving a designated medically underserved area. An example of the proof of designation would be for the applicant to cite their HPSA score, etc., if applicable. See Section V. 2. **Review and Selection Process** for additional information regarding the Funding Preference or Priority.

*Attachment 7: Maintenance of Effort Documentation – Required. Counted in the page limit.* Applicants must complete and submit the following information with their application:

**NON-FEDERAL EXPENDITURES**

| Non-Federal Expenditures | Non-Federal Expenditures |
|---|---|
| **FY 2013 (Actual)**<br><br>Actual FY 2013 non-federal funds including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter $0.<br><br>Amount: $_____ | **FY 2014 (Estimated)**<br><br>Estimated FY 2014 non-federal funds, including in-kind, designated for activities proposed in this application.<br><br>Amount: $ _____ |

*Attachment 8: Health Professions Diversity Statement – Required. Counted in the page limit.* The Health Professions Diversity Statement collects information on the applying entity's mission and activities to increase diversity in the health profession work force.

Data and information provided in the Health Professions Diversity Statement should reflect only the entity that will execute the cooperative agreement or grant. For example, if the grant will be held by a physician assistant education program (changed to be specific to this FOA) within a larger university, the information provided should be specific to the physician assistant education program. The Health Professions Diversity Statement should include concise responses to each of the following items, identified by number:

1. Describe the need for diversity within the nursing workforce, and include a discussion of factors and barriers contributing to the problem.
2. Describe the applicant's established strategic plan, policies, organizational structure(s), recruitment and supportive strategies (including outreach, pipeline programs, financial aid, mentoring, and tutoring), and program initiatives (e.g., specific curricula or program tracks) to increase the diversity of the student population and, by extension, the health professional work force.
3. Provide performance data from at least the 2011 academic year on the number and percentage of students from the populations you seek to reach in order to improve diversity within the student population (e.g., underrepresented minority groups, students from educationally and economically disadvantaged backgrounds or students from other diverse backgrounds). Data should be provided for the number and percentage of such students recruited, admitted, and graduated[6] from the program.[7] If you are a newly established school or do not have historical data on past performance, please explain this in your response.

[6] Use completion data, if the program does not lead to a degree.
[7] If you are a newly established school or do not have historical data on past performance, please explain this in your response.

4. Describe plans to evaluate the impact of the proposed project, monitor achievement, recruitment plans and academic support for completion of studies, mentoring of students from diverse groups or backgrounds.

For the purpose of this document:

"Diversity" refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing one's 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 gender, sexual orientation, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities and language.

## 3. Submission Dates and Times

### Application Due Date

The due date for applications under this funding opportunity announcement is **January 24, 2014 at 11:59 P.M. Eastern Time.**

## 4. Intergovernmental Review

The NWD program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

## 5. Funding Restrictions

Applicants responding to this announcement must request funding for a project period of three (3) years, at no more than $350,000 per year. 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.

Each applicant organization may request up to $50,000 (maximum) for scholarship funds annually.

Funds under this announcement may not be used for the following purposes:

a. Establishment of a skills lab as the sole project focus
b. Provision of child care/child care costs
c. Licensure or certification exam fees
d. Accreditation, Credentialing, Licensing and Franchise fees and expenses
e. College entrance exam costs

Section 803 of the Public Health Service Act establishes allowable uses of funds for the NWD program and does not include an allowance for dependents. Whether the use of funds is allowable will be a programmatic determination made only after a budget and budget justification is submitted and reviewed.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the *Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6),* apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information.

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

## 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 judged. 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.

Review Criteria are used to review and rank applications. The NWD program has six (6) review criteria. All applications will be evaluated based on the extent to which the applicant meets the review criteria listed below.

*Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction & Needs Assessment sections*

The application demonstrates the need and the factors contributing to the need.

- Degree to which the applicant clearly describes the need of the communities that will be served as well as the academic and associated needs of the student population.
- Quality of the supporting data that describes the social, economic, and physical environments of disadvantaged students that will be recruited for the project.
- Extent to which the applicant describes the benefits of increasing the rate at which disadvantaged students will be recruited, retained, and graduate from schools of nursing.
- Extent to which the applicant describes how social determinants may have historically impacted disadvantaged student's access to nursing education.

*Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, & Resolution of Challenges sections*

- Extent to which the applicant describes a project that will utilize innovative workforce diversity strategies to develop or enhance student education and completion activities to promote disadvantaged student's recruitment, retention, and graduation from schools of nursing.
- Extent to which the applicant clearly stated multi-level goals and strategies with specific, measurable, time-framed objectives for each goal:

    - Extent to which the applicant clearly describes strategies, activities, timeline, and implementation that address the needs of the individual students (individual-level).
    - Extent to which the applicant clearly describes strategies, activities, and timeline for implementation that address the social, economic, and physical factors that influence disadvantaged student success (multi-level).
- Quality with which the project incorporates the social determinants in its methodology and work plan:
    - Degree to which the work plan takes into account the social, economic, and physical needs of disadvantaged students.
    - Extent to which the work plan identifies project personnel responsible for completing the activities.
    - Degree to which social determinants of health are integrated fully into the project's goals, objectives and strategies and objectives.
- Extent to which the applicant proposes to develop collaborations and/or partnerships outside of nursing to address the individual and social factors that inhibits and promote nursing workforce diversity.
- Extent to which the applicant describes existing and/or planned linkages and partnerships with relevant educational and/or health care entities that will meet the project's goals and objectives.
- Quality of the documentation of existing and/or planned linkages and/or partnerships. (**Attachment 5**) For example:
    - Quality of letter(s) of support or institutional commitment or Memorandum of Understanding
- Quality with which the application describes challenges that are likely to be encountered in designing and implementing the activities described in the work plan:
    - Extent to which the application includes identification of barriers that may be encountered with regard to the social determinants (social, economic, and physical) in the target population and approaches that will be used to resolve challenges.

*Criterion 3: EVALUATIVE MEASURES (30 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity section*

- The level of detail the applicant uses to describe, and quality of, the evaluation strategies to assess project progress and outcomes.
- Extent to which the applicant describes their ability and the procedures to collect, track and report post-graduation data on funded students at 1-year and 3-year intervals
- Quality of the evaluator selected for the project.
- Extent to which the applicant identifies specific evidence-based evaluation strategies, including linking each objective with appropriate input, throughput, output and outcome measures.
- The degree to which the applicant describes the process to collect, manage, analyze, and track data collection.
- The extent to which the applicant describes how data collection will support quality improvement, impact different cultural groups, and be used to inform program development and service delivery.

- Extent to which the applicant describes potential obstacles for implementing the program evaluation and how those obstacles will be addressed.
- Extent to which the applicant describes their ability to collect, report and ensure the validity and reliability of semi-annual and longitudinal performance measures.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology, Work Plan & Replicability sections*

- The extent to which the applicant organization clearly describes how the project will increase the number of disadvantaged students that are recruited, retained and graduated from schools of nursing.
- The extent to which the applicant organization clearly describes how the NWD project will improve health care access to vulnerable and underserved populations.
- The extent to which the applicant organization clearly describes how the project will successfully expand the scope of interventions from individual-level strategies (i.e. providing student stipends and scholarships) to multi-level strategies (i.e. addressing the social determinants) that affect disadvantaged students.
- The extent to which the applicant organization clearly describes how the proposed NWD project could be replicated and disseminated in different communities and settings.

*Criterion 5: RESOURCES/CAPABILITES (15 points) – Corresponds to Section IV's Work Plan and Organizational Information sections*

- Extent to which the project identifies the Project Director (PD) is a Licensed Registered Nurse and in addition:
    - Quality of the evidence that the PD and/or project personnel have experience in the field(s) of Social Determinants and Diversity
- Quality of the credentials of the project personnel with regard to training and/or experience and ability to implement and conduct the NWD project (**Attachment 2**).
- The quality and availability of facilities and personnel are sufficient to fulfill the needs and requirements of the proposed projects.
- Quality of the evidence of adequate staffing plan for proposed project including the project organizational chart (**Attachment 3**)
- Extent to which the applicant has provided, and will continue to provide culturally and linguistically competent services and health literacy services.
- Degree to which the applicant describes how it will sustain the project after the period of grant support. Sustainability plans should include:
    - Future funding initiatives and strategies
    - A time table for becoming self-sufficient and a plan to address barriers in achieving self-sufficiency
- Quality of the applicants Health Professions Diversity Statement **(Attachment 8)**

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's SF424 R&R budget forms*

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results:

- The extent to which the proposed budget is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and anticipated results.
- Degree to which key personnel have adequate time devoted to the project to achieve project objectives and the percentage of time devoted to the PD is reasonable.
- Degree to which the applicant provides a line item budget, a clear justification narrative for each line item, and outlines changes from one year to the next for each budget period.
- Extent to which the applicant provides adequate budget justification for each year that support is requested.

## 2. Review and Selection Process

Please see section 5.3 of the HRSA's *SF-424 R&R Application Guide*.

**Funding Preferences**
The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The law provides that a funding preference be granted to any qualified applicant that meets the preference and meets the criteria for the preference as follows:

Section 805 of the PHS Act provides a funding preference for applicants with projects that will:
1) substantially benefit rural populations, or
2) substantially benefit underserved populations, or
3) help meet public health nursing needs in State or local health departments.

To be considered for this funding preference, HRSA reqests applicants describe which preference track is requested in **Attachment 6** of the Project Narrative and describe how they meet the preference.

**To demonstrate that the project "Substantially Benefits Rural Populations"** – the applicant provides documentation indicating that:

- Collaborative practice occurs at a site serving rural populations, which may include (but are not limited) to the following: Rural Health Clinic, State Office of Rural Health, Critical Access Hospital (CAH), Sole Community Hospital (SCH), Medicare Dependent Hospital (MDH) or Rural Referral Center,
  OR
- The practice population being served is defined as a rural population (i.e. comprised primarily of populations residing in rural locales).

**To demonstrate that the project "Substantially Benefits Underserved Populations"** – the applicant provides documentation indicating that:

- The applicant organization is physically located in a federally designated health professional shortage area (HPSA), medically underserved community (MUC),
  OR

- Provides health services in MUCs and focuses on primary care, wellness, and prevention strategies,
  OR
- Practitioners and/or health care providers integrate cultural and health indices specific to underserved populations in their team-based health care decision-making,
  OR
- The practice population being served is categorized as poor and/or medically underserved.

**To demonstrate that the project "Helps Meet the Public Health Nursing Needs in State or Local Health Departments"** – the applicant provides documentation indicating that:

- Collaborative practice occurs at a state or local health department practice site.
- The NWD project can demonstrate linkage(s) or practice collaborations with state, local and Federal health departments for practitioners and/or student practicum experience.

### 3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2014.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award will be sent prior to the start date of July 1. See section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

### 2. Administrative and National Policy Requirements

See section 2 of HRSA's *SF-424 R&R Application Guide*.

### 3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* and the following reporting and review activities:

1. **Progress Report**(s). The awardee must submit a progress report to HRSA on an annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. BHPr will verify that approved and funded applicants proposed objectives are accomplished during each year of the project. Funded applicants will be required to consistently collect, analyze, and report on participation and outcome data in the form of performance reports.

   The **BHPr Progress Report has two parts.** The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

2. **Performance Reports.** Grantees are required to submit BHPr Performance Reports semi-annually in January and July of each year. All Bureau of Health Professions (BHPr) grantees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Reporting Modernization Act of 2010 (GPRA). In addition, Section 5103 of the Patient Protection and Affordable Care Act requires that BHPr grantees provide longitudinal data for individuals who receive training and financial assistance from BHPr programs. The required performance measures for this program can be found at http://bhpr.hrsa.gov/grants/reporting/index.html.

3. **Final Report.** A final report is due **within 90 days after the project period ends**. The Final Report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

   The Final Report is designed to provide the Bureau of Health Professions (BHPr) with information required to close out a grant after completion of project activities. As such, every awardee is required to submit a final report at the end of their project. The Final Report includes the following sections:

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

## VII. Agency Contacts

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

Bruce Holmes
Grants Management Specialist
DHHS/HRSA/OFAM/DGMO
5600 Fishers Lane Room 11A-02
Rockville, MD 20857
Phone: 301-443- 0752
Email: bholmes@hrsa.gov

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

Kristen Hansen, MHSA, RN
Nurse Consultant
Bureau of Health Professions
Division of Nursing
Parklawn Building, Room 9-61
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2796
Fax: (301) 443-0791
Email: Khansen@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
iPortal: http://grants.gov/iportal

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, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

## 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.

Below are resources on logic models:

- Kellogg Foundation http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx)
- University of Wisconsin Cooperative Extension

http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html
- CDC Program Evaluation Resources
  http://www.cdc.gov/healthyyouth/evaluation/pdf/brief2.pdf
- Innovation Network
  http://www.innonet.org/client_docs/File/logic_model_workbook.pdf

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

**PROGRAM DEFINITIONS**

The following definitions apply to the Nursing Workforce Diversity Program for Fiscal Year 2013.

**"Academic Health Center"** refers to an institution that includes a school of medicine, a teaching hospital, and at least one additional health education school (e.g., nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy.

**"Access"** means to assure health care services to all by improved health professions distribution.

**"Accredited"** means a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education.

**"Approval"** means that a specific body, committee, Board, or Commission at the Faculty, Department, School, University, or State levels has formally voted in agreement for the initiation of or a substantive change in the program. This must be documented by evidence such as copies of meeting minutes, letter from the Faculty Senate, letter from the Board of Regents, letter from the State Finance Board, and/or letter from the State Board of Nursing. Each University/College has a unique process for gaining approval to start new programs, especially new masters and doctoral programs. Examples of steps in the approval process are the following: nursing faculty curriculum committee, Faculty Senate, Board of Regents of the University, State Finance Board for Higher Education, State Board of Nursing. Applicants must list the entities whose agreement is necessary to initiate the program and enroll students in the program of study.

**"Associate Degree School of Nursing"** means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, unit, college or university is accredited, as defined in section 801(6) of the (PHS) Act.

**"Certification"** means a process by which an agency or organization validates, based upon

predetermined standards, an individual nurse's qualifications and knowledge for practice in a defined clinical area of nursing.

**"Continuing Education Program"** means a formal, post-licensure education program designed to increase knowledge and/or skills of nurses. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master's certificate or other evidence of completing such a program.

**"Cultural Competence"** means a set of academic and interpersonal skills that allow an individual to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs of the populations served and the ability to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports.

**"Culturally Competent Program"** means a program that demonstrates sensitivity to and an understanding of cultural differences in program design, implementation and evaluation.

**"Cultural Diversity"** means differences in race, ethnicity, language, nationality, or religion among various groups within a community, an organization, or a nation.

"**Culturally and Linguistically Appropriate Services"** means health care services that are respectful of and responsive to cultural and linguistic needs.

**"Economically Disadvantaged"** means an individual who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary will annually publish these income levels in the Federal Register. The table below provides a breakdown of family income levels used to determine economic disadvantaged status. Family income is defined as the income of the family of the individual participant or of the family of the parents of the individual participant.

**Low Income Levels:**
The Secretary defines a "low-income family" for 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[8], or adoption who live together or an individual who is not living with any relatives. Most HRSA programs use the income of the student's parents to compute low income status, while a few programs, depending upon the legislative intent of the program, programmatic purpose of the low income level, as well as the age and circumstances of the average participant, will use the student's family as long as he or she is not listed as a

[8] On June 26, 2013, in U.S. v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex spouses and same-sex marriages, was unconstitutional. In light of this decision, please note that same-sex marriages and same-sex spouses will be recognized on equal terms with opposite-sex spouses and opposite-sex marriages, regardless of where the couple resides.

dependent upon the parents' tax form. Each program will announce the rationale and choice of methodology for determining low income levels in their program guidance. The Department's poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer price Index.

The Secretary annually adjusts the low-income levels based on the Department's poverty guidelines and makes them available to persons responsible for administering the applicable programs. The 2013 Poverty Guidelines to determine Disadvantaged status can be located at the following website http://www.gpo.gov/fdsys/pkg/FR-2013-10-25/pdf/2013-25275.pdf.

The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2012.

**2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Size of parents' family * Income level **
1 .....$22,980
2 ..... 31,020
3 ..... 39,060
4 ..... 47,100
5 ..... 55,140
6 ..... 63,180
7 ..... 71,220
8 ..... 79,260
For families with more than 8 persons, add $8,040 for each additional person.

**2013 POVERTY GUIDELINES FOR ALASKA**
Size of parents' family * Income level **
1 ..... $28,700
2 ..... 38,760
3 ..... 48,820
4 ..... 58,880
5 ..... 68,940
6 ..... 79,000
7 ..... 89,060
8 ..... 99,120
For families with more than 8 persons, add $10,060 for each additional person.

**2013 POVERTY GUIDELINES FOR HAWAII**
Size of parents' family * Income Level **
1 ..... $26,460
2 ..... 35,700
3 ..... 44,940
4 ..... 54,180
5 ..... 63,420
6 ..... 72,660
7 ..... 81.900
8 ..... 91,140

For families with more than 8 persons, add $9,240 for each additional person.
* 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 2012.

**"Educationally Disadvantaged"** means an individual who comes from an environment that has hindered the individual in obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school. The following are provided as examples of "Educationally Disadvantaged" for guidance only and are not intended to be all-inclusive. Applicants should seek guidance from their educational institution as to how "Educationally Disadvantaged" is defined by their institution.

**Examples:**

1. Person from high school with low average SAT scores or below the average State test results.
2. Person from a school district where 50% or less of graduates go to college.
3. Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
4. Person for who English is not their primary language and for whom language is still a barrier to their academic performance.
5. Person who is first generation to attend college and who is from rural or urban area or receiving public assistance.
6. Person from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches.

**"Electronic Distance Learning Methodologies"** means electronic media are used to deliver education content when the learner and teacher are separated by distance. An electronic medium may be a computer, World Wide Web technologies, teleconferencing, television, or CD ROM/DVD.

**"Ethnicity"** means two categories: "Hispanic or Latino" and "Not Hispanic and Not Latino." "Hispanic or Latino" refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**"Graduate Education Program or Training"** means a program administered by an institution of higher learning, leading to a master's or higher degree.

**"Health Disparities"** are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.

**"Health Equity"** is attainment of the highest level of wellness for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and health disparities.

**"Healthy Literacy"** means the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

**"Home Health Agency"** as defined by the Social Security Act, section 1861(o), means a public agency or private organization, or a subdivision of such an agency or organization, which:

1. Is primarily engaged in providing skilled nursing services and other therapeutic services;
2. Has policies, established by a group of professional personnel (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services by a physician or by a registered professional nurse;
3. Maintains clinical records on all patients;
4. In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this nature, (a) is licensed pursuant to State law or (b) is approved by the agency of such State or locality responsible for licensing agencies or organizations of this nature as meeting the standards established for such licensing;
5. Has in effect an overall plan and budget that meets the requirements of subsection (z) of this section;
6. Meets the conditions of participation specified in section 1819(a) of the Social Security Act and such other conditions of participation as the Secretary may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization;
7. Provides the Secretary on a continuing basis with a surety bond in a form specified by the Secretary and in an amount that is not less than $50,000 (more specifics about the duration and nature of the surety bond can be found in Sec. 1861 (c)(7)(A) of the SSA and Sec. 1861 (7)(C));
8. Meets such additional requirements (including conditions relating to bonding or establishing of escrow accounts as the Secretary finds necessary to the financial security of the program) as the Secretary finds necessary for the effective and efficient operation of the program; and
9. Except that for purposes of Part A of this sub-chapter such term shall not include any agency or organization which is primarily for the care and treatment of mental diseases.

The Secretary may waive the requirement of a surety bond under paragraph (7) in the case of an agency or organization that provides a comparable surety bond under State law.

**"Local Government"** means a local unit of government, including specifically a county, municipality, city, town, township, local public authority, school district, special district, intra-State district, council of governments (whether or not incorporated as a nonprofit corporation under State law), any other regional or interstate entity, or any agency or instrumentality of local government.

**"Medically Underserved Community"** as defined in section 799B (6) of the PHS Act, means an urban or rural area or population that:

1. is eligible for designations under section 332 of the PHS Act as a health professional shortage area;

2. is eligible to be served by a migrant health center (MHC), under section 329 [now 330(g)] of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);
3. has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa) (2) of the Social Security Act (relating to rural health clinics); or
4. is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

In keeping with the Congressional intent that eligible entities should not be limited to formally designated Health Professional Shortage Areas (HPSAs) and populations served by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision has been expanded to include, but is not limited to the following:

- Community Health Centers (CHC)
- Migrant Health Centers (MHC)
- Health Care for the Homeless Grantees
- Public Housing Primary Care Grantees
- Rural Health Clinics
- Federally designated National Health Service Corps (NHSC) Site
- Indian Health Services (IHS) Sites
- Federally Qualified Health Centers
- Primary Medical Care Health Professional Shortage Areas (HPSAs)
- State or local Health Departments (regardless of sponsor - for example, local Health Departments that are funded by the State would qualify)
- Ambulatory practice sites designated by State Governors as serving medically underserved communities

**"Minority/Minorities"** refer to individual(s) from a racial and ethnic minority group.

**"National of the United States"** means an individual who owes his sole allegiance to the United States, including all U.S. citizens, and including some individuals who are not U.S. citizens. These individuals would include citizens of certain U.S. possessions such as the Commonwealth of Puerto Rico, District of Columbia, Commonwealth of the Northern Marian Islands, Guam, American Samoa, the Virgin Islands, Republic of the Marshall Islands, Federated States of Micronesia, or Republic of Palau.

**"Nonprofit"** means any school, agency, organization or institution which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure to the benefit of any private shareholder or individual, as defined in Section 801(7) of the PHS Act.

**"Nursing Center"** means an organization in which the client has direct access to professional nursing service. Nurses in these centers are responsible and accountable for diagnosing, treating, and promoting health and optimal functioning of the client. Overall center

accountability remains with the nurse executive. Nursing centers are commonly referred to as nurse-managed clinics, community nursing centers, nursing clinics, or nursing practice arrangements.

**"Nursing Workforce Diversity"** promotes the adequate supply and distribution of well-prepared nurses to ensure access to high quality, safe, and efficient care for the nation.

**"Primary Care"** means the provision of integrated, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services. The Guidelines use "Primary Care" and "Primary Health Care" interchangeably. (Definition adapted from Barbara Starfield, Primary Care Concept, Evaluation, and Policy, Oxford University Press, New York, 1992 p. 4 and Institute of Medicine: Moila S. Donaldson, Karl D. Yordy, Kathleen N., and Neal A. Vanselow, Editors, Committee on the Future of Primary Care, Division of Health Care Services, Primary Care: America's Health in a New Era, Summary, National Academy Press, Washington, DC, 1996, p. 23.)

**"Primary Health Care"** means care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services including:

1. Promotion and maintenance of health
2. Prevention of illness and disability
3. Basic care during acute and chronic phases of illness
4. Guidance and counseling of individuals and families
5. Referral to other health care providers and community resources when appropriate; and,
6. Nurse-midwifery services when appropriate.
7. In providing such services:
    a. Physical, emotional, social, and economic status, as well as the cultural and environmental backgrounds of individuals, families and communities (where applicable) are considered;
    b. The client is provided access to the health care system; and
    c. A single provider or team of providers, along with the client, is responsible for the continuing coordination and management of all aspects of basic health services needed for individual and family care.

**"Professional Nurse"** means a registered nurse who has received initial nursing preparation from a diploma, associate degree, or collegiate school of nursing and who is currently licensed in a State to practice nursing.

**"Program"** means a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competencies to practice.

**"Project"** means all proposed activities, including educational programs, specified or described in a grant application as approved for funding.

**"Public Health Nurse"** in the advanced education nursing program means a registered nurse who has successfully completed a master's and/or doctoral degree program of study designed to prepare nurses for the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

**"Public Health Nursing Practice"** means the systematic process by which:

1. The health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death;
2. A plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death;
3. The plan is implemented effectively, efficiently, and equitably;
4. Evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the populations; and
5. The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, State and national health policy and research to promote health and prevent disease. (APHA Public Health Nursing Section, 1996).

**"Quality Improvement"** means an organizational philosophy that seeks to meet client needs and expectations with the minimum of effort or rework or waste, by using a structured process that selectively identifies and improves all aspects of care and service on an ongoing basis.

**"Race"** means according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White. The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American. A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African- American."
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Note: See "Ethnicity" for definitions of Hispanic or Latino ethnicity.

**"Racial and Ethnic Minority Group"** means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.

**"Registered Nurse"** means a person who has graduated from a school of nursing and is licensed to practice as a registered or professional nurse in a State.

**"Rural Area"** means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget (OMB) based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

**"Rural Clinical Experience"** means a structured primary care clinical experience in any appropriate outpatient, home health, public health agency setting, nursing center or hospital located in a rural area.

**"Rural Health Facility"** means a hospital of less than 100 beds or other patient care facility located outside Office of Management and Budget (OMB) designated metropolitan areas. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area (SMA).

**"Scholarships"** means funds that are used to cover tuition, fees, books, and other related educational expenses.

**"School of Nursing"** means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited, as defined in section 801(3) of the PHS Act.

**"School of Public Health"** means a school which provides education leading to a graduate degree in public health and which is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education.

**"Social Determinants of Health"** are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

**"State"** means, for the purposes of Title VIII, a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, America Samoa, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau. For purposes of PHS grants, federally recognized Indian

Tribes are treated the same way as States. State institutions of higher education and State hospitals are considered non-governmental organizations for purposes of this program.

**"Stipends"** means support that is provided to assist in covering the student's general living expenses.

**"Underrepresented Minorities"** means racial and ethnic populations that are underrepresented in the registered nurse population relative to the number of individuals who are members of the population involved. Underrepresented minorities include Black or African Americans, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

## IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's *SF-424 R&R Application Guide*. In addition, BHPr 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.