

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

Bureau of Health Professions

Coordinating Center for Interprofessional Education and Collaborative Practice

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: July 20, 2012

*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: June 1, 2012
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Authority: Public Health Service Act, Title VII, Section 747(a), as amended by Section 5301 of the Patient Protection and Affordable Care Act, P.L. 111-148 and Title VIII, Section 831, as amended by Section 5309 of the Patient Protection and Affordable Care Act, P.L. 111-148.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) announces a funding opportunity to support a cooperative agreement for the creation of a coordinating center for interprofessional education and collaborative practice (CC-IPECP). The goal of the CC-IPECP is to facilitate the transformation of the prevalent siloed healthcare delivery system into an integrated health system where coordinated, collaborative, team-based practice, informed by interprofessional education, becomes the new national norm in the U.S. (IOM 2010).

The coordinating center will serve as a respected source for unbiased, expert guidance to the health care community on issues related to interprofessional education and collaborative practice (IPECP). The coordinating center will also provide infrastructure support for national interprofessional research and evaluation activities to include data collection, analysis, and dissemination. In addition, the coordinating center will forge partnerships with key stakeholders to collectively create new IPECP programs and to enhance, expand, and link existing IPECP programs. There will be a synchronized and intentional effort to raise the visibility of high-quality, coordinated, team-based care that is well-informed by interprofessional education and best practice models.

The CC-IPECP will contribute to the development and transformation of the Nation's healthcare workforce into one that engages patients, families, and communities in their own healthcare. The coordinating center's goals will be consistent with ongoing Affordable Care Act implementation activities designed to encourage the development of new healthcare organizations and structures, such as Accountable Care Organizations, patient-centered medical homes, and transitional care models. Each of these emerging care delivery models is exploring the U.S. healthcare system's capacity to improve coordination of care to individuals, families, and communities. To successfully transform the healthcare system, organizations will require health professionals who are educated and trained to work effectively and efficiently across disciplines in coordinated, team-based settings.

The goals of the BHP workforce development programs supporting this announcement -- the Nurse Education, Practice, and Quality Program (Title VIII, Sec. 831 of the Public Health Service Act) and the Primary Care Training and Enhancement Program (Title VII Sec. 747(a) of the Public Health Service Act) -- are to strengthen capacity for nurse education and practice and to build physician capacity in primary care education and practice. The CC-IPECP will create and/or expand opportunities for nurses and physicians to actively participate in interprofessional education and team-based, collaborative practice environments in multiple healthcare settings, including primary care.

As outlined in Sections 791 and 805 of the Public Health Service Act as amended, preference will be given to applicants with programs that have an established and/or recent track record of placing a high rate of graduates in practice settings located in medically underserved communities, will substantially benefit rural, underserved, or vulnerable populations, or help meet public health nursing needs in State or local health departments. For the FY2012 competition of the CC-IPECP, the longitudinal evaluation preference has been removed and will

not be offered because the longitudinal tracking and evaluation capabilities described in section 761(d)(2) and the database described in section 761(b)(2)(E) of the Public Health Service Act necessary to support this preference have not yet been fully developed. As a result, meaningful distinctions among proposals cannot be made.

The application due date is July 20, 2012. Read the application guidelines and the full application carefully before submission to be certain that all required information is included. All required information must be included in the application at the time it is submitted or it will be deemed non-responsive and will not undergo review for potential funding.

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the cooperative agreement application. The webinar is scheduled for June 07, 2012, from 1:30 PM to 3:00 PM EST. Webinar information will be posted on the HRSA BHPr website: <http://bhpr.hrsa.gov/>.

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I. Funding Opportunity Description

1. Purpose

The purpose of the coordinating center for interprofessional education and collaborative practice (CC-IPECP) is to provide an infrastructure for leadership, expertise, and support to enhance the coordination and capacity building of IPECP among health professions across the U.S. and particularly in medically underserved areas. Through innovative program coordination, scholarly activities, and analytic data collection efforts, the coordinating center will raise the visibility of high-quality, coordinated, team-based care that is well-informed by interprofessional education and best practice models. The CC-IPECP will be a focal point in a growing national effort to foster IPECP among health professions. HRSA intends to partner with other federal agencies, foundations, and public and private organizations to work towards a shared vision to transform a siloed U.S. healthcare system into one that engages patients, families, and communities in collaborative, team-based care. Accordingly, the CC-IPECP will serve as a hub to generate, coordinate, evaluate, and disseminate safe, efficient, effective, and equitable practice models that are essential for education and practice in emerging integrated care delivery systems.

The CC-IPECP will focus on nine interdependent goals that are consistent with the statutory authority provided in Public Health Service Act Title VII, Section 747(a) and Title VIII, Section 831.

1. Provide unbiased, expert guidance to the health care community on issues related to IPECP;
2. Provide supporting evidence to build the case for IPECP as an effective care delivery model to engage patients, families, and communities in their own healthcare;
3. Identify exemplary IPECP environments to serve as exemplar training sites where IPECP competencies can be modeled, learned, and practiced;
4. Prepare academic and practice faculty and preceptors to teach interprofessional competence through curriculum development and ongoing quality improvement activities;
5. Collect, analyze, and disseminate data metrics to assess the effectiveness of IPECP models;
6. Coordinate IPECP scholarly, evaluation and dissemination efforts to share innovative, evidence-based, best practice IPECP models;
7. Evaluate the impact of team-based care on patient, family, and community health and healthcare outcomes;
8. Develop new, and support and/or enhance existing team-based IPECP programs across the U.S.; and
9. Convene and engage IPECP thought leaders, educators, practitioners, and policy-makers to build consensus and bring national attention to IPECP agenda.

The CC-IPECP also provides a workforce strategy to optimize health professionals' interprofessional team-based competence by engaging multiple health workers from different professional backgrounds in IPECP. Interprofessional teams will provide coordinated,

healthcare services when working with patients, their families, caregivers and communities to deliver the highest quality of care across settings. An interprofessional workforce will be prepared to operate in transformed systems of care that are designed to fundamentally improve the health of the nation.

2. Background

Interprofessional education is defined by the World Health Organization (WHO-2010)^[1] as students from two or more health care professions who learn with, from and about each other to enhance collaboration in a shared learning environment and improve health outcomes. These academic/service partnerships provide health professionals with a variety of perspectives and expertise that assist in advancing both education and ultimately clinical practice. Similarly, interprofessional collaborative practice is defined as a diverse group of members of a health care team each of whom make a unique contribution from within their scope of practice toward achieving a common goal.^[1] IPECP is noted in HRSA's strategic plan: Goal II, Strengthen the Healthcare Workforce, Subgoal e: Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.

The movement to encourage IPECP and team-based service delivery models is not new. The early 1970's produced both an IOM conference and report focusing on interprofessional models of education and practice.^[2] This interprofessional movement was fueled by the recognition that: (1) there were questions about how to use the existing health care workforce in a way that was both cost effective and patient responsive; (2) educational institutions had an obligation to graduate providers able to practice to the full scope of their expertise; (3) optimal use of the health care workforce required a cooperative approach with common goals and patient involvement; and (4) the existing educational system was not preparing health professionals to work in teams.

The latter half of the 1990's brought the emergence of the quality and safety movement and with that, an increasing recognition of the key role that effective teamwork plays in improving the quality and safety of health care. The IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century*^[3] calls for educational institutions to teach professionals to work collaboratively. This has been followed by the RWJF/IOM report, *The Future of Nursing: Leading Change, Advancing Health*^[4] which emphasizes collaboration between health professionals as a critical element to improving quality and safety.

The implementation of the Patient Protection and Affordable Care Act along with the evolution of innovative models such as accountable care organizations, medical home and transitional care have injected new energy and enthusiasm in team based care models to improve quality, safety and access. Most experts now agree that in order to deliver high-quality, safe and efficient care, and meet the public's increasingly complex health care needs, the educational experience and practice setting must shift from one of professional silos to one that fosters collaboration, communication and team approaches to learning and care delivery.

With the growing evidence of the benefits of team-based care and the growing realization of the need to reform our educational processes to better prepare health professionals for a changing

health care delivery system, there recently has been a marked increase in interprofessional educational activity nationally. This is evidenced in the number of grant-supported pilot projects, presentations at national meetings and collaborative activities of professional associations.

The Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHP) has a history of commitment to IPECP and team-based practice model development. BHP programs address this commitment through the Title VII, Part D – Interdisciplinary Community-Based Linkages Programs. In geriatrics, interprofessional education has received particular emphasis. The goal of the four geriatric workforce development programs is to improve access to quality health care for America's elderly by educating health professionals in the interdisciplinary care of the geriatric patient. Through training programs including HRSA-sponsored Geriatrics Education Centers and the John A. Hartford Foundation Geriatrics Interdisciplinary Team Training (GITT) initiative, complementary efforts have been ongoing. Area Health Education Centers provide interdisciplinary training activities that involve physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public health and allied health professionals. These programs have a long history of supporting interprofessional teamwork and provide an existing infrastructure that is flexible and values training all health care professionals and paraprofessionals to work as part of a team.

Additional developments include a recent HRSA-sponsored invitational conference titled '*Team-based competencies: Building a shared foundation for education and clinical practice*' in partnership with the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the ABIM Foundation in collaboration with the Interprofessional Education Collaborative (IPEC).^[5] HRSA and the co-sponsors' support of this meeting is linked to their unique missions. Specifically, HRSA's role in ensuring access to high quality, cost contained patient-centered care for the underserved and the education required to provide care; the Josiah Macy Jr. Foundation efforts to build a stronger and more collaborative workforce; and to the Robert Wood Johnson Foundation's efforts to prepare a diverse and well trained workforce. The IPEC proceeded to develop and recommend a set of core competencies to lay the foundation for interprofessional collaborative practice (IPCP) among diverse professions. The IPEC competency recommendations were endorsed by the stakeholders at the February (2011) meeting.^[6]

The Need for a Coordinating Center for Interprofessional Education and Collaborative Practice.

The need for such a center stems from a number of factors. First, healthcare reform is creating and testing new healthcare organizations and structures, such as Accountable Care Organizations, patient-centered medical homes, and transitional care models, each with greater capacity for improved coordination of care. To succeed, these organizations require health professionals who can work across disciplines in a team-based approach. A coordinating center for interprofessional education and practice will facilitate the preparation of a workforce that is fully prepared, through structured training and exposure to evidenced-based practice models, to work in team-based care delivery systems that improve health care quality, safety and access.

A second rationale for enhancing interprofessional skills in education and clinical practice is that preparing diverse professionals to work together and deliver high quality, efficient, team-based care is recognized both nationally and internationally as an effective means to improve health outcomes.^[1] Within the current context of rapidly expanding scientific knowledge, increased complexity of illnesses, fragmented care delivery, and ever increasing costs, effective interprofessional team-based care needs to become the normative clinical practice.

Central to healthcare delivery reform is the implementation of models that organize community systems of health. Patients need reliable and ready access to high quality care such as that envisioned in the concept of a patient centered medical home.^[7] There is by definition a spectrum of acuity and complexity that needs to be addressed in a variety of settings. The national discussion on primary care, stimulated by the Affordable Care Act and the projected influx of millions of Americans who will need access to primary care services, provides an opportunity to strategize about how primary care and specialty care systems can be strengthened.

While primary care has been the focus of interventions, the need to collaborate and coordinate efforts with specialized services ultimately defines a broader impact and more seamless linkage among the multitude of partners in many disciplines. Many patients and families need additional services that go beyond those readily available in traditional primary care settings (e.g., behavioral health, prevention). Typically, this type of interdisciplinary support has not been closely integrated with primary care. This makes effective teamwork across settings the basis for any major quality improvements.

Emerging evidence that multi-professional teams achieve better outcomes treating a variety of conditions, together with evidence that reducing errors and improving quality requires effective multi-professional collaboration, suggests that interprofessional collaborative practice is a characteristic of learning healthcare systems.^[7]

The redesign of professional health education focused on competency-based education allows for a highly individualized learning process rather than the traditional, one-size-fits all curriculum. The use of competency-based practice has the potential to transform the classification of the various health professions, rather than teaching within silos. Health professional education has not kept pace with these changes. This national, interprofessional movement is poised to transform health professions education and link that transformation with a rigorous model of collaborative care. A coordinating center for interprofessional education and collaborative practice will provide leadership, scholarship, evidence, coordination, and national visibility to advance interprofessional education and practice as a viable and efficient health care delivery model.

References:

1. World Health Organization (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva: World Health Organization. Retrieved Aug 3, 2011 from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf.
2. Collaboration among doctors, nurses crucial to successful health reform. Retrieved April 12, 2012 from <https://www.aamc.org/newsroom/newsreleases/2011/180400/110314.html>

3. Crossing the quality chasm: A new health system for the 21st century. Retrieved April 4, 2012 from <http://www.iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx>
4. The future of nursing: Leading change, advancing health. Retrieved May 6, 2012 from: <http://thefutureofnursing.org/IOM-Report>
5. Team-Based Competencies Building a Shared Foundation For Education and Clinical Practice (May, 2011). Retrieved from : <http://www.aacn.nche.edu/education-resources/IPECProceedings.pdf>
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7. Redesign of primary care with implications for training. ACTPCMD 8th Report, (May 2010). Retrieved from: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/8threport.pdf>

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA Program responsibilities will include:

- 1) Participate in planning and development of all phases of this activity;
- 2) Participate in appropriate meetings and seminars conducted during the project period of the cooperative agreement;
- 3) Participate in periodic meetings and/or communications with the award recipient to review mutually agreed upon goals and objectives and to assess progress;
- 4) Assist in establishing and maintaining federal interagency and inter-organizational contacts necessary to carry out the project;
- 5) Collaborate in the development of project data collection systems and procedures to ensure harmonized data across projects;
- 6) Review and approve all documents and products prior to submission for publication or public dissemination;
- 7) Facilitate the dissemination of information about project activities, and
- 8) Facilitate effective communication and accountability to HRSA, key stakeholders, and the public regarding the project with special attention to program objectives.
- 9) Evaluate which components of the IPECP can be replicated and disseminated in diverse populations and settings.

The cooperative agreement recipient's responsibilities shall include the following:

- 1) Develop, implement, disseminate and evaluate projects that meet the nine interdependent goals outlined in Section I of this funding opportunity announcement;
- 2) Collaborate and communicate in a timely manner with the HRSA project officer;
- 3) Provide the Federal project officer an opportunity to review project information prior to dissemination, and
- 4) Establish contacts that may be relevant to the project's mission such as Federal and non-Federal partners, and other HRSA grant projects that may be relevant to the project's mission.

2. Summary of Funding

This program will provide funding for federal fiscal years 2012–2016. Approximately \$800,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$800,000 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for CC-IPECP in subsequent fiscal years, awardee satisfactory performance, and a determination that continued funding is in the best interest of the federal government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants for this cooperative agreement represent a consortia or a partnership of entities such as a health professions school and a healthcare facility (e.g., between multiple health professions education programs and at least one team-based practice setting as a central partner) identified in the Public Health Service Act, Sec. 747(a) and Sec. 831. Eligible entities under Sec. 747(a) include an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract. Eligible entities under Sec. 831 include a school of nursing, as defined in section 801(2), a health care facility, or a partnership of such a school and facility.

For this Funding Opportunity Announcement, proposals for a coordinating center should: (1) be a consortia or partnership of entities that include education and team-based practice partnerships, (2) have achieved national recognition and credibility among IPECP stakeholders, (3) have an established track record of IPECP successes and/or published models of practice, (4) have the ability to be a neutral convener of diverse stakeholders, and (5) be able to engage the national healthcare community in the transformation of the prevalent siloed U.S. health care delivery system into one of integrated, collaborative, team-based education and practice.

Specific examples of entities that may be part of a consortia or partnership of entities include but are not limited to: academic health centers, health professions schools, accredited schools of nursing, academically affiliated physician assistant training programs, schools of medicine or osteopathic medicine, accredited public or nonprofit private hospitals, licensing and accreditation entities, health professions societies, federally qualified health centers, rural health clinics, area

health education centers, or clinics located in underserved areas or that serve underserved populations or other appropriate nonprofit entities.

2. Cost Sharing/Matching

Cost Sharing/Matching is required for this program. Sections 798 [42 U.S.C. 295o] and 804 [42 U.S.C. 296c] of the Public Health Service Act authorize a matching requirement for this program. Applicants must provide non-Federal matching funds of not less than twenty-five percent of the federal award to ensure an institutional commitment to the project funded under the grant. Such non-Federal funds may be provided directly by the applicant or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

3. Other

Applications that exceed the ceiling amount of \$800,000 will be considered non-responsive and will not be considered for funding under this announcement.

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: With respect to activities for which funds awarded under these titles are to be expended, the awardee must agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such an award.

Eligible applicants can submit **only one** application.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. The registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of

the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the “Rejected with Errors” notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active. As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization’s DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

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

All applicants are responsible for reading the instructions included in HRSA’s *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA’s Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained from by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for

preparing portions of the application that must accompany Application Form SF-424 R&R appear in the “Application Format Requirements” section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, appendices, and letters of commitment and support. Standard forms are NOT included in the page limit. **HRSA strongly urges applicants to print their application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 R&R Fed/Non-Fed – Table of Contents

- 🔔 It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- 🔔 Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
- 🔔 For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- 🔔 For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional).	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Personnel Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Personnel Profile form.	Not Applicable to HRSA; Do not use.
SF-424 R&R Performance Site Locations	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Locations form. Single document with all additional site locations	Counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Other Project Information	Form	Allows additional information and attachments	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424 R&R Federal & Non-Federal Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, Box 9. End of Section A. One for each budget period.	Counted in the page limit.
SF-424 R&R Federal & Non-Federal Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Federal & Non-Federal Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Extracted Form to be attached	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity	Filename should be the name of the organization and unique. Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		announcement. Supports up to 10.	
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional; Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required; Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple attachments.	Not Applicable to HRSA; Do not use.

- To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
 - 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
 - 🔔 Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. Table of contents page will not be counted in the page limit.
 - 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment	Description
Attachment 1	Accreditation Documentation (CCNE, NLNAC, COA, ACME). A letter of accreditation, a copy of the

Attachment	Description
	certificate of accreditation; or letter from the United States Department of Education providing "reasonable assurance of accreditation."
Attachment 2	Staffing Plan and Position Descriptions for Key Personnel
Attachment 3	Letters of Support
Attachment 4	Letters of Agreement/Commitment and/or Description(s) of Proposed/Existing Contracts (project specific)
Attachment 5	Organizational and Interprofessional Education and Collaborative Practice Charts
Attachment 6	Biographical Sketches of Consultants
Attachment 7	Institutional Diversity Statement
Attachment 8	Maintenance of Effort Documentation
Attachment 9	Federal Debt Statement
Attachments 10-15	Other attachments

Application Format

i. *Application Face Page*

Complete Application Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.622.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: a missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. *Table of Contents*

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. *Budget*

Complete Application Form SF-424 Research and Related Federal & Non-Federal Budget Form included with the application kit (Sections A-J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the “NEXT PERIOD” button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Period 3, 4, and 5.

The Cumulative Budget is automatically generated and provides the total budget information for the three-year grant request. Errors found in the Cumulative Budget must be corrected within the

incorrect field(s) in Budget Period 1, 2, 3, 4, or 5; corrections cannot be made to the Cumulative Budget itself.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation:	
Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the federal and non-federal amounts for each line item in the budget. The budget justification should specifically describe how each item would support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for **each of the subsequent budget periods within the requested project period** at the time of application. Line item information must be provided to explain the costs entered in the Research and Related Federal and Non-Federal budget form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Cooperative Agreement Award

This announcement is inviting applications for project periods of five (5) years. Awards, on a competitive basis, will be for a one-year budget period, although the project period is five years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following information in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full time equivalency (FTE), and annual salary. Applicants shall identify only one Project Director. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

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.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. International travel is **not** an allowable expense. For budget purposes, only project directors are expected to include in their budget one annual meeting for two days in the Washington, D.C. Metropolitan Area to report and share experiences with other awardees.

Equipment: List equipment and provide justification for the need of the equipment to carry out the program's goals. Full justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of 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 training 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 award for the useful life of the equipment;
- The equipment justification must include a detailed status report of current equipment (refer to Program Narrative and Review Criteria sections for additional information); and
- The equipment purchase must comply with the procurement requirements for federal awards and your organizational procurement policies, including adequate competition and following proper bid procedures.

Supplies: List the items that the project will use. Provide the quantity and cost per unit in this category. Office supplies could include paper, pencils, etc.; educational supplies may include assistive technology, computer or software accessories, and audio or video accessories etc. Office supplies and educational supplies must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Recipients must notify potential subrecipients that entities receiving subawards must be registered in the CCR and provide the recipient with their DUNS number.

Other Expenses: Put all costs that do not fit into any other category into this category and provide a detailed explanation of each cost in this category. In some cases, awardee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Data Collection Activities: Funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category: Personnel, Contracts or Other.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives that cannot be readily identified but are necessary to the operations of the organization, e.g., the cost

of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices that negotiate them.

Indirect costs under training awards 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.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a coordinating center staffing plan and provide a justification for the plan that includes education and experience, qualifications, and rationale for the amount of time being requested for each staff position. The staffing plan and position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**. Copies of biographical sketches for any consultants that will be assigned to work on the proposed project must be included in **Attachment 6** (biographical sketches for key personnel should be submitted through the SF-424 R&R). When applicable, biographical sketches should include training, language fluency and experience working with cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*

Use the Standard Form 424B Assurances for Non-Construction Programs provided with the application package.

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 9**.

viii. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the

proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please provide the following information at the top of the abstract:

- Project Title
- Applicant Organization(s) Name
- Address
- Project Director
- Contact Phone/Fax Numbers
- Email Address
- Website Address (if applicable)

The project abstract must be single-spaced and limited to one page in length.

- Brief overview of the proposed center and innovation statement
- Goals and objectives of the proposed coordinating center
- Description of theoretical framework guiding center's activities
- Description of the center structure, and demographics of targeted population
- Statement of project start date (must be supported by Work Plan)
- Statement of funding preference (if applicable)

Personal identifying information should be excluded from the abstract.

ix. *Project Narrative*

This section provides a comprehensive framework and description of all aspects of the proposed center. 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**

This section should briefly describe the purpose of the proposed coordinating center that is consistent with the stated purpose for this funding opportunity announcement. The applicant should provide a brief overview of the proposed center. In addition, applicants should describe of how the coordinating center will impact the healthcare workforce and the quality of healthcare and health outcomes for patients, families, and/or communities. The applicant should demonstrate a thorough knowledge and understanding of a coordinating center and how the center's coordination activities will drive research-driven evidence into interprofessional education, clinical and practice-based settings. The applicant should describe the significance of the coordinating center on a national scale. The applicant should discuss the role of the center in the coordination of local interprofessional education and practice programs throughout the U.S. The discussion should include a description of how the coordinating center will facilitate the interprofessional agenda by disseminating exemplary models of interprofessional education and best practices. The exemplary models must demonstrate how innovative interprofessional practice emerges from, and concurrently informs, interprofessional education.

- **ORGANIZATIONAL CAPACITY**

The applicant should provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of interprofessional project personnel, project collaborators, and consultants. The applicant should demonstrate that the center is nationally recognized for its expertise in health professions education, training, and educational scholarship and has the infrastructure to support the work of the center. The applicant must describe their recognition as a neutral convener able to represent the interests of a broad spectrum of stakeholders, and not perceived as representing the interests of one professional group or discipline.

The applicant should describe their experience in overseeing and managing inter-institutional, interprofessional programs. In addition, the applicant should describe relevant experiences developing a national programmatic agenda and analyzing existing datasets and/or health records.

Organizational leadership commitment is critical to a coordinating center's success and sustainability. To demonstrate institutional leadership's commitment to supporting and sustaining IPE and team-based, collaborative, practice environments, applicants should provide evidence of the organization's mission statement, goals, and/or value statement that support the proposed goals and objectives. Sustainability plans should include other sources of income, future funding initiatives and strategies, and plans to integrate IPECP model innovations into other healthcare delivery structures. The applicant must demonstrate their capacity to have a national scope and influence that extends beyond their own consortia or partnership of entities. Applicants should provide a detailed description of the organization's prior accomplishments and commitments to IPECP.

Specifically, the applicant must describe the guiding principles of the organization and their commitment to team-based IPECP. The applicant should describe the governance, organizational and structural functions in place to implement, monitor, and operate the IPECP coordinating center. Applicants should provide evidence of the financial resources and organizational commitment needed to operate - the project. The tasks to be conducted by each administrative component must also be described.

Characteristics of the Coordinating Center Director:

Ideally the Director of the Coordinating Center would have the following key characteristics:

- Nationally recognized and respected senior leader with demonstrated experience implementing interprofessional education and collaborative practice models, with a full understanding of the complex issues involved in achieving collaboration in both education and practice;
- Senior leadership stature within the organization in which the coordinating center is housed and has proven senior leadership and entrepreneurial experience and strong interpersonal, organizational and facilitative skills;

- Advocate for interprofessional education and collaborative practice with diverse groups, and possesses the ability to connect the coordinating center with other related IPECP projects nationally and internationally;
- Excellent leadership/management skills including experience in developing new programs, setting priorities, recruiting, managing and mentoring staff who run the day to day program activities, managing an active program advisory committee and funders committee, and translating program results to create sustainable funding streams; and
- Proven experience in establishing and working effectively in partnership with other national leaders in practice, education, policy, business and other related fields.

Organizational Structure and Staffing

Organizational structure: Applicants must include an organizational chart for the consortia or partnership of entities that is responsible for the management of the cooperative agreement. The chart should visually illustrate the relationship among consortia or partnership of entities project personnel and their respective institutions. The inter-organization team chart should include information regarding composition and structure and professional disciplines represented. This should be included as Attachment 5.

Staffing: Applicants must provide a staffing plan for governance and leadership (Attachment 2) that provides:

- The number, titles of key staff, job descriptions, and expected time commitment of staff that will be dedicated to the center, including the roles and responsibilities for each position;
- The percentage of time each individual/position is dedicated to the cooperative agreement;
- Where applicable, the number, roles, and responsibilities of contracted individuals supporting the cooperative agreement, and
- A resume of the proposed Center Director.

An internal advisory panel will be a required component of the coordinating center. The advisory panel will provide expert recommendations regarding the center's direction and activities. The panel will include stakeholders from health professions education, practice, policy, business and healthcare management, and other related fields. The panel members will advise the coordinating center staff in strategic planning, identifying funding opportunities to support the center's programs and engaging key stakeholders in the center's priorities.

• **NEEDS ASSESSMENT**

This section should describe and document the needs of the community, the organization(s), and the target population to be served by the proposed coordinating center. Supporting data should be provided whenever possible to document the need for the coordinating center, including surveys, pilot studies, community needs assessments, or focus groups. Applicants must describe the needs of the IPECP community or population that the applicant seeks to target and how the IPECP community will benefit from a coordinating center. Applicants should describe the geographic area (rural, frontier, urban, suburban) in which the coordinating center will be located, whether the center consortia or partnership of entities includes a state or local health

department, and details information regarding issues of quality, health care access and/or health disparities in vulnerable and underserved populations (as applicable). The needs assessment should be directly linked to the project goals and objectives.

Funding Preference

Sections 791 and 805 of the PHS Act provide a funding preference for applicants with projects that will 1) have an established and/or recent (preceding 2-year period) track record of placing a high rate of graduates in practice settings located in medically underserved communities, 2) substantially benefit rural populations or 3) substantially benefit underserved populations, or 4) help meet public health nursing needs in State or local health departments. To be considered for this funding preference, the applicant must specifically request the preference in the Needs Assessment section and must demonstrate how they meet the preference. Additional information regarding funding preferences can also be found in Section V.2. Statutory Funding Preferences in this funding opportunity announcement.

To demonstrate that the project has an established and/or recent (preceding 2-year period) track record of placing a high rate of graduates in practice settings located in medically underserved communities—the applicant provides documentation that:

- The consortia or partnership of entities has a high rate of placing graduates in practice settings having the principal focus of serving residents of medically underserved communities;
- During the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in practice settings having the principal focus of serving residents of medically underserved communities.

To demonstrate that the project “Substantially Benefits Rural Populations”— the applicant provides documentation indicating that:

- Students will participate in the coordinating center as their field placement or clinical practicum experience in a site serving rural populations, which include at least one of 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 served is reflective of rural culture and/or is comprised primarily of populations residing in rural locales, or
- Practitioners gain interprofessional education and/or practice experience and are prepared to meet the health care needs of rural populations.

To demonstrate that the project “Substantially Benefits Underserved Populations”—the applicant provides documentation indicating that:

- The applicant is physically located in a health professional shortage area, medically underserved community, or serves medically underserved populations and focuses on primary care, wellness, and prevention strategies, or
- The practitioners integrate cultural and health indices specific to underserved populations in their team-based health care education and/or decision-making, or
- Students participating in the coordinating center as their field placement for an education or clinical practicum, and faculty and practitioners would acquire

experiences and skills necessary to meet the health care needs of the poor and 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:

- The applicant is physically located in a State or local health department;
- Students will participate in the coordinating center as their field placement for an education or clinical practicum experience in a site designated as a state or local health department; or
- The coordinating center can demonstrate linkage(s) with State, local and Federal health departments for practitioners and/or student education and practicum experience.

Peer reviewers shall evaluate information supporting the statutory funding preference, to determine if the applicant meets the statutory funding preference.

- **METHODOLOGY**

Describe the methods that will be used to meet each of the program requirements and expectations in this funding opportunity announcement. In this section provide information including, but not limited to:

- Clearly stated goals with specific, measurable, time-framed objectives for each goal;
- The strategies used to accomplish the coordinating center’s goals and objectives and how these activities will be organized throughout the project period;
- Evidence supporting the proposed methodologies, including literature, prior experience, and historical data;
- Demonstrate a clear strategy for collaborative planning and implementation of the coordinating center’s objectives, and
- Describe a plan for dissemination of the methodology and outcomes.

- **WORKPLAN**

A comprehensive workplan is required. In this section, provide information including, but not limited to the following:

- a) Describe the activities, methods, techniques, or steps that will be used to achieve each of the objectives proposed in the center proposal; each activity must support the proposed center outcomes. Describe how the activities are defined by the center objectives and will achieve the desired measurable outcomes. The coordinating center description should indicate specific activities and project personnel responsible for completing the activities.
 - Demonstrates a proven track record of commitment by senior leadership to the IPECP agenda
 - Demonstrates a proven track record of providing coordinated, collaborative, team-based care in clinical and/or public health practice settings.
 - Demonstrates credibility as a leader among IPECP stakeholders in education, practice, and public policy.
 - Describes their capacity to operate as a neutral, unbiased, convener among IPECP stakeholders in education, practice, and public policy.

- b) Describe how the coordinating center incorporates interprofessional education (IPE) competencies (i.e., values/ethics for IPE, roles and responsibilities, interprofessional communication, and teams and teamwork) as foundational for interprofessional collaborative practice (IPCP) teams.
- c) Describe the coordinating center's innovative practices including:
 - How the coordinating center challenges and seeks to shift current educational or clinical practice paradigms, and how the center will facilitate a transformation of the healthcare service delivery systems in the U.S.
 - Any novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used, and any advantage over existing methodologies, instrumentation or intervention(s), and
 - Any refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation or interventions.
- d) Provide a yearly graphical summary (i.e., table illustration) of the activities/strategies to include:
 - i. Overall objectives by year
 - ii. Specific sub-objectives in measurable terms
 - iii. Activities to achieve objectives
 - iv. Program staff responsible for facilitating the coordinating center activities
 - v. Time frame for implementation of activities.
- e) Describe a plan for the dissemination of center's ongoing activities and outcomes and lessons learned (i.e., conferences, presentations, publications, etc.) in collaboration with HRSA staff.
- f) Provide a plan to achieve sustainability after HRSA funding for coordinating center is completed. Include in the sustainability discussion how the applicant will address challenges of self-sufficiency, how they will identify other sources of income including future funding initiatives and strategies. The discussion should also include a time table for becoming self-sufficient. Additionally include a description of integration of the coordinating center's innovations into other healthcare delivery systems models if appropriate. Describe other sources of income to support the project and meet cost sharing/matching requirements.

- **RESOLUTION OF CHALLENGES**

Discuss challenges that are likely to be encountered in meeting the center's objectives and in employing strategies that will be used to implement the project activities. Also discuss approaches that will be used to resolve potential program challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

The specific purposes of the evaluation are to: (1) provide information on the coordinating center's progress toward increasing the number of diverse health professionals who learn and practice in effective collaborative team-based environments; (2) assess the center's impact on

catalyzing partnerships among key stakeholders, health professions schools and organizations, and (3) determine the contribution of the center in strengthening the evidence base for the effectiveness of IPECP. The coordinating center's evaluation should include an assessment of the following:

- Overall impact of the center and its ability to create and/or expand high-functioning, effective, interprofessional education and collaborative practice teams.
- Contribution of program elements to outcomes.
- Changes/adjustments in center's activities and strategies needed to improve program outcomes.
- Number of schools who have productive interactive interprofessional education activities/programs.
- Number of health professionals who have the knowledge, attitudes and skills to practice effectively in team based care environments and can actively engage patients and families in their own care.
- Number and effectiveness of partnerships between health professional schools and practice organizations.
- Number of partnerships with key stakeholders, such as accreditation bodies, professional organizations, funders, and policymakers necessary to raise the visibility advance the IPECP agenda in the US.
- Contribution to strengthening the evidence base on the effectiveness of IPECP.
- Ability to replicate and disseminate IPECP best practice models throughout diverse populations and education and practice settings.

The evaluation plan should fully describe strategies to work with HRSA to assess the progress and outcomes of the coordinating center's proposed activities and their corresponding objectives. The evaluation plan must address how the required BHPPr annual performance data will be collected (see Section VI of the funding opportunity announcement) and its data quality assured. The evaluation strategies should be appropriate for the activity to be assessed and evidence-based whenever possible. Each activity's outcome measure should reflect back to the needs statement from which its objective was derived. The evaluation report should include detailed information on the self-evaluation plan, including a plan for process assessment and outcome evaluation. Longitudinal assessment of the center's outcomes is encouraged. In addition to the performance evaluation reports required by HRSA, applicants are expected to submit a plan for yearly center evaluation reports. The yearly reports should include information on the use of cooperative agreement funding and an assessment of program implementation, lessons learned, interprofessional educators, providers, patient experiences, and clinical outcomes. Where appropriate, applicants are encouraged to include plans to obtain feedback from educators and providers and/or patients to help identify weaknesses and to provide suggestions for center program improvements. The inclusion of evaluation instruments (in the Appendix) is encouraged.

The evaluation plan must identify the selected evaluator and his/her credentials. The evaluation may be done through the center's evaluation office, or if an evaluator is not an employee of the organization within the collaborative, an external evaluator may be included as a consultant. The evaluator must have formal training and experience in evaluation methodology and statistics as demonstrated by publications and/or reports in the field.

HRSA anticipates establishing guidelines for program evaluations in the coming year and will provide additional information at a later date.

- **REPLICABILITY**

HRSA, as part of its cooperative agreement activities, will conduct a rigorous evaluation of the coordinating center through a separate evaluation process. This evaluation work will involve establishing a core set of strategies across center projects that are linked to improved patient and population health outcomes. HRSA will also evaluate which components of the IPECP models can be replicated and disseminated in diverse populations and settings. Applicants will be expected to facilitate HRSA’s independent evaluation in these areas by providing information and access to program records, participants, providers, and collaborators. Each applicant should describe the center’s potential for replication and how the model can be adapted to meet the needs of diverse populations.

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

x. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.** The required application attachments include:

Attachment 1: Accreditation Documentation. All professional programs that are associated with the project and conferring degrees must be accredited for the purpose of professional education. Applicants must submit documentation providing proof of accreditation (e.g., an accreditation letter from the accrediting agency or a copy of the certificate of accreditation) with the HRSA grant application.

Attachment 2: Staffing Plan and Position Descriptions for Key Personnel. Keep each position description to one page in length as much as is possible. Attach position descriptions of project participants that include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Support. Include only letters of support from key interprofessional leaders which specifically indicate a commitment to the proposed project. Support may include services, supplemental financing, staff, dedicated space, equipment, etc. Letters of support must be dated. Merge all letters of support documents into a single document and include a table of content cover page specific to this attachment (counted in the page limit).

Attachment 4: Letters of Agreement/Commitment and/or Description(s) of Proposed/Existing Contracts (project specific). Each application must include letters of commitment from the respective leadership of the institution(s) that is supportive of the coordinating center and **commit additional resources** as necessary to ensure that the coordinating center will have the maximum chance of success. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables. Include only letters of agreement/commitment which specifically indicate a commitment to the center. Letters of agreement/commitment must be dated. Merge all letters of agreement into a single document.

Attachment 5: Organizational and CC-IPECP Charts. Attach a one-page figure that depicts the organizational structure for the consortia or partnership of entities that is responsible for the management of the cooperative agreement. Also include an organizational chart of the structure and composition of the IPECP team.

Attachment 6: Biographical Sketches of Consultants
Include biographical sketches of consultants performing key roles in the project.

Attachment 7: Institutional Diversity Statement
Describe the institution’s approach to increasing the number of diverse health professionals through an established strategic plan, policies, and program initiatives. For health professions schools and/or programs describe performance in recruiting and graduating students from underrepresented minority groups and/or students from educationally and economically disadvantaged backgrounds. Describe future plans to recruit, retain, and graduate students from underrepresented minority groups and students from educationally and economically disadvantaged backgrounds.

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

NON-FEDERAL EXPENDITURES

Non-Federal Expenditures	Non-Federal Expenditures
---------------------------------	---------------------------------

FY 2011 (Actual)	FY 2012 (Estimated)
<p>Actual FY 2011 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.</p> <p>Amount: \$ _____</p>	<p>Estimated FY 2012 non-federal funds, including in-kind, designated for activities proposed in this application</p> <p>Amount: \$ _____</p>

Attachment 9: Federal Debt Statement (if applicable)

If an applicant is delinquent on federal debt, attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed.

Attachment 10-15: (Optional): Additional Project Information

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is July 20, 2012 at **8:00 P.M. ET**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization’s **Authorized Organization Representative (AOR)** through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system.

1. The first will confirm receipt in the system;
2. The second will indicate whether the application has been successfully validated or has been rejected due to errors;
3. The third will be sent when the application has been successfully downloaded at HRSA; and
4. The fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The coordinating center funding opportunity is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years at no more than \$800,000 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.

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

- Student support including tuition, stipends, scholarships, bonuses, student salaries and travel;
- Subsidies or paid release time for project trainees/participants;
- Payment of temporary personnel replacement costs for the time trainees/participants are away from usual worksite during involvement in project activities; and
- Accreditation, credentialing, licensing, continuing education, and franchise fees and expenses; preadmission costs, student books and fees; promotional items and memorabilia; food and drinks; and animals laboratories.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub-awards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and

recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Per Division F, Title V, Section 508 (a) None of the funds made available in this Act may be used for (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). The term ‘human embryo or embryos’ includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act (December 23, 2011), that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

6. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.Grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and becomes familiar with the Grants.gov site application process. If you do not complete the registration process, you will be unable to submit an application. The registration process can take up to one month.

To be able to register successfully in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization’s E-Business POC (Point of Contact)
- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable application.

Tracking an application: It is the applicant's responsibility to track their application using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant 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 evaluate and rank applications. The coordinating center announcement has six (6) Review Criteria.

Criterion 1: Need (5 points)

The quality and extent to which the applicant:

- Describes and documents the needs of the community, the organization(s), and the target population to be served by the proposed coordinating center.
- Identifies how the need for the coordinating center aligns with the center's goals and objectives.

- Demonstrates how the center will impact the healthcare workforce and the quality of healthcare and outcomes for patients, families and/or communities.
- Describes how the coordination of interprofessional education and practice programs across the U.S. will impact healthcare delivery systems.
- Demonstrates that the center has an established and/or recent (preceding 2-year period) track record of placing a high rate of graduates in practice settings located in medically underserved communities, substantially benefit rural, and/or underserved, populations, or help meet the public health nursing needs in state or local health departments and therefore qualifies for a statutory funding preference.

Criterion 2: Response (15 points)

The quality and extent to which the applicant:

- Describes a coordinating center that is nationally recognized for its expertise in implementing IPECP models, and has demonstrated knowledge and understanding (through peer-reviewed publications) of the complex issues involved in implementing IPECP in the U.S. healthcare delivery system.
- Addresses the nine interdependent goals outlined in the funding opportunity announcement and provides specific, measurable, time-framed objectives for each goal.
- Incorporates theory-based evidence to guide IPECP methodologies and models.
- Describes innovative strategies to develop or enhance IPE and collaborative team-based practice approaches. Interprofessional innovation includes:
 - How well the application challenges and seeks to shift current educational or clinical practice paradigms.
 - Inclusion of novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used, and any advantage over existing methodologies, instrumentation or intervention(s), and
 - Level of refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation or interventions.
- Describes the strategy and quality of collaborations and/or partnerships between relevant educational, community, health system, and health professions, and how the collaborations will be utilized to advance the center objectives.
- Describes how the competencies and scope of practice of individual disciplines and professions are utilized and maintained within the collaborative education and practice models.
- Presents a detailed and targeted plan to disseminate the project’s methodologies and outcomes.
- Articulates approaches to resolve program challenges.

Criterion 3: Evaluative Measures (15 points)

The quality and extent to which the applicant:

- Evaluates center objectives and activities, to include a plan to track required annual performance data and outcome measures.
- Assures data collection quality.

- Describes quantitative and/or qualitative contribution of program elements to outcomes.
- Describes plans to obtain feedback from educators, providers, and/or patients to identify program weaknesses and inform potential improvements.
- Describes the self-evaluation plan to collect, monitor and evaluate the center's outcomes.
- Evaluation measures provide a clear indication of the effectiveness of the coordinating center in increasing the number of diverse health professionals in collaborative team-based environments.
- Articulates the credentials training and program evaluation experience of the selected evaluator(s).

Criterion 4: Impact (15 points)

The quality and degree to which the proposed project will:

- Significantly increase the number of schools who have productive interactive interprofessional education activities/programs.
- Significantly increase the number of health professionals who have the knowledge, attitudes and skills to practice effectively in team based care environments and can actively engage patients and families in their own care.
- Significantly expand the number and effectiveness of partnerships between health professional schools and practice organizations.
- Significantly expand partnerships with key stakeholders, such as accreditation bodies, professional organizations, funders, policymakers to raise the visibility advance the interprofessional education and collaborative practice agenda in the US.
- Contribute to strengthening the evidence base on the effectiveness of interprofessional education and collaborative practice.
- Replicate and disseminate IPECP best practice models throughout diverse populations and education and practice settings.

Criterion 5: Resources/Capabilities (45 points)

The quality of the applicant organization's:

- Documentation of established and/or planned entity partnerships or consortia agreements involved in the creation of the coordinating center.
- Description of its capability, commitment, and necessary resources to influence the IPECP agenda on a national level.
- Documentation of the ability to work collaboratively and develop partnerships beyond their own consortia and including diverse stakeholders such as funders, evaluators, health professional organizations, academics, practitioners, and policy-makers.
- Project personnel training and/or experience and ability to implement and conduct the IPCP team-based project.
- Center director is a nationally recognized and respected senior leader with demonstrated experience with IPECP and has senior leadership status within the consortia or partnership entities.
- Demonstrates a proven track record of commitment by senior leadership to the IPECP agenda

- Demonstrates a proven track record of providing coordinated, collaborative, team-based care in clinical and/or public health practice settings.
- Demonstrates credibility as a leader among IPECP stakeholders in education, practice, and public policy.
- Describes their capacity to operate as a neutral, unbiased, convener among IPECP stakeholders in education, practice, and public policy.
- Incorporates interprofessional education (IPE) competencies (i.e., values/ethics for IPE, roles and responsibilities, interprofessional communication, and teams and teamwork) as foundational for interprofessional collaborative practice (IPCP) teams.
- Description of the extent and means by which the consortia or partnership entities plan to support the project. Plans should include:
 - Other sources of income; the nature of income; future funding initiatives and strategies;
 - Plan to include integration of the innovation in other healthcare system delivery models, and

Criterion 6: Support Requested (5 points)

The quality and degree to which:

- The five-year project period correlates with the stated goals and objectives of the center.
- The proposed budget is reasonable according to the work to be accomplished, and links to the statement of activities, evaluation plan, and anticipated results.
- 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.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V.1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

STATUTORY FUNDING PREFERENCE

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.

As provided in sections 791 and 805 of the Public Health Service Act, preference will be given to applicants with projects that have an established and/or recent (preceding 2-year period) track record of placing a high rate of graduates in practice settings located in medically underserved communities, substantially benefit rural, or underserved populations, or help meet public health nursing needs in State or local health departments. This preference will be applied to all applications that are rated favorably by HRSA's review panel(s), using the published review criteria. For the FY2012 competition of the CC-IPECP, the longitudinal evaluation preference has been removed and will not be offered because the longitudinal tracking and evaluation capabilities described in section 761(d)(2) and the database described in section 761(b)(2)(E) of the Public Health Service Act necessary to support this preference have not yet been fully developed. As a result, meaningful distinctions among proposals cannot be made.

To meet this funding preference, the applicant must specifically request the preference and demonstrate how the project meets the preference qualifications. More specific information on this preference can be found in the Needs Assessment subsection of the project narrative section, Section IV.2.ix of this funding opportunity announcement.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award (NoA) sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the estimated start date of September 30, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P.L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 13-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Human Subjects Protection

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the DHHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

Financial Conflict of Interest

HHS requires awardees and investigators to comply with the requirements of 42 CFR part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought." A Final Rule amending this PHS regulation (and the companion regulation at 45 CFR part 94, "Responsible Prospective Contractors," imposing similar requirements for research contracts) was published on August 25, 2011 in the Federal Register (<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>). An Institution applying for or receiving PHS funding from a grant or cooperative agreement that is covered by the rule must be in full compliance with all of the revised regulatory requirements no later than August 24, 2012, and immediately upon making its institutional Financial Conflict of Interest (FCOI) policy publicly accessible as described in the regulation.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Diversity

The Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP) 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. In FY 2011, BHP adopted Diversity Guiding Principles for all its workforce programs that focus on increasing the diversity of the health professions workforce.

All health professions programs should aspire to --

- recruit, train, and retain a workforce that is reflective of the diversity of the nation;
- address all levels of the health workforce from pre-professional to professional;
- recognize that learning is life-long and should be supported by a continuum of educational opportunities;
- 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; and
- recognize that bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that set priorities for all HRSA programs. four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default;

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to www.dpm.psc.gov for additional information.

c. Status Report

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 120 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) Progress and Performance 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. 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.

3) Annual Center Evaluation Reports.

The awardee is expected to submit yearly center evaluation reports. The yearly reports should include information on the use of cooperative agreement funding and an assessment of program implementation, lessons learned, interprofessional educators, providers, patient experiences, and clinical outcomes.

4) **Final Report.**

All BHPPr awardees are required to submit a final report **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 (BHPPr) 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 award activity.
 - Changes to the objectives from the initially approved award.

Awardees are also required to submit to BHPPr a copy of their final evaluation report.

d. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

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

Kimberly Ross
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Phone: 301-443-2353
Fax: 301-443-6343
Email: kross@hrsa.gov

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

Shanita Williams, PhD, MPH, APRN
Branch Chief
Bureau of Health Professions, Division of Nursing
Parklawn Building, Room 9-61
5600 Fishers Lane,
Rockville, MD 20857
Email: swilliams3@hrsa.gov
Telephone: (301) 443-1253

Frederick Chen, MD, MPH
Senior Advisor
Bureau of Health Professions/Office of the Associate Administrator
Parklawn Building, Room 9-05
5600 Fishers Lane,
Rockville, MD 20857
Email: fchen@hrsa.gov
Telephone: (301) 443-5796

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
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII. Other Information

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit the cooperative agreement application. The webinar is scheduled for June 07, 2012, from

1:30 PM to 3:00 PM EST. Webinar information will be posted on the HRSA BHPPr website:
<http://bhpr.hrsa.gov/>.

HRSA/BHPPr/DN Web Site

<http://bhpr.hrsa.gov/nursing/index.html>

HRSA/BHPPr/DMD Web Site

<http://bhpr.hrsa.gov/grants/medicine/index.html>

Making Websites Accessible: Section 508 of the Rehabilitation Act

<http://www.section508.gov/>

Medical Home

<http://www.aap.org>

Institute of Medicine

<http://www.iom.edu>

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.