

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

Bureau of Health Professions
Division of Public Health and Interdisciplinary Education

Integrative Medicine Program (IMP)

Announcement Type: New
Announcement Number: HRSA-12-180

National coordinating center for Integrative Medicine (NccIM)

Announcement Type: New
Announcement Number: HRSA-12-182

Catalog of Federal Domestic Assistance (CFDA) No. 93.117

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: July 16, 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 15, 2012
Issuance Date: June 15, 2012**

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Authority: The Public Health Service Act, Section 765, 42 U.S.C. 295, and Section 768, 42 U.S.C. 295c, as amended by section 5206 of the Patient Protection and Affordable Care Act (Pub. L. 111-148).

EXECUTIVE SUMMARY

The Integrative Medicine funding opportunity supports two strategies for enhancing preventive medicine education. These activities are authorized by Title VII of the Public Health Service Act, Section 765, 42 U.S.C. 295, and Section 768, 42 U.S.C. 295c, as amended by section 5206 of the Patient Protection and Affordable Care Act (Pub. L. 111-148). These sections relate to supporting public health workforce and preventive medicine residency programs. The strategies are as follows:

1. *Integrative Medicine Program (IMP)*: Awarding grants to incorporate evidence-based integrative medicine curricula in accredited preventive medicine residency (PMR) programs, and
2. *National coordinating center for Integrative Medicine (NccIM)*: Establishing a national center for integrative medicine through a cooperative agreement mechanism.

Preventive medicine is a unique medical specialty that encompasses population-based and clinical approaches to health care, and focuses on keeping individuals healthy through a holistic approach to patient care. Similarly, the integrative medicine approaches intended for the training of medical residents in preventive medicine specialties address all aspects of one's lifestyle. According to the Institute of Medicine Workshop Summary, *Integrative Medicine and the Health of the Public: A Summary of the February 2009 Summit*, integrative medicine can be described as orienting the health care process to create a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for the achievement of optimal health throughout the life span. (Institute of Medicine, 2009 and Bravewell Collaborative Report, June 2010). This request for applications supports the inclusion of these evidence-based integrative medicine approaches in the training of preventive medicine physicians. The lessons learned from this program will be shared with other primary care and preventive medicine residency programs.

IMP: The purposes of the IMP grants are to: (1) incorporate evidence-based integrative medicine content into existing preventive medicine residency programs; (2) provide faculty development to improve clinical teaching in both preventive and evidence-based integrative medicine; and (3) facilitate delivery of related information that will be measured through competency development and assessment of the trainees.

Eligible applicants for the IMP grants must be a graduate medical education program in preventive medicine at: (1) an accredited school of public health or school of medicine or osteopathic medicine; (2) an accredited public or private nonprofit hospital; (3) a State, local, or tribal health department; or (4) a consortium of two or more entities described in items (1) through (3). All graduate medical education programs (residencies) must be accredited by the Accreditation Council on Graduate Medical Education (ACGME) or approved by the American Osteopathic Association (AOA). Consortia applications for the IMP grants must be submitted by the accredited PMR program responsible for carrying out the project. The evidence-based integrative medicine curriculum to be incorporated into the PMR program should be designed by faculty with experience and knowledge in evidence-based integrative medicine. Residency program funds shall be used to: plan, develop (including the development and integration of curricula), operate, or participate in an accredited residency program in preventive medicine; and

establish and maintain, or improve academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine; or programs that improve clinical teaching in preventive medicine.

Approximately \$2,500,000 is available to award approximately 16 IMP grants to incorporate evidence-based integrative medicine curricula in an accredited residency program in preventive medicine and to improve clinical teaching in both preventive and integrative medicine. Applicants for the IMP grants may request a maximum of \$150,000 to cover the two year budget period.

NccIM: The purposes of the NccIM are to: (1) provide technical assistance to IMP grantees related to faculty development, trainee support, and planning, developing, and operating training programs; (2) collect data and evaluate the IMP training program; (3) provide support for the coordination and evaluation of faculty development programs established by the IMP grantees; and (4) disseminate best practices and lessons learned. The NccIM will help to maximize the success of the grantees and measure the impact of this investment. In addition, the NccIM has a more national scope beyond the IMP grantees as it is responsible for helping to establish an evidence-base for incorporating integrative medicine into preventive medicine residency programs. The NccIM will identify best practices and disseminate the results of the work being done by the IMP grantees to the primary care and preventive medicine fields and will serve in an advisory capacity to other PMR and primary care residency programs that are interested in incorporating integrative medicine into their curriculum. Approximately \$800,000 is available to fund the NccIM for the two year budget period.

Entities eligible to apply for the NccIM, in accordance with section 765 of the Public Health Services Act (42 U.S.C. 295), must be: (A) a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or a school providing health management programs; (B) an academic health center; (C) a State or local government; or (D) any other appropriate public or private nonprofit entity. Applicants must have the capacity to provide technical assistance for IMP grantees as well as to the broader audience of preventive medicine and primary care residency programs. Technical assistance to be provided by the NccIM includes, but it is not limited to, trainee support; planning, developing, and operating training programs; faculty development; ongoing consultation; project evaluation; developing evaluation tools and strategies; and analyzing the efficiency of integrative medicine. The NccIM will also assist grantees and other interested residency programs in improving training in preventive medicine by providing guidance in the implementation of the integrative medicine projects, and demonstrating expertise in the field of evidence-based integrative medicine modalities for health professions disciplines, or be an Integrative Medicine Center.

Applicants for the NccIM should have: (a) experience with developing evidence-based integrative health care curricula, (b) faculty and/or a consultative team available with expertise in evidence-based integrative medicine necessary to carry out specialized technical assistance, and (c) expertise in evaluating integrative medicine curricula and programs and dissemination of best practices. All applicants must be actively researching and developing evidence to enhance integrative medicine practice.

It is important that the IMP grantees as well as the NccIM engage in interprofessional training and education, partnering with traditional medical teams consisting of physicians from other disciplines as well as other providers such as physical therapists, mental health practitioners, nurses, physician assistants, and non-traditional integrative medicine practitioners.

This funding opportunity will use a grant mechanism to fund the IMP grant program and a cooperative agreement mechanism to fund the NccIM. The IMP grants and the NccIM cooperative agreement will each have a single two-year budget and project period. Institutions may submit one application for an IMP grant and one application to the NccIM as described in this funding opportunity announcement. However, an institution shall only receive one award. To avoid all conflicts of interest including the possibility of evaluating and providing technical assistance to one's own institution, the NccIM, which will be responsible for providing technical assistance and for evaluating the entire program, will not be allowed to be one of the IMP grantees. Therefore, an institution shall receive only one award under this funding opportunity announcement.

Two technical assistance calls will be provided for potential applicants. Additional information related to these calls can be obtained by calling 301-443-6950. One technical assistance call will focus on applicants for the NccIM cooperative agreement. The first technical assistance call will focus on applicants for the IMP grant program.

IMP – Grant Projects

June 20, 2012 (Wednesday); 2:00 PM ET

Toll Free Number: 888-469-2080

Participant Code: 4156104

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/imp2012/>

NccIM – Cooperative Agreement

June 21, 2012 (Thursday); 2:00 PM ET

Toll Free Number: 888-469-2080

Participant Code: 4156104

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/nccim2012/>

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I. Funding Opportunity Description

1. Purpose

The Integrative Medicine funding opportunity supports two strategies for enhancing preventive medicine education. These activities are authorized by Title VII of the Public Health Service Act, Section 765, 42 U.S.C. 295, and Section 768, 42 U.S.C. 295c, as amended by section 5206 of the Patient Protection and Affordable Care Act (Pub. L. 111-148) The strategies are as follows:

1. *Integrative Medicine Program (IMP)*: Awarding grants to incorporate evidence-based integrative medicine curricula in accredited preventive medicine residency (PMR) programs, and
2. *National coordinating center for Integrative Medicine (NccIM)*: Establishing a national center for integrative medicine through a cooperative agreement mechanism.

Section 768 of the PHS Act, as amended, authorizes the Secretary of the Department of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the Centers for Disease Control and Prevention, to award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties.

Preventive medicine is a unique medical specialty that encompasses population-based and clinical approaches to health care, and focuses on keeping individuals healthy through a holistic approach to patient care. Similarly, the integrative medicine approaches intended for the training of medical residents in preventive medicine specialties address all aspects of one's lifestyle. According to the Institute of Medicine Workshop Summary, *Integrative Medicine and the Health of the Public: A Summary of the February 2009 Summit*, integrative medicine can be described as orienting the health care process to create a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for the achievement of optimal health throughout the life span. (Institute of Medicine, 2009 and Bravewell Collaborative Report, June 2010). This request for applications supports the inclusion of these evidence-based integrative medicine approaches in the training of preventive medicine physicians. The lessons learned from this program will be shared with other primary care and preventive medicine residency programs.

IMP: The purposes of the IMP grants are to: (1) incorporate integrative medicine content into an existing PMR program; (2) provide faculty development to improve clinical teaching in both preventive and integrative medicine; and (3) facilitate delivery of information that will be assessed through competency development of the residents/trainees. The integrative medicine curriculum to be incorporated into the PMR program should be designed by faculty with experience and knowledge in evidence-based integrative medicine. Residency program funds shall be used to: plan, develop (including the development and integration of curricula), operate, or participate in an accredited residency program in preventive medicine; and establish and maintain, or improve academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine; or programs that improve clinical teaching in preventive medicine.

NccIM: The purposes of the NccIM are to: (1) provide technical assistance to IMP grantees related to faculty development, trainee support, and planning, developing, and operating training programs; (2) collect data and evaluate the IMP training program; (3) provide support for the coordination and evaluation of faculty development programs established by the IMP grantees; and (4) disseminate best

practices and lessons learned. The NccIM will help to maximize the success of the grantees and measure the impact of this investment. In addition, the NccIM has a more national scope beyond the IMP grantees as it is responsible for helping to establish an evidence-base for incorporating integrative medicine into preventive medicine residency programs. The NccIM will identify best practices and disseminate the results of the work being done by the IMP grantees to the preventive medicine and primary care medicine fields and will serve in an advisory capacity to other PMR and primary care residency programs that are interested in incorporating integrative medicine into their curriculum. Approximately \$800,000 is available to fund the NccIM for the two year budget period.

NccIM applicants must have the capacity to provide technical assistance for IMP grantees; provide faculty development for IMP grantees, and assist grantees in improving training programs in preventive medicine by providing guidance in the implementation of the projects, and demonstrating expertise in the field of evidence-based integrative medicine modalities for health professions disciplines, or be an Integrative Medicine Center. Technical assistance shall be provided by the NccIM to IMP grantees as well as to the broader audience of preventive medicine and primary care residency programs. Technical assistance to be provided by the NccIM includes, but it is not limited to, trainee support; planning, developing, and operating training programs; faculty development; ongoing consultation; project evaluation; developing evaluation tools and strategies, and analyzing the efficiency of integrative medicine.

Applicants for the NccIM should have: (a) experience with developing evidence-based integrative health care curricula, (b) faculty and/or a consultative team available with expertise in evidence-based integrative medicine necessary to carry out specialized technical assistance, and (c) expertise in evaluating integrative medicine curricula and programs and the dissemination of best practices. All applicants must be actively researching and developing evidence to enhance integrative medicine practice.

It is important that the IMP grantees as well as the NccIM engage in interprofessional training and education, partnering with traditional medical teams consisting of physicians from other disciplines as well as other providers such as physical therapists, mental health practitioners, nurses, physician assistants, and non-traditional integrative medicine practitioners.

There is no funding history for the IMP grants or the NccIM program.

2. Background

The use of complementary and alternative medicine (CAM) in the United States has been increasing substantially during the past twenty years. In 2007, according to the National Health Interview Survey, approximately 38 percent of adults 18 years and older and 12 percent of children use CAM in the United States, spending \$33.9 billion in out-of-pocket expenses for CAM-related products and visits to CAM practitioners.¹

To respond to the increasing need to develop the evidence base for the use of CAM in therapeutic regimens, the National Institutes of Health (NIH), National Center for Complementary and Alternative Medicine (NCCAM), was established in 1992. The NCCAM, the Federal Government's lead agency for scientific research on CAM, is charged with disseminating health information on CAM, as well as

¹ National Health Interview Survey, 2007.

identifying, investigating, and validating treatment, diagnostic and prevention modalities. NCCAM provides funds for rigorous scientific investigation to determine the usefulness and safety of CAM interventions and their roles in improving health and health care. NCCAM has four main areas of focus: (1) advancing scientific research, (2) training CAM researchers, (3) sharing news and information, and (4) supporting the integration of proven CAM therapies. Through its clearinghouse, NCCAM develops and disseminates objective, evidence-based information on CAM interventions.

From 2000 – 2003, NCCAM funded 15 Education Project Grants in cohorts of 5 per year to support the incorporation of CAM information into medical, dental, nursing, and allied health professions curricula, medical residency training programs, and continuing education courses to integrate CAM into conventional medicine. Two of the fifteen grantees were medical residency programs. The other grantees were medical and nursing schools and the American Medical Student Association. The grantees identified several themes crucial to successful integration of CAM into the health professions curricula and can provide a foundation on which to design the current IMP grantees and the NccIM, including:

- The research and clinical evidence pertaining to major modalities within the NCCAM classification system;
- The key methodological issues faced by researchers regarding the efficacy and safety of CAM;
- The recognition of the value of patient centered care; and
- The exploration of roles, training, and credentialing among CAM providers.²

In June 2000, the Director of NCCAM called for a strategic partnership between NCCAM and academic medicine to develop health education curricula that respects the art of healing from various traditions, while emphasizing the need to base treatment decisions on rigorous scientific evidence. Leaders agreed that students “must have sufficient knowledge of the commonly employed alternative remedies to counsel patients about those that are harmful, those that might interact adversely with prescribed medications, those that are harmless and can be used with impunity, and those that have been shown to be beneficial.”³

The response of the academic community to the development of health professions curricula addressing integrative therapies has continued to progress. As a result of the growth in the number of integrative medicine programs and the attention to both undergraduate and graduate curricula, the Consortium of Academic Health Centers for Integrative Medicine was created. This organization advances the principles and practices of integrative healthcare within academic institutions. The Consortium also works with academic institutions to support and mentor academic leaders, faculty, and students to advance integrative healthcare curricula, research, and clinical care; disseminate information on rigorous scientific research, educational curricula in integrative health and sustainable models of clinical care; and inform health care policy. Currently, there are 50 members, 47 from the United States and 3 from Canada.

Formed in 2004 as a project of the Integrated Healthcare Policy Consortium (IHPC), the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) is dedicated to promoting policies and actions that foster integrated health care. The ACCAHC was part of an IHPC initiative entitled the National Education Dialogue to Advance Integrated Health Care: Creating Common Ground

² Lee, M.Y. Integrating Complementary and Alternative Medicine Instruction into Health Professions Education: Organization and Instructional Strategies, *Academic Medicine*, October 2007, 82 (10).

³ Cohen, JJ. Reckoning with Alternative Medicine, *Academic Medicine*, June 2000; 75:571.

(NED). The vision of ACCAHC incorporates a multidisciplinary health care system that enhances competence, mutual respect, and collaboration across all complementary and alternative medicine and conventional health care disciplines.

II. Award Information

1. Type of Award

Funding will be provided using two types of awards. The IMP will be funded by grants and the NccIM will be funded by 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 staff responsibilities for the NccIM shall include the following:**

1. Facilitate planning and implementing program activities by coordinating the interchange of technical and programmatic information between IMP grantees and NccIM;
2. Participate in NccIM planning meetings and conference calls;
3. Provide guidance concerning the content, structure, and format of the required reports;
4. Provide oversight to NccIM in developing technical assistance materials and evaluation activities of the program; and
5. Collaborate with NccIM in dissemination plans and preparation for publication of lessons learned in nationally recognized health journals.

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

1. Manage the program in close coordination with the granting Agency;
2. Submit a timeline for the project and monthly reports providing details about the progress, successes and challenges in implementing the project;
3. Provide an initial orientation about the role of the NccIM to the IMP grantees and hold at a minimum quarterly conference calls with grantees;
4. Provide technical assistance on an ongoing basis to IMP grantees for the duration of the project period;
5. Provide technical assistance to other preventive medicine and primary care residency programs interested in incorporating evidence-based integrative medicine into their curriculum;
6. Disseminate program outcomes, share lessons learned and best practices on a national level to reach the broader preventive medicine and primary care fields;
7. Carry out site visits to IMP grantees;
8. Provide a plan for data collection and assess the program's outcomes to determine the project evaluation design and methodologies including cost effectiveness, in close consultation with the granting Agency;
9. Respond to any special conditions of award and/or restrictions placed by the Agency;
10. Obtain Agency approval for any post-award changes in the scope of the program, budget, and key personnel;
11. Identify an adequate number of consultants and/or staff available with training and experience in preventive medicine, public health, integrative medicine and other fields, as appropriate, to provide technical assistance, and submit qualifications to the granting Agency for review and approval;

12. Provide faculty/consultants to meet specific needs of the IMP grantees based on the scope of the IMP program and faculty interests;
13. Develop evaluation tools and strategies that can be used by the IMP grantees; and
14. Prepare fact sheets, white papers, and other publications related to the program outcomes for the field.

2. Summary of Funding

The IMP will provide funding during Federal Fiscal Year (FY) 2012 for a single two-year budget period and project period of September 30, 2012-September 29, 2014. Approximately \$2.5 million is expected to be available to fund approximately 16 grantees. Applicants may apply for a ceiling amount of up to \$150,000, including indirect costs, for a two-year budget period.

The NccIM will provide funding during FY 2012 for a single two-year budget period and project period of September 30, 2012-September 29, 2014. Approximately \$800,000 is expected to be available to fund one awardee. Applicants may apply for a ceiling amount of up to \$800,000, including indirect costs, for a two-year budget period.

An institution may submit an application for either one or both of the programs (IMP and NccIM). However, if an institution is approved for both the IMP and the NccIM, the institution must decide which award it will accept as only one award will be provided per institution.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants for the IMP grants are accredited preventive medicine graduate medical education programs at (1) an accredited school of public health or school of medicine or osteopathic medicine; (2) an accredited public or private nonprofit hospital; (3) a State, local, or tribal health department; or (4) a consortium of 2 or more entities described in (1) through (3). These programs must be accredited by the Accreditation Council on Graduate Medical Education (ACGME) or approved by the American Osteopathic Association (AOA). Consortia applications for the IMP grants must be submitted by the accredited PMR program responsible for carrying out the project.

The curriculum should be designed by faculty with experience and knowledge in evidence-based integrative medicine and based on the latest scientific evidence. Applicants for the IMP grants must have experience with integrative medicine as well as expertise in interprofessional education and training, including partnering with physicians from other disciplines and other providers such as physical therapists, mental health practitioners, nurses, and physician assistants. Applicants are required to incorporate evidence-based integrative medicine curricula in an accredited residency program in preventive medicine to improve clinical teaching in both preventive and integrative medicine.

To be eligible to apply for NccIM funding the applicant must be: (A) a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or dental public health or a school providing health management programs; (B) an academic health center; (C) a State or local government; or (D) any other appropriate public or private nonprofit entity that has the capacity to provide national technical assistance for IMP grantees and to the broader audience of preventive medicine and primary care residency programs. The applicant must demonstrate

expertise in the field of evidence-based CAM treatment modalities for health professions disciplines or be an Integrative Medicine Center.

Applicants for the NccIM must have: (a) experience with developing evidence-based integrative health care curricula, (b) faculty with expertise in evidence-based integrative medicine to carryout specialized technical assistance and with experience working in an interprofessional setting, partnering with physicians from other disciplines as well as other integrative medicine providers such as physical therapists, mental health practitioners, nurses, and physician assistants, and (c) expertise in evaluating integrative medicine curricula and programs. All applicants must be actively researching and developing evidence to enhance integrative medicine practice.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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.

Applications that exceed the ceiling amount of \$150,000 for the IMP grants or \$800,000 for the NccIM cooperative agreement will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort

The grantee must agree to maintain expenditures of non-Federal amounts at a level that is not less than the level of expenditures incurred in the preceding fiscal year.

NOTE: Multiple applications from an organization under one FOA number are not allowable; however, applicants may submit one application for each of the two competitions. An organization may receive only one award.

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. This robust 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.

IMPORTANT NOTICE: CCR to be moved to SAM
at the end of July 2012
(rev. 5/22/12)

The General Services Administration (GSA) is moving the implementation date of the System for Award Management (SAM) from May 29, 2012 to the end of July 2012. The additional sixty days will allow Federal agencies to continue preparing their staff, give agencies and commercial system providers even more time to test their data transfer connections, and will ensure SAM contains the critical, documented capabilities users need from the system.

The first phase of SAM will include the capabilities of Central Contractor Registration (CCR)/Federal Agency Registration (FedReg), Online Representations and Certifications Application (ORCA), and the Excluded Parties List System (EPLS). In preparation for the launch, GSA conducted extensive testing internally and in coordination with Federal agencies using the data from these systems in their own contracting, grants, finance, and other departments. The testing was very valuable and will focus the efforts of the next sixty days.

SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process. Federal agencies will be able to look in one place for entity pre-award information. Everyone will have fewer passwords to remember and see the benefits of data reuse as information is entered into SAM once and reused throughout the system.

Active CCR registration is a pre-requisite to the
successful submission of grant applications!

Grants.gov strongly suggests visiting CCR prior to this change and checking the account status. Some things to consider are:

- When does the account expire?
- Does the organization need to complete the annual renewal of registration?
- Who is the eBiz POC? Is this person still with the organization?
- Does anything need to be updated?

To learn more about the switch from CCR to SAM, more information is available at <https://www.bpn.gov/ccr/NewsDetail.aspx?id=2012&type=N>. To learn more about SAM, please visit <https://www.sam.gov>.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). 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 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 the 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, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your 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 and 10 MB limits, and submitted prior to the deadline to be considered.

Application Format

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

SF-424 R&R – 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/PI 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 Person 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.	Not 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	Attachment	Can be uploaded in the Senior/Key Person	Not Applicable to HRSA; Do not use.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Current and Pending Support		Profile form.	
Project/Performance Site Location(s)	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 Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.
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 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.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	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 Budget Period (1) - 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) – Section- A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1) - 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) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
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) – 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	Attachment	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 announcement. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit.
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.	Required. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Required. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. 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	Refer to the attachment table provided

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		form 1-15.	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.	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 Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, Charts, etc.
Attachment 2	Job Descriptions for Key Personnel
Attachment 3	Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
Attachment 4	Project Organizational Chart
Attachment 5	Maintenance of Effort Documentation
Attachment 6	IMP Applicants: Letter of Accreditation Status (from ACGME or AOA)
Attachment 7	Delinquency on Federal Debt Explanation (if applicable).
Attachment 8-15	Other Relevant Documents, if needed.

Application Format

i. *Application Face Page*

Complete 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 CFDA Number is 93.117.

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 number. 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*

Please complete the Research & Related Budget Form (Sections A – J and the Cumulative Budget) for each budget period (note that there is only one budget period for this program). Upload the Budget Justification Narrative for the entire project period in Section K of the Research & Related Budget Form.

The Cumulative Budget is automatically generated and provides the total budget information for the grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1; 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 amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The project has a single two year budget period. **Although there is only one budget period, applicants must submit individual budgets for each 12 month**

increment of activity for funding requested at the time of application. This yearly breakdown must be included in the budget justification ONLY. The Research and Related budget form must reflect a single budget period. Line item information must be provided to explain the costs entered in the Research and Related 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 (*i.e.*, the first 12 month increment of activity) 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.

Include the following 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, and annual salary. It is important to note that the sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100 percent. 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

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and 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 benefits 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/consumers 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. Name the faculty/staff and describe the purpose of the travel and provide number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive 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 (a unit cost of \$5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from educational purchases. Office supplies could include paper, pencils, and the like; and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization 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. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

Subcontracts: To the extent possible, all subcontract budgets and justifications should be standardized, and contract budgets should be presented by using the SF-424 R&R Subaward Budget form. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Indicate the type of contract proposed, the kind of organization or other parties to be selected, and the method of selecting these parties.

If applicable, letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) should be included as Attachment 3. Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, 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 requested to support appropriate and justifiable costs directly related to meeting data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which 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 which negotiate them.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation. Training grant applications from State, local, or Indian tribal governmental agencies may request full indirect cost reimbursement. State universities and hospitals are subject to the 8% cap.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2.

When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*

Complete Application Form SF-424B Assurances – 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 7**.

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 place the following at the top of the abstract:

This project application is for (select only one):

Integrative Medicine Program (IMP)

OR

National coordinating center for Integrative Medicine (NccIM)

- Project Title
- Applicant Organization Name
- Address
- Project Director's Name
- Contact Telephone Numbers (Voice, Fax)
- E-Mail Address
- Congressional district
- Web Site Address, if applicable
- Number of proposed trainees by training level (i.e., PG-2, PG-3) and discipline (for IMP applicants only).

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

ix. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program. 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**
For both IMP and NccIM applicants, this section should briefly describe the purpose of the proposed project consistent with the legislative purpose.
- **NEEDS ASSESSMENT**
Applicants for the IMP grants should:

- Describe the need for the incorporation of evidence-based integrative medicine curriculum into the PMR program;
- Describe how integrative medicine principles have been or plan to be incorporated into the PMR training program;
- Describe the need for health system improvement through improved physician education and team building around issues applicable to evidence-based integrative medicine;
- Describe the population(s) to be served;
- Describe the use of integrative medicine in the population(s) to be served by the residency program and how this ties in with or will improve the existing health services in your community;
- Describe resources available in the community in the area of evidence-based integrative medicine to assist with expanding the impact of the project;
- Identify other gaps to be met by this project; and
- Provide an overview of proposed results from incorporating evidence-based integrative medicine into the PMR program.

Applicants to the NccIM should:

- Describe how integrative medicine principles have been incorporated into PMR and other health professions residency programs;
- Describe the evidence-base for incorporating integrative medicine into preventive medicine and primary care residency programs;
- Identify other gaps to be met by this project; and
- Provide a vision for health system changes proposed to result from incorporating integrative medicine into the PMR programs.

▪ *METHODOLOGY AND WORK PLAN*

Applicants for both IMP and NccIM should:

- Propose methods that will be used to meet each of the previously-described program responsibilities and expectations in this funding opportunity announcement. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families and communities of culturally, linguistically, socio-economically and geographically diverse backgrounds if applicable;
- Describe the activities or steps that will be used to achieve each of the goals and objectives proposed during the entire project period. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities to be served; and
- In addition to a narrative, applicants may display this information in a table format that includes objectives/sub-objectives listed in measurable terms, methodology/activities, resources and personnel responsible for program activity,

time/milestones, and evaluation measures/process outcomes. A one page logic model is recommended.

Applicants for the IMP grants should:

- Describe objectives for the two year project period that correlate with the identified purpose and need and fit the SMART format (specific, measurable, attainable, realistic, and time framed). Residency program funds shall be used to: plan, develop (including the development and integration of curricula), operate, or participate in an accredited residency program in preventive medicine; and establish and maintain, or improve academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine; or programs that improve clinical teaching in preventive medicine. Describe specific activities designed to meet each objective;
- Provide a timeline for the education and training activities;
- Identify other disciplines to be involved in the IMP. Applicants must indicate how they are going to engage in interprofessional training and education, partnering with traditional medical teams consisting of physicians from other disciplines and other providers such as physical therapists, mental health practitioners, nurses, physician assistants, and non-traditional practitioners;
- Describe the PMR program that forms the foundation for the incorporation of the integrative medicine curriculum;
- Describe communication plans and outreach with partners;
- Identify the integrative medicine curriculum that is to be incorporated into the residency program;
- Project enrollment of preventive medicine physician residents by year;
- Identify plans for the practicum related to integrative medicine; and
- Identify plans for faculty development to increase knowledge and confidence in using integrative medicine and to enhance their ability to review and identify authoritative and reliable evidence-base resources for teaching integrative medicine.

Applicants for the NccIM should:

- Describe objectives for the two year project period that correlate with the identified purpose and need and are specific, measurable, attainable, realistic, and time framed. NccIM applicants must provide technical assistance for IMP grantees; provide faculty development for IMP grantees, and assist grantees in improving training programs in preventive medicine by providing guidance in the implementation of the projects;
- Describe technical assistance to be provided by the NccIM to IMP grantees and the broader audience of preventive medicine and primary care residency programs. The technical assistance includes, but it is not limited to, trainee support; planning, developing, and operating training programs; faculty development; ongoing consultation; project evaluation; developing evaluation tools and strategies, and analyzing the efficiency of integrative medicine;
- Indicate plans to incorporate interprofessional education and training, including partnering with physicians from other disciplines and providers such as physical

therapists, mental health practitioners, nurses, and physician assistants and non-traditional practitioners such as acupuncturists, massage therapists, yoga experts, and herbalists;

- Describe specific activities that are designed to meet each project objective;
- Identify existing evidence-based integrative medicine curricula for preventive medicine resident physicians for didactic and clinical education and training;
- Describe technical assistance to be provided to the residency programs, including faculty development activities to assist with increasing acceptance of integrative medicine modalities;
- Describe a plan for the development of a network of IMP grantees to share information and best practices;
- Describe a comparable plan for the development of a network of PMR programs to share this information and best practices;
- Provide a timeline for technical assistance activities, data collection, and evaluation;
- Describe plans to add to the evidence-base of integrative medicine;
- Describe communication plans and outreach with national level stakeholders to share the lessons learned and best practices; and
- Discuss plans for the dissemination of the final evaluation for dissemination, including articles for publication.

RESOLUTION OF CHALLENGES

For both IMP and NccIM applicants, discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY*

The IMP grants and the NccIM are designed to foster the incorporation of integrative medicine into the mainstream PMR curricula. At the end of the project period, it is anticipated that residents and faculty will have increased acceptance of integrative medicine and have increased knowledge of evidence-based treatment modalities.

For both IMP grantees and NccIM applicants, as appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes with different subpopulations. Explain how the data will be used to inform program development and service delivery.

Applicants for the IMP grants should:

- Provide a plan for tracking individual participants in the project related to their acceptance of integrative medicine and increased knowledge of evidence-based treatment modalities;
- Provide a plan to track the extent to which the applicant has incorporated evidence-based integrative medicine curricula and practicum experiences into its PMR program;
- Describe a plan to collaborate with the NccIM and other funded IMP grantees in the planning, implementation, and overall evaluation of the program;

- Describe the competencies to be gained for the residents and potential indicators for improvement (health care delivery and/or population health) in the patient groups served by these residents;
- Identify a plan for collecting data and meeting HRSA and NccIM data reporting requirements; and
- Provide plans for monitoring and evaluating progress in meeting project objectives.

Applicants for the NccIM should:

- Provide a plan for selection of data elements, data collection, and multi-site evaluation;
- Provide a plan for monitoring and evaluating progress of the NccIM in reaching and providing technical assistance to grantees and other PMR programs;
- Describe plans for the collection and analysis of data variables related to practice improvement as a result of education and training in integrative medicine; and
- Describe plans to demonstrate how the NccIM will know that it has achieved success with the project objectives.

At a minimum, it is anticipated that the applicants for the NccIM propose to:

- (1) Measure resident and faculty attitudes toward integrative medicine (pre- and post-assessment);
- (2) Measure changes in penetration or inclusion of integrative medicine content in residency program didactics and practicum experiences;
- (3) Measure trainee knowledge acquisition derived from either didactic or practicum experiences by use of a pre- and post- assessment tool; and
- (4) Gather data from participating trainees on the strength of the integrative medicine training and identify areas for improvement (i.e., history taking).

▪ *ORGANIZATIONAL INFORMATION*

For both IMP and NccIM applicants, provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program responsibilities and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

Applicants for the IMP grants should discuss:

- The PMR program including the current mission and structure, and the scope of current activities;
- The existence of qualified faculty and key staff with a history of peer reviewed publications in integrative medicine;
- A history of practicum learning activities to provide opportunities for interprofessional team practice in integrative medicine;

- Plans to sustain the proposed activities after the grant funds end;
- Past experience and qualifications related to integrative medicine; and
- The skills and experiences of project personnel and consultants in integrative medicine and their roles and responsibilities in the project.

Applicants for the NccIM should discuss:

- The organization, its mission, structure, and scope of activities;
- The capacity and experience in managing complex technical assistance and evaluation projects;
- Knowledge and expertise in integrative medicine and in interprofessional education and training;
- The existence of qualified faculty, consultants, and team members with experience, capacity and expertise to provide technical assistance tailored to the needs of IMP grantees on an ongoing basis;
- Plans to sustain the proposed activities after the cooperative agreement funds end;
- Experience in data collection and analysis related to evidence-based integrative medicine therapies in graduate medical education settings; and
- Sufficient institutional resources to carry out the project.

ADDITIONAL NARRATIVE GUIDANCE	
This table provides a bridge between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response & (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures & (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
	(6) 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.**

Attachment 1: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 2: Job Descriptions for Key Personnel

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

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

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

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 5: Maintenance of Effort Documentation

Applicants must complete and submit the following information with their application:

NON-FEDERAL EXPENDITURES

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

Attachment 6: IMP Applicants: Letter of Accreditation Status from ACGME or AOA.

Attachment 7: Delinquency on Federal Debt Explanation, if applicable

Attachment 8-15: Other Relevant Documents if needed

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **JULY 16, 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. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and 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 IMP and NccIM Programs are 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 two years. The IMP applicants may apply for a ceiling amount of up to \$150,000 including indirect costs for a single two-year budget period and project period. The NccIM applicants may apply for a ceiling amount of up to \$800,000 including indirect costs for a single two-year budget period and project period.

An institution may submit an application for either one or both of the programs (IMP and NccIM). However, if an institution is approved for both the IMP and the NccIM, the institution must decide which award it will accept as only one award will be provided per institution.

Medical/clinical and pharmaceutical supplies are not acceptable expenditures for training grants.

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.

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.

6. Other Submission Requirements

As stated in Section IV.1, except in very 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 become 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 successfully register 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 Point of Contact (E-Biz POC)
- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register and approve 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 submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application by 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/checkAppIStatus.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 applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The Integrative Medicine Program (IMP) Program and National coordinating center for Integrative Medicine (NccIM) each have six review criteria:

Criterion 1: NEED (5 points)

For both IMP and NccIM applicants, the extent to which the application demonstrates a comprehensive understanding of the problem and associated contributing factors to the problem.

IMP GRANT APPLICANTS

The extent to which the proposal:

- Describes the need for the incorporation of evidence-based integrative medicine curriculum into the PMR program;
- Describes how integrative medicine principles have been or plan to be incorporated into the PMR training program;
- Describes the need for health system improvement through improved physician education and team building around issues applicable to integrative medicine;
- Describes the population to be served;
- Describes the use of evidence-based integrative medicine in the population to be served and in the existing health services;
- Describes the community resources available in the areas of evidence-based integrative medicine;
- Identifies other gaps to be met by this project; and
- Provides an overview of the proposed results from incorporating evidence-based integrative medicine into the PMR program.

NccIM APPLICANTS

The extent to which the proposal:

- Describes how integrative medicine principles have been incorporated into PMR and other health professions residency programs;
- Describes the evidence-base for incorporating integrative medicine into preventive medicine and primary care residency programs;
- Identifies other gaps to be met by this project; and
- Provides an overview of the proposed results from incorporating integrative medicine into the PMR programs.

Criterion 2: RESPONSE (20 points)

For both IMP and NccIM applicants, reviewers will assess:

- The extent to which the proposed project responds to the “Purposes” of this funding opportunity which is to enhance residency curricular offerings by incorporating integrative medicine and to disseminate information about best practices description;
- The strength of the proposed goals and objectives and their relationship to the identified project; and
- The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

IMP GRANT APPLICANTS

The extent to which the proposed project:

- Describes objectives for the two year project period that correlate with the identified purpose and need and are specific, measureable, attainable, realistic, and time framed;
- Links objectives to specific activities that are designed to meet each project objective;
- Provides a timeline for the activities;
- Describes the other disciplines to be involved in the IMP;
- Describes the existing PMR program that forms the foundation for the incorporation of integrative medicine content;
- Describes communication plans and outreach with partners and other disciplines;
- Estimates enrollment of preventive medicine physician residents by their specialty for each year of the project;
- Identifies plans for practicum for integrative medicine;
- Identifies challenges and barriers to implement the project and proposes solutions;
- Identifies existing integrative medicine curricula proposed to be incorporated into the PMR program; and
- Identifies plans for faculty development to increase knowledge and confidence in using integrative medicine and to enhance their ability to review and identify authoritative and reliable evidence-base resources for teaching integrative medicine.

NccIM APPLICANTS

The extent to which the proposed project:

- Describes objectives for the two year project period that correlate with the identified purpose and need and are specific, measureable, attainable, realistic, and can be completed within the specified time frame;
- Provides specific evaluation questions and activities that are designed to meet each project objective;
- Identifies existing integrative medicine curricula for resident physicians for didactic and clinical education and training;
- Develops a plan to provide technical assistance for IMP funded grantees addressing integrative medicine evidence-based curriculum development using an evidenced based framework;
- Describes technical assistance to be provided to other preventive medicine and primary care residency programs;
- Describes a plan for the development of a network of IMP grantees to share best practices and other information;
- Describes plans to add to the evidence-base of integrative medicine;
- Provides a timeline for technical assistance activities, data collection, and evaluation;
- Describes communication plans and outreach national level stakeholders to share lessons learned and best practices;
- Identifies challenges to implement the project and proposes solutions; and
- Discusses outline for the final evaluation report and other articles for publication.

Criterion 3: EVALUATIVE MEASURES (20 points)

For both IMP and NccIM applicants, reviewers will assess:

- The strength and effectiveness of the methods proposed to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

IMP GRANT APPLICANTS

The extent to which the proposed project:

- Provides a plan for tracking individual participants in the project related to their acceptance of integrative medicine and increased knowledge of evidence-based treatment modalities;
- Provides a plan to track the extent to which the applicant has incorporated evidence-based integrative medicine curricula and practicum experiences into the PMR program;
- Identifies the purpose of the NccIM and provides an intent to collaborate with the NccIM and other program funded IMP grantees in the planning, implementation, and overall evaluation of the IMP;
- Describes the skills and competencies gained by residents and potential indicators for improvement (health care delivery and/or population health) in the patient groups served by these residents;
- Identifies a plan for collecting data and meeting HRSA and NccIM data reporting requirements; and
- Provides plans for monitoring and evaluating progress in meeting objectives.

NccIM APPLICANTS

The extent to which the proposed project:

- Provides plans for monitoring and evaluating the progress of the NccIM in meeting their stated objectives;
- Provides plans for monitoring and evaluating progress of the NccIM in reaching and providing technical assistance to grantees and other PMR programs;
- Describes plans for the collection and analysis of data related to practice improvement as a result of education and training in integrative medicine and team care; and
- Describes plan that demonstrates how the NccIM will know that it has achieved success with the project objectives.

Criterion 4: IMPACT (20 points)

For both IMP and NccIM applicants, reviewers will assess:

- The feasibility and effectiveness of plans for dissemination of project results; and
- The extent to which project results may be national in scope, and/or the degree to which the project activities are replicable.

IMP GRANT APPLICANTS

The extent to which the applicant:

- Provides a plan for enabling replication and dissemination of the results in coordination and collaboration with the NccIM; and
- Provides a description of plans to continue the program after the period of Federal funding.

NccIM APPLICANTS

The extent to which the applicant:

- Provides a plan for disseminating the outcomes of the overall evaluation including new models of pedagogy and the effectiveness into didactic and practicum learning experiences;
- Describes a plan for dissemination of the curricula developed by the IMP grantees including adequate detail about each IMP funded program to encourage replication as appropriate; and
- Describes how the lessons learned and best practices from this program can increase the evidence-base for integrative medicine.

Criterion 5: RESOURCES AND CAPABILITIES (25 points)

For both IMP and NccIM applicants, reviewers will assess:

- The extent to which the project personnel are qualified by their training and/or experience to implement and carry out the projects.
- The capabilities of the applicant organization; and
- The quality and availability of facilities and personnel to fulfill the needs and responsibilities of the proposed projects.

IMP GRANT APPLICANTS

The extent to which the proposal documents:

- The current mission, structure, and scope of activities of the PMR program;
- Qualified faculty and key staff with a history of peer reviewed publications in integrative medicine;
- Practicum learning activities to provide opportunities for team practice in integrative medicine;
- Past experience and qualifications of the applicant related to integrative medicine;
- Descriptions of the project personnel and consultants that demonstrate expertise in integrative medicine and their role and responsibilities in the project; and
- The plan to sustain the proposed activities after the grant funds end.

NccIM APPLICANTS

The extent to which the applicant demonstrates:

- The current mission, structure, and scope of activities of the organization applying to be the NccIM;
- The capacity and experience in managing complex technical assistance and evaluation projects;
- Knowledge and expertise in integrative medicine practice and training;

- Qualified faculty, consultants, and team members with experience, capacity and expertise to provide technical assistance tailored to the needs of IMP grantees on an ongoing basis;
- Experience in data collection and analysis related to evidence-based integrative medicine therapies in graduate medical education settings and with interprofessional teams;
- Experience in providing technical assistance, data collection, and evaluation of multi-site integrative medicine projects;
- Sufficient institutional resources to carry out the project; and
- The plan to sustain the proposed activities after the cooperative agreement funds end.

Criterion 6: SUPPORT REQUESTED (10 points)

For both IMP and NccIM applicants, reviewers will assess:

- The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

IMP GRANT APPLICANTS

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results. The extent to which the budget addresses the following:

- A reasonable proposed budget that reflects effective use of the funds requested and a detailed justification for each line item.
- A budget request that reflects the curriculum integration priorities of IMP grantees and appropriate resources to work with the NccIM on the evaluation of the IMP project.
- It is estimated that 16 IMP projects will be funded.

NccIM APPLICANTS

The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results. The extent to which the budget addresses the following:

- A reasonable proposed budget that reflects effective use of the funds requested and a detailed justification for each line item; and
A line item budget justification for all resources needed to provide technical assistance, data collection and evaluation activities for all of the IMP grantees.

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.I. 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.

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 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's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the 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/hhsgrantspolicy.pdf>. 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.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity 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 103-227, 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.

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>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has 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 <http://www.dpm.psc.gov> for additional information.

c. Status Reports

1) **Federal Financial Report.** The Federal Financial Report (SF-425) must be submitted to HRSA on an annual basis. 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 Report(s).** The awardee must submit a progress report to HRSA on an annual basis. This report has two parts. The first part demonstrates grantee 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. In addition, NccIM awardees must submit monthly reports providing details about the progress, successes and challenges in implementing the project. Further information will be provided in the award notice.

3) **The BHP_r Performance Report.** All BHP_r awardees are required to submit a performance report to HRSA on an annual basis. They are due in August each year and must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>. The *BHP_r Performance Report for Grants and Cooperative Agreements* is designed to provide the Bureau of Health Professions (BHP_r) with information about grantee activities. As such, it is an important management tool, contributing to data BHP_r uses to report success achieving programmatic and

crosscutting goals and in setting new goals for the future. The report also gives program officers information that helps them provide technical assistance to individual projects.

The *BHPr Performance Report for Grants and Cooperative Agreements* contains two components, as follows:

- Part I - Program-Specific Information: Collects data on activities specific to your project.
- Part II – Core Measures Information: Collects data on overall project performance related to the BHPr’s strategic goals, objectives, outcomes and indicators. The purpose is to incorporate accountability and measurable outcomes into BHPr’s programs, and to develop a framework that encourages quality improvement in its programs and projects.

All applicants are required to submit their report online using the Electronic Handbooks (EHBs). More information about the Performance Report can be found at <http://bhpr.hrsa.gov/grants/reporting/>

4) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee’s overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

d. Transparency Act Reporting Requirements

New awards 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:

Mr. William Weisenberg

Attn.: Integrative Medicine Program and
National coordinating center for Integrative Medicine
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Mail Stop 11A-40
5600 Fishers Lane
Rockville, MD 20857-1750
Telephone: (301) 443-8056
Fax: (301) 443-6343
Email: William.Weisenberg@hrsa.hhs.gov

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

CAPT Norma Hatot
Acting Branch Chief
Public Health Branch
Division of Public Health and Interdisciplinary Education
Attn: Integrative Medicine Residency Program and
National coordinating center for Integrative Medicine
Bureau of Health Professions, HRSA
Parklawn Building, Room 9 C-26
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6950
Fax: (301) 443-0157
Email: nhatot@hrsa.gov

Ms. Elsie Quinones
Public Health Analyst
Public Health Branch
Attn: Integrative Medicine Program and
National coordinating center for Integrative Medicine
Bureau of Health Professions, HRSA
Parklawn Building, Room 9 C-26
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6950
Fax: (301) 443-0157
Email: equinones@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII. Other Information

TECHNICAL ASSISTANCE

Two technical assistance calls will be provided for potential applicants. Additional information related to these calls can be obtained by calling 301-443-6950. One technical assistance call will focus on applicants for the NccIM cooperative agreement. The first technical assistance call will focus on applicants for the IMP grant program.

IMP – Grant Projects

June 20, 2012 (Wednesday); 2:00 PM ET

Toll Free Number: 888-469-2080

Participant Code: 4156104

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/imp2012/>

NccIM – Cooperative Agreement

June 21, 2012 (Thursday); 2:00 PM ET

Toll Free Number: 888-469-2080

Participant Code: 4156104

To join the meeting via Adobe Connect: <https://hrsa.connectsolutions.com/nccim2012/>

PROGRAM DEFINITIONS

Attrition is defined as the reduction in a school's student population as a result of transfers or dropouts. Attrition refers to the number of trainees who permanently left the program before completing the training year. Attrition can also refer to the number of faculty who permanently left the program. (Used with performance measures.)

Clinical Training is the patient-care, component of health professions education, including but not limited to clinical rotations, preceptorships, and clerkships. For purposes of BHP reporting, it includes hands-on field training with patient encounters (not didactic or observations).

Completer refers to a trainee who has successfully met the didactic and/or clinical requirements of a course of study or training program designed to improve their knowledge or skills. This term differs from graduates since an official degree or diploma is not conferred. Contact your project officer to clarify if your trainees should be considered completers or graduates. (See definition of “graduate” in the glossary).

Cooperative Agreement - The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301, defines the cooperative agreement as an alternative assistance instrument to be used

in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated.

Enrollee is a trainee who is receiving training in a program, but has not finished the program during a given grant year. Enrollees do not include graduates or program completers.

Graduate refers to a trainee who has successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.

Grant is a financial assistance support mechanism providing money, property, or other direct assistance in lieu of money, or both, to an eligible entity to carry out an approved project or activity in support of a public purpose and not the direct benefit of the government. A grant is used whenever the HHS operating division anticipates no substantial programmatic involvement with the recipient during performance of the financially assisted activities.

Integrative Medicine may be described as orienting the health care process to create a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for the achievement of optimal health throughout the life span (IOM 2009).

Interprofessional Education (also known as inter-professional education or “IPE”) refers to occasions when students from two or more professions in health and social care learn about, from and with each to enable effective collaboration to improve health outcomes (WHO, 2010).

Interprofessional Collaborative Practice Core Competency Domains are the four core competency domains that draw meaning from the specific contexts of patient care: Values/Ethics for Interprofessional Practice; Roles/Responsibilities for Collaborative Practice; Interprofessional Communication; Interprofessional Teamwork and Team-based Care. Academic Medicine, Vol. 86, No. 11 / November 2011.

Lifestyle Medicine is the evidence-based practice of helping individuals and families adopt and sustain healthy behaviors that affect health and quality of life. The lifestyle medicine curriculum refers to competencies in lifestyle medicine (JAMA 2010). It addresses four health behaviors: healthy diet, physical activity, smoking cessation, and stress reduction.

Practicum Training refers to practical experiences (not didactic or clinical) that are hands-on field training without clinical patient encounters, such as shadowing and observations. Publications refer to articles, reports, or other documents based on HRSA-supported data and published information.

Preventive Medicine is the specialty of medical practice that focuses on the health of individuals and defined populations in order to protect, promote, and maintain health and well-being and prevent disease, disability and premature death. The specialty includes core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and

injury in population groups, and the practice of prevention in clinical medicine. It is often referred to as the "bridge specialty" linking clinical medicine with population-based approaches to health care. It is one of the 24 specialties recognized by the American Board of Medical Specialties. Preventive Medicine encompasses three areas of specialization: aerospace medicine, general preventive medicine and public health, and occupational medicine..

Aerospace Medicine – focuses on the clinical care, research, and operational support of the health, safety, and performance of crewmembers and passengers of air and space vehicles, together with the support personnel who assist operation of such vehicles.

General Preventive Medicine and Public Health – focuses on promoting health, preventing disease, and managing the health of communities and defining populations. These practitioners combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice in a wide variety of settings.

Occupational Medicine – focuses on health of workers, including the ability to perform work, the physical, chemical, biological and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field address the promotion of health in the work place, and the prevention and management of occupational and environmental injury, illness, and disability.

Trainee is a person receiving training or education in a vocation, occupation or profession. Enrollees, Program Completers and Graduates are subsets of trainees. Trainees can only be counted once for the purposes of the BHPPr performance measures.

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>.