

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Bureau of Health Workforce

Division of Nursing and Public Health

Nurse Education, Practice, Quality and Retention (NEPQR)-Registered Nurse
Training Program (RNTP)

Funding Opportunity Number: HRSA-22-168

Funding Opportunity Type(s): New

Assistance Listings Number: 93.359

Application Due Date: August 19, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: July 20, 2022

Kirk Koyama, MSN, RN, PHN, CNS
Nurse Consultant
Division of Nursing and Public Health
Bureau of Health Workforce
Phone: 301-443-4926
Email: kkoyama@hrsa.gov

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 296p (Section 831 of the Public Health Service Act)

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2022 Nurse Education, Practice, Quality and Retention (NEPQR) – Registered Nurse Training Program (RNTP). The NEPQR-RNTP program will increase the number of nursing students trained in acute care settings to address and manage social determinant of health factors and improve health equity and health literacy in underserved areas. The program aims enhance nursing education and practice to advance the health of patients, families, and communities and improve health outcomes by strengthening the capacity and skillset of undergraduate student nurses (including underrepresented racial and ethnic minorities) prepared to provide high quality culturally sensitive care in underserved communities.

Funding Opportunity Title:	Nurse Education, Practice, Quality and Retention (NEPQR)-Registered Nurse Training Program
Funding Opportunity Number:	HRSA-22-168
Due Date for Applications:	August 19, 2022
Anticipated Total Annual Available FY 2022 Funding:	\$4,750,000
Estimated Number and Type of Award(s):	Up to 13 cooperative agreement(s)
Estimated Award Amount:	Up to \$350,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2022 through September 29, 2025 (3 Years)

Eligible Applicants:	<p>Eligible applicants include accredited schools of nursing, health care facilities, including federally qualified health centers or nurse-managed health clinics, or a partnership of such a school and facility</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities/default.aspx> to learn more about the resources available for this funding opportunity.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the NEPQR-Registered Nurse Training Program (RNTP).

Program Purpose

The purpose of the Nurse Education, Practice, Quality and Retention (NEPQR)-Registered Nurse Training Program (RNTP) is to enhance nursing education and practice to increase the number of nursing students trained in acute care settings to address and manage social determinant of health factors and improve health equity and health literacy in underserved areas. This program aims to advance the health of patients, families, and communities and improve health outcomes by strengthening the capacity and skillset of undergraduate student nurses (including underrepresented racial and ethnic minorities) prepared to provide high quality culturally sensitive care in underserved communities

Program Goals

The NEPQR-RNTP seeks to:

- Establish or expand the use of innovative education and training models to strengthen the capacity of undergraduate nursing students ready to practice in acute care settings;
- Expand the nursing workforce by creating experiential learning opportunities emphasizing advanced nursing skills and care delivery;
- Provide didactic nursing education geared toward the delivery of culturally sensitive care, addressing SDOH and health equity while developing skills in leadership, communication, and critical thinking in a technologically innovative and collaborative practice environment;
- Advance health equity and support for underserved populations by increasing the number of nurses that will be working as integral members of interprofessional teams and use their expanded skills to reduce health disparities;
- Increase the diversity of the nursing workforce by recruiting students and faculty from diverse populations, including those from disadvantaged backgrounds and underrepresented racial and ethnic minorities; and
- Ensure that programmatic activities can continue, can be coordinated effectively, and that grant recipients can implement recovery plans in the event of public health emergencies.

Program Objectives

The objectives of the NEPQR-RNTP are to:

- Develop or enhance the capacity of undergraduate student nurses to address complex care needs aimed at improving health outcomes, health equity and access;
- Address critical gaps in the acute care nursing workforce and needs for patients who are disproportionately burdened by COVID-19, health inequities, limited access to technology, and the SDOH;
- Enhance current curriculum and experiential learning opportunities that integrate SDOH concepts and health equity and provide a foundation for undergraduate nursing students to develop critical thinking skills, provide culturally sensitive care, and effective communication;
- Increase the distribution and diversity of the nursing workforce by recruiting, training, or employing, as applicable, individuals who will serve in underserved communities as integral members of interprofessional care teams; and
- Develop a nursing workforce that addresses the needs of populations being served.

HRSA Priorities

Promoting equity is essential to the Department's mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order (E.O.) 13985 entitled Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (Jan. 20, 2021).

Recipients of Federal Financial Assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See [HHS Provider Obligations](#) and [HHS Nondiscrimination Notice](#). See [Section VIII. Other Information](#) for further details.

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed.

General Emergency Preparedness Statement

Eligible entities must be ready to continue programmatic activities in the event of a public health emergency – both those that are expected and unexpected. A training-focused emergency preparedness plan is critical for HRSA-funded projects and helps ensure that recipients are able to continue programmatic activities, can coordinate effectively, and can implement recovery plans when emergencies disrupt project activities. You must develop and maintain a flexible training-focused emergency preparedness plan in case of public health emergencies to ensure continuation of programmatic and training activities, including but not limited to NEPQR-RNTP training.

2. Background

The NEPQR-RNTP is authorized by 42 U.S.C. § 296p (Section 831 of the Public Health Service (PHS) Act) to strengthen the capacity for basic nurse education and practice. The NEPQR program has statutory authority to address the development and enhancement of the nursing workforce. The three priority areas defined in the statute for this program are (1) Education, (2) Practice, and (3) Retention. The NEPQR-RNTP addresses the following priority areas:

- Education Priority (Section 831(a)(1) of the PHS Act):
 - Expand enrollment in baccalaureate nursing programs;
- Practice Priority (Section 831(b)(2-4) of the PHS Act):
 - Provide care for underserved populations and high-risk groups such as the elderly, individuals living with HIV/AIDS, individuals with mental health or substance use disorders (SUD), individuals who are homeless, and survivors of domestic violence;
 - Provide coordinated care, and other skills needed to practice in existing and emerging organized health care systems; and
 - Develop cultural competencies among nurses.
- Retention Priority (Section 831(c)(1)(B) of the PHS Act):
 - Assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession, such as by providing career counseling and mentoring.
 - Improve retention of nurses, and enhance patient care that is directly related to nursing activities, by enhancing collaboration and communication among nurse and other health care professionals, and also by promoting nurse involvement in the organizational and clinical decision making process of a health care facility.

Health disparities have been defined by Healthy People 2020 as something closely connected to SDOH factors. In order to achieve health equity, we must know how to address SDOH factors. Measuring progress toward health equity is paramount through assessment and monitoring of upstream interventions. The need to operationalize nursing education on how to address and manage the SDOH factors and health equity can lead to improving access to care and eliminating health disparities for those groups of people who have been systematically experiencing obstacles based on racial or ethnic group, socioeconomic status and geographic location.^{1,2,3} Studies have shown that community-based experiences can support students' abilities to understand and address SDOH more effectively.

As recommended in the Future of Nursing 2030 report, nursing education programs, including continuing education, and accreditors and the National Council of State Boards of Nursing should ensure that nurses are prepared to address SDOH.⁴ In alignment with this recommendation, nurse educators must continuously evaluate and revise educational curricula and programs used to educate new nurses. Likewise, to prepare nurses to practice in new models of care, clinical rotations need to include exposure to high-performing teams. Effective academic, practice, and community partnerships create systems where students have relevant curricula, quality training sites, well-trained faculty and preceptors, and produce graduates with the experience and competencies that facilitate employment in rural and underserved communities.

The impacts of COVID-19 have been a strain on the nursing workforce. With repeated surges of COVID-19, in many acute care settings, staffing situations have become more dire due to nurse burnout and moral distress. In a survey by the American Association of Critical Care Nurses, 92 percent of respondents reported that that pandemic had "depleted nurses at their hospitals, and, as a result, their careers will be shorter than they intended." Sixty-six percent said they were considering leaving the profession because of their COVID-19 experiences.⁵ While national level data on the overall impact of COVID on the nursing workforce is not yet available, HRSA programs support the growth of the nursing workforce as well as training and service opportunities in the communities most in need of nurses and other health care providers.

¹ Phillips, J., Richard, A., Mayer, K.M., Shilkaitis, M., Fogg, L.F., & Vondracek, H. (2020). Integrating the social determinants of health into nursing practice: Nurses' perspectives. *Journal of Nursing Scholarship*, p1-9.

² Powell, D.L. (2016). Social determinants of health: Cultural competence is not enough. *Creative Nursing*, 22(1). 5-10.

³ Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.

⁴ National Academies of Sciences, Engineering, and Medicine. 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.

⁵ Hear Us Out Campaign Reports Nurses' COVID-19 Reality. <https://www.aacn.org/newsroom/hear-us-out-campaign-reports-nurses-covid-19-reality>

The COVID pandemic has exacerbated the need for a well-trained and culturally competent nursing workforce that meets the needs of the nation's diverse communities. Despite population growth for minority racial and ethnic groups in the U.S. and increasing levels of diversity in the nation as a whole, representation levels of minority groups within the health workforce remains disproportionately low overall.⁶ A diverse health care workforce contributes to continued efforts to meet the needs of a diverse population and to better achieve population health equity. Patients' decision making can be affected by race concordance between a provider and patient.⁶ Diversity in nursing has been linked to improved health care delivery, increased cultural competence and increased patient satisfaction.

Program Definitions A glossary containing general definitions for terms used throughout the Bureau of Health Workforce NOFOs can be located at the [Health Workforce Glossary](#). In addition, the following definitions apply to the NEPQR-RNTP for Fiscal Year 2023:

Disparity Impact Statement - is a statement applicants are expected to develop using local data (e.g. the CDC Social Vulnerability Index (SVI)) to identify populations at highest risk for health disparities and low health literacy. The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the NEPQR-RNTP proposed project. See [Section VIII. Other Information](#) for further details.

Equity - is the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Addressing issues of equity should include an understanding of individuals' lived experiences and that individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality.

Collaborative care team: communication, sharing, and problem solving between the health care personnel as peers; this pattern of practice also implies a shared responsibility and accountability for patient care. At a minimum, the proposed system must include collaborative practice across disciplines, mechanisms to improve care

⁶ Health Resources and Services Administration. National Center for Workforce Analysis. *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015)*. 2017. <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/diversityushealthoccupations.pdf>.

⁶S. & B. M. C. Saha, "Impact of Physician Race on Patient Decision-Making and Ratings of Physicians: a Randomized Experiment Using Video Vignettes.," *Journal of General Internal Medicine*, vol. 34, no. 4, p. 1084–1091, 2020.

coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided.

Underserved Communities - are populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity'.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement will include:

- 1) Consult in the planning and development of all phases of the project;
- 2) Provide programmatic consultation for development and delivery of training and technical assistance, project data collection methods and a set of core measures and metrics across projects;
- 3) Provide ongoing input in all phases of the project to accomplish the goals;
- 4) Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
- 5) Review and approve project information prior to dissemination;
- 6) Provide , guidance, assistance and recommendations in the establishment and facilitation of effective collaborative relationships with federal and state agencies, HRSA grant projects, and other resource centers and entities relevant to the project's mission;
- 7) Provide guidance concerning the content, structure and format of required reports; and
- 8) Support and direct the dissemination of effective education or practice models that emerge from the NEPQR-RNTP, and identify opportunities to expand best practice models to diverse populations.

The cooperative agreement recipient's responsibilities will include:

- 1) Develop, implement, and evaluate projects to ensure that they meet the goals outlined in Section I of this NOFO, and comply with all applicable grant requirements;
- 2) Engage, collaborate, and communicate with HRSA staff for input on project activities, quality improvement, and dissemination of lessons learned and effective education and practice models;
- 3) Participate in training and technical assistance by HRSA and other stakeholders, as appropriate;
- 4) Engage with relevant stakeholders to ensure project success and sustainability;
- 5) Engage, collaborate, and communicate with other NEPQR-RNTP recipients in a learning community to share practice innovations and leverage resources; and
- 6) Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the [SF-424 R&R Application Guide](#) (Acknowledgement of Federal Funding).

2. Summary of Funding

HRSA estimates approximately \$4,750,000 to be available annually to fund up to 13 recipients. You may apply for a ceiling amount of up to \$350,000 total cost (includes both direct and indirect (facilities and administrative costs) per year. Your request for each year of the project period cannot exceed your year one request.

The period of performance is September 30, 2022 through September 29, 2025 (three years). Funding beyond the first year is subject to the availability of appropriated funds for NEPQR-RNTP in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

Limitations on indirect cost rates

Indirect costs under training awards to organizations other than state or local governments or federally recognized Indian tribes, will be budgeted and reimbursed at **8 percent** of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, as otherwise allowable, and subawards and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

In accordance with 42 U.S.C. § 296p (section 831(f) of the PHS Act), eligible entities include accredited schools of nursing, as defined by section 801(2), a health care facility, including federally qualified health centers or nurse-managed health clinics, or a partnership of such a school and facility.

Schools of nursing affiliated with the proposed project must be an accredited public or private non-profit school. Applicants must provide documentation of current accreditation by a national nurse education accrediting agency or state approval agency recognized by the U.S. Department of Education for the purposes of nursing education as [Attachment 1](#). Individuals and for-profit entities are not eligible to apply.

In addition to entities in the 50 states, entities in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. Tribes and Tribal organizations may apply for these funds, if otherwise eligible. Foreign entities are not eligible for this HRSA award.

A trainee receiving support from grant funds under this program must be a citizen, national, or permanent resident of the United States. Individuals on temporary or student visas are not eligible to participate.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount of \$350,000 per year
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level that is not less than expenditures for such activities maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the award, as required by 42 U.S.C. § 296b(b) (Sec. 803(b) of the PHS Act). Such federal funds are intended to supplement, not supplant, existing non-federal expenditures for such activities. Complete the Maintenance of Effort information and submit as [Attachment 6](#).

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowable. Separate organizations are those entities that have unique DUNS numbers or [Unique Entity Identifier \(UEI\)](#).

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a “Cross-Form Error” associated with the Project Summary/Abstract field in the “Research and Related Other Project Information” form, Box 7. To avoid the “Cross-Form Error,” you must attach a blank document in Box 7 of the “Research and Related Other Project Information” form, and use the Project Abstract Summary Form 2.0 in workspace to complete the Project Abstract Summary. See Section IV.2.i [Project Abstract](#) for content information.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-168 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA [SF-424 R&R Application Guide](#) in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limitation

The total size of all uploaded files included in the page limit shall not exceed the equivalent of **70 pages** when printed by HRSA. The page limit includes project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project Abstract Summary."

Standard OMB-approved forms that are included in the workspace application package, including the Standardized Work Plan (SWP), do not count in the page limit. Biographical sketches **do** count in the page limitation. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-168, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 70 pages will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachment 10: Other Relevant Documents](#).

See Section 4.1 viii of HRSA's [SF-424 R&R Application Guide](#) for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\) website](#).

Program Requirements and Expectations

All applicants funded under this funding opportunity will be required to implement the following:

- Develop and implement innovative training models that will expand the nursing workforce and prepare nursing students to:
 - Practice in collaborative interprofessional team-based care models in acute care settings;
 - Identify and understand the SDOH in underserved communities;
 - Address complex care needs of populations at highest risk for health disparities and low health literacy; and
 - Provide high quality culturally sensitive care using critical thinking skills.
- Establish or enhance collaborative academic, practice, and community partnerships to inform didactic nursing curriculum and nursing student readiness to practice in acute care settings;

- Enhance didactic nursing curriculum and continuing professional education and development (for faculty and/or staff) with an emphasis on:
 - Utilizing collaborative team-based care models
 - Addressing SDOH
 - Implementing methods to achieve Health Equity in populations at highest risk for health disparities and low health literacy, and
 - Implementing leadership and communication skills
- Increase the diversity of the nursing workforce with the recruitment of nursing students and faculty from diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minorities.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. See [Form Alert](#) in Section IV.1 Application Package. Please use the guidance below.

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable
- If requesting a funding preference and/or priority as outlined in [Section V. 2.](#) of the program-specific NOFO, indicate here.

Because the abstract is often distributed to provide information to the public and Congress, 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. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including [USA Spending.gov](#).

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish

3. Which of the clinical priorities will be addressed by the project, if applicable
4. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges	(2) Response to Program Purpose (a) Work Plan (b) Methodology/Approach (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

ii. **Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

- **PURPOSE AND NEED** -- Corresponds to Section V's [Review Criterion 1](#)
You must directly link all aspects of the project to its goals and objectives, including its contribution to improving health equity and diversity within the nursing workforce. You must describe the purpose and need for the proposed project, including:
 - Local and state needs and resources necessary to support the health care of underserved populations;
 - A disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) to identify populations at highest risk for health disparities, low health literacy, and infrastructure to receive necessary services in rural and underserved areas;
 - The development of acute care experiential longitudinal clinical training opportunities for nursing students;
 - The education and training needs of the current and future nursing workforce to incorporate health equity, team-based care, and recruitment and retention barriers;
 - Nursing curricula modifications and enhancements needed to incorporate SDOH, needs of populations at risk for experiencing health disparities, low health literacy, and health inequities;
 - Demographic data of target student population including but not limited to demographic characteristics, geographic background, and race and ethnicity background;
 - Demographics of the current nursing workforce in the geographic area of the proposed project; and
 - Establishment or enhancement of academic, clinical, and community partnerships that will increase experiential clinical training opportunities for nursing students in various acute care settings.

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

■ (a) **WORK PLAN** -- Corresponds to Section V's [Review Criterion 2 \(a\)](#)

Provide a detailed standardized work plan that demonstrates your ability to implement a project of the proposed scope. Your work plan must be submitted through the Standardized Work Plan (SWP) Form located in the Grants.gov workspace. The SWP form is organized by budget period and must include all activities and deliverables for each objective and program goal. **The program goals for this NOFO must be entered in the Program Goals section of the SWP form.** For example, Goal 1 in the Purpose section of the NOFO will need to be entered as Goal 1 in the SWP form. Objectives and sub-objectives can be tailored to your project needs. Objectives may be tagged with organizational priorities by selecting applicable priorities on the SWP form. For the purpose of this NOFO, please write in COVID-19 or Health Equity in the "Other Priority Linkage" if your objective or sub-objectives align with those priorities. Form instructions are provided along with the SWP form, and are included in the application package found on [Grants.gov](#).

You must complete the Standardized Work Plan (SWP) mandatory form in the Application Package. The SWP must include:

- Describe outcomes, including the number of current and future student nurses trained each year in the proposed project;
- A plan for the recruitment and retention of trainees that will serve in acute care settings upon graduation;
- Describe each of the goals of the proposed project; including the objectives, and reasons for proposing the intervention and how they relate to attainment of the goals of the Disparity Impact Statement;
- Describe how resources and inputs will be used for proposed strategies and activities to attain desired outputs and outcomes;
- Detail the timeline, deliverables, and key partners required during the award period of performance to address each of the needs described in the Purpose and Need section;
- Include the responsible entity/entities (i.e., key staff and partners) and collaboration with key stakeholder to carryout the project;
- Identify the plan for the recruitment of students from diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minority populations, including any partnerships used to facilitate efforts;
- Provide a plan for using training and/or learning experiences that address cultural awareness, SDOH, health equity and health literacy;

- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including the development of the application; and
 - A description of the methods to be used to ensure funds are properly documented for subawards and/or contracts.
- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's [Review Criterion 2 \(b\)](#)*
- Describe your objectives and proposed activities that will be used to address the needs and requirements of the program, identified in the [Purpose and Need](#) section. You must describe how the objectives link to each of the previously described requirements listed in Section IV. [Program Requirements and Expectations](#).

You must:

- Describe resources used or needed to implement objectives and proposed activities, and provide evidence for how they will link to the project purpose and stated needs;
- Address the objectives including the roles of partners, system level and organizational change initiatives, educational strategies and curricula enhancements that will be used to accomplish the objectives of the project;
- Describe how the proposed project plans to shift nursing workforce based on standards of practice and/or education paradigms;
- Identify strategies, tools and/or activities to address the SDOH, health equity, low health literacy and community and system needs, explain the rationale for proposing specific activities, and present a clear connection between identified system gaps, needs, and the proposed activities;
- Describe plan for recruitment and training of nursing students from diverse populations, including individuals from disadvantaged backgrounds and underrepresented racial and ethnic minority populations;
- Provide a detailed plan to provide staff and faculty professional development addressing cultural sensitivity, SDOH and health equity;
- Provide an emergency preparedness plan, in case of a public health emergency, to ensure continuation of programmatic and training activities; and

- Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.
- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's [Review Criterion 2 \(c\)](#)*
 - Discuss challenges that you are likely to encounter in designing and implementing, and sustaining the activities described in the work plan, and approaches that you will use to resolve such challenges;
 - Discuss challenges related to the nursing workforce development such as recruitment and retention, and interprofessional education and training;
 - Describe obstacles and approaches to ensure trainings offer integrated health equity, SDOH, culturally-competent new or enhanced competencies; and
 - Identify resources and plans available to resolve and overcome these challenges and obstacles.
 - *IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria 3 (a) and (b).*
 - *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's [Review Criterion 3 \(a\)](#)*
Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must:
 - Monitor ongoing processes and progress toward meeting goals and objectives of the project and attainment of goals of the Disparities Impact Statement;
 - Include descriptions of the inputs (e.g., key evaluation personnel and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities;
 - Describe how all key evaluative measures will be reported. Evaluation methodology must identify how projects will meet identified needs, including the connection to those identified in the Disparities Impact Statement, and work toward increasing the number of nurses who are ready to practice in acute care settings;

- Identify quantitative and/or qualitative measures for each objective and related activities, and how findings will be used to determine project outcomes and whether identified needs are successfully being met;
- Describe plan to use evidence-based evaluative tools to measure the impact of the project;
- Describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program;
- Describe the data collection strategy to accurately collect, manage, analyze, store, and track/report data (e.g., assigned skilled staff, data management software) to identify measures and evidence-based tools to evaluate impact/outcomes, and explain how the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes;
- Describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements and your plan to address those obstacles; and
- Provide an evaluation and reporting plan that indicates the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable ([Attachment 8](#)).

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's [Review Criterion 3 \(b\)](#)*

Provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to:

- Provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population;
- Highlight key elements of your grant projects, e.g., training methods or strategies, and innovative technology which have been effective in improving practices;
- Demonstrate commitment to support, to the extent possible, the activities implemented through this funding opportunity beyond the period of federal funding;
- Describe strategies to expand, diversify, and sustain implementation efforts, including funding; and
- Disseminate outcomes as a result of the implementation of nursing competencies and replicable evidence-based practices.

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's [Review Criterion 4](#)*

Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. (A project organizational chart is requested in Section IV.2.v./ vi., [Attachment 5](#).)

- Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations;
- Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings; and
- Describe how the unique needs of the target populations served are routinely assessed and how training is improved accordingly.

Capabilities of the Applicant Organization:

- Describe how the organizational structure, including the capability and commitment of administration, management and governing board, is appropriate for the implementation, operations, and oversight necessary to implement training and curriculum enhancements;
- Provide evidence of the financial capability and organizational commitment needed to operate the project;
- Provide letters of agreement, Memorandum of Agreement, letter(s) of support from the President of the academic institution and or health care facility, each partner organization, or other higher level official that demonstrates the institution's commitment to the project (Attachments 2 and 7);
- Offer evidence of transformative learning and active recruitment, retention, and continuing professional development that demonstrates commitment to equity; and
- Describe an emergency preparedness plan to continue grant activities in the event of a public health emergency.

Key Personnel

Project Director Qualification: Identify one Project Director. The Project Director for the proposed project must be a licensed Registered Nurse. NOTE: There may only be one Project Director for the NEPQR-RNTP project

The staffing plan and job descriptions for key faculty/staff must be included in [Attachment 3](#) (Staffing Plan and Job Descriptions for Key Personnel).

However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile (Expanded) form, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. When applicable, biographical sketches should include training, language fluency, and experience working with diverse populations that are served by their programs.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title

- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
 - Institution and location
 - Degree (if applicable)
 - Date of degree (MM/YY)
 - Field of study
- **Section A (required) Personal Statement.** Briefly describe why the individual's experience and qualifications make them particularly well-suited for their role (e.g., PD/PI) in the project that is the subject of the award.
- **Section B (required) Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.
- **Section C (optional) Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- **Section D (optional) Other Support.** List both selected ongoing and completed (during the last 3 years) projects (federal or non-federal support). Begin with any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

iii. **Budget**

The directions offered in the [SF-424 R&R Application Guide](#) may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 R&R Application Guide](#) and the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Subawards/subcontracts

A detailed line-item budget form is required for each subaward and should be uploaded to the R&R Subaward Budget Attachment(s) Form.

The R&R Subaward Budget Attachment Form limits the number of attachments for subawards to 10. If you need to include additional line-item budget forms, upload the

attachment in R&R Other Project Information Form, block 12 “Other Attachments.” These additional line-item budget forms for subawards will not count against the page limit. Note that any additional budget justifications (i.e., back-up information) are included in the page limit.

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

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at **8 percent** of modified total direct costs, rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

iv. Budget Justification Narrative

See Section 4.1.v of HRSA’s [SF-424 R&R Application Guide](#).

The budget justification narrative must describe all line-item federal funds (including subawards) and matching non-federal funds proposed for this project. Please note: all budget justification narratives count against the page limit.

In addition, NEPQR-RNTP requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “Total Participant/Trainee Support Costs” which includes the summation of all trainee costs.

Consultant Services: If you are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services they will perform, the total number of days, travel costs, and the total estimated costs.

v. **Standardized Work Plan (SWP) Form**

As part of the application submitted through Grants.gov, you must complete and electronically submit the SWP Form by the application due date. Work Plan -- Corresponds to Section V's [Review Criterion 2 \(a\)](#).

The SWP Form is part of the electronic Grants.gov application package and must be completed online as a part of the Grants.gov application package. Ensure it includes all the information detailed in [Section IV.2.ii. Project Narrative](#).

vi. **Attachments**

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will **not** be reviewed/opened by HRSA.

Attachment 1: (Required) Accreditation

Schools of nursing affiliated with the proposed project must be accredited by a recognized body or bodies or by a State agency approved for such purpose by the Secretary of the U.S. Department of Education. Applicants must submit documentation that (1) demonstrates continuing accreditation from the relevant accrediting body and are not on probation, (2) the name of the accrediting body, (3) the date of initial accreditation, (4) the date of the next expected accrediting body review (or expiration date of current accreditation), and (5) a web link to the accreditation information on the accrediting body website (if available). Applicants on provisional accreditation status must provide proof of this status. Applicants whose accreditation status cannot be verified will be considered nonresponsive and deemed ineligible under this funding notice.

Substantive Change Notification

Accredited nursing programs that modify (for example, a change to a BSN-DNP program) or add a nursing specialty that requires substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change from the accrediting agency.

Newly Established Programs of Nursing Accreditation

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

Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (Required)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. It is not necessary to include the entire contents of lengthy agreements, so long as the included document provides the information that relates to the requirements of the NOFO.

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#)) (Required)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization’s time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 4: Tables, Charts, etc. (As applicable)

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 5: Project Organizational Chart (Required)

Provide a one-page figure that depicts the organizational structure of the *project* (not the *applicant organization*).

Attachment 6: (Required) Maintenance of Effort (MOE) Documentation

Provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES	
FY 21 Before Application (Actual) Actual FY 2021 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	Current FY of Application (Estimated) Estimated FY 2022 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Attachment 7: (Required) Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. Letters of support must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 8: (Required) Evaluation Plan

Provide an evaluation plan that indicates the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable. Evaluation plan must identify and discuss how their current and/or projected organizational infrastructure will enable them to engage in evaluation activities and determine the effectiveness of their projects. Also, the applicants should describe in their evaluation plan how they will demonstrate that faculty, students, and practitioners will utilize the collaborative care team environments to put into practice interprofessional education principles, health equity, and SDOH. This evaluation plan must describe the applicant's plan to monitor and evaluate its progress and evaluation of the attainment of the goals of their Disparities Impact Statement.

Attachment 9: (Required) Request for Funding Preference or Priority

To receive a funding priority, include a statement that the applicant is eligible for a funding preference and/or priority and identify the preference. You must include the name(s) and address(es) of the training site(s). Include appropriate documentation of this qualification. See [Section V.2.](#)

Attachment 10: (As Applicable): Other Relevant Documents

Include here any other document that is relevant to the application.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

The UEI (SAM), a new, non-proprietary identifier assigned by [SAM](#), has replaced the UEI Data Universal Numbering System (DUNS) number.

Effective April 4, 2022:

- Register in SAM.gov and you will be assigned your UEI (SAM) within SAM.gov.
- You will no longer use UEI (DUNS) and that number will not be maintained in any Integrated Award Environment (IAE) systems (SAM, CPARS, FAPIIS, eSRS, FSRS, FPDS-NG). For more details, visit the following webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or

federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<https://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov>)

For more details, see Section 3.1 of HRSA's [SF-424 R&R Application Guide](#).

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *August 19, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

NEPQR-RNTP is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$350,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this notice may not be used for purposes specified in HRSA's [SF-424 R&R Application Guide](#). In addition, funds cannot be used for the following purposes:

- Subsidies or paid release time for project faculty
- Payment of temporary personnel replacement costs for the time faculty/preceptors/participants are away from usual worksite during involvement in project activities
- Laboratory fees
- Foreign travel
- Accreditation, credentialing, licensing, continuing education fees, certification exam/licensing fees, and franchise fees and expenses
- Preadmission costs, including college entrance exam costs
- Fringe benefits for participant/trainees, with the exception of health insurance
- Construction and Major Renovation

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202 Salary Limitation does apply to this program See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in the next fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 R&R Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Review criteria are used to review and rank the NEPQR-RNTP applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV's [Purpose and Need](#)

Reviewers will consider the quality and extent to which you demonstrate:

- The Health equity and disparities with the development of a disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>) to identify populations

at highest risk for health disparities and low health literacy. The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the NEPQR-RNTP;

- A compelling need to support the nursing workforce readiness for practice and retention in interprofessional teams in acute care settings;
- Provide a detailed assessment of the gaps and needs for increasing educational opportunities for current and future nursing students, including those from diverse populations and from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses);
- Development of innovative experiential training sites for nursing students in various acute care settings;
- Gaps or demonstrated success at addressing the educational and training needs of the current and future nursing workforce in acute care and readiness to practice in underserved areas;
- Gaps in the current nursing curricula incorporating SDOH and health equity; and
- Impact the SDOH factors and health inequities identified have on the quality of health care, health outcomes, access to care, and health equity.

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

Criterion 2 (a): WORK PLAN (10 points) – Corresponds to Section IV's [Response to Program Purpose Sub-section \(a\) Work Plan](#)

Reviewers will consider the quality and extent to which you:

- Outline a clear, comprehensive, and specific set of activities, timeframes, deliverables, and key partners to ensure successful implementation of the project;
- Develop a work plan that accounts for all functions or activities identified in the application;
- Describe in detail the activities, timeframes, deliverables, and key partners required during the period of performance to address the needs described in the [Purpose and Need](#) section;

- Provide detailed activities to achieve goals and objectives of the project including the attainment of the Disparities Impact Statement; the description should include timeline, stakeholders, and a description of the cultural, racial, linguistic, and geographic diversity of the populations served;
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall implementation timeline;
- Describe how resources and inputs are appropriate to implement proposed strategies and activities to attain desired outputs and outcomes;
- Describe existing and or potential partnerships and their abilities to assist with achieving goals, outcomes and health equity through the implementation of the NEPQR-RNTP.

Criterion 2 (b): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's [Response to Program Purpose Sub-section \(b\) Methodology/Approach](#)

The application will be evaluated on the extent to which you demonstrate an understanding of the program requirements and expectations, and the extent to which you demonstrate:

- The approach aligns with the funding opportunity's purpose, goals, and objectives and contributes to the attainment of the goals of the Disparities Impact Statement;
- How the proposed project will be effective in meeting the healthcare needs of the target population being served through nursing education opportunities;
- The use of innovative training experiences likely to yield graduates ready to practice in interprofessional care teams in acute care settings;
- How didactic and/or clinical curricula aligns strategies for recruitment, placement and retention of current and future nursing students ready to practice in acute care settings in underserved communities;
- The implementation of ongoing plans to provide continued staff and faculty professional development addressing health equity, and improving health equity;
- How enhancing existing, or developing new, academic, clinical, and community partnerships aimed at establishing and supporting training experiences for students from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) will improve health outcomes and improve health equity;

- The projected number of students trained and ready to practice in acute care settings;
- A detailed emergency preparedness plan.

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

Reviewers will consider the extent to which you:

- Describe the full breadth of potential obstacles and challenges encountered during the design and implementation of activities described in the work plan;
- Outline a reasonable and actionable plan and innovative approaches to address challenges identified;
- Address potential obstacles for implementing the program performance evaluation and meeting HRSA’s performance measurement requirements and plan to address those obstacles; and
- Address any challenges with becoming self-sufficient beyond the period of federal funding and a plan to address challenges in achieving self-sufficiency.

Criterion 3: IMPACT (35 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (25 points) – Corresponds to Section IV’s [Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#)

Reviewers will consider the extent to which you are able to effectively report on the measurable outcomes being requested including both internal program performance evaluation plan and HRSA’s required performance measures. Reviewers will consider the extent to which the applicant describes:

- The overall quality of the impact evaluation plan (descriptions of the inputs, key processes, variables to be measured, identify evidence-based tools, expected outcomes of the funded activities, and how key measures will be reported) [\(Attachment 8\)](#)
- Expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement;
- Quality of the methods and proposed approach for using results, and how performance outcomes will inform program development and implementation;

- The capacity of the institution to track, collect and report required performance measures on an annual basis;
- The strength of your plan to utilize both quantitative and qualitative data to accurately and promptly inform quality improvement efforts, periodically review program progress, and make adjustments in order to optimize program output;
- The extent to which the long-term impact of the project is tracked and measured to assess progress toward increasing the number of nurses ready to practice in acute care settings;
- Processes to obtain participant employment data one year after graduation.

Criterion 3 (b): PROJECT SUSTAINABILITY (10 points) – Corresponds to Section IV’s [Impact Sub-section \(b\) Project Sustainability](#)

Reviewers will consider the extent to which you describe a reasonable and feasible plan for project sustainability after the period of federal funding ends, including:

- The commitment to support the use of innovative training models implemented through this funding opportunity beyond the period of federal funding;
- Strategies to build needed capacity to achieve efficient and sustainable nursing curricula and clinical training practices;
- A commitment to ensure, to the extent possible, that the nursing workforce addresses diverse students interested in acute care nursing practice;
- The dissemination of outcomes as a result of the implementation of NEPQR-RNTP and replicable evidence-based practices;
- The degree to which the applicant describes how it will sustain the project after the period of grant support. Sustainability plans should also include future funding sources, initiatives and strategies; and
- A time table for becoming self-sufficient.

Criterion 4: ORGANIZATIONAL INFORMATION/RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's [Organizational Information, Resources, and Capabilities](#)

Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. Reviewers will also consider the extent to which applicants must include the following information:

- The quality and availability of facilities and personnel to fulfill the programmatic, fiscal, and administrative needs and requirements of the proposed project (include the project's organizational chart) ([Attachment 5](#));
- The quality and availability of personnel (i.e., level of effort) is reasonable and sufficient to carry out the proposed activities;
- The extent to which the project identifies the Project Director (PD) is a Licensed Registered Nurse;
- The extent to which existing resources and/or programs are available and how they will work together;
- The quality and availability of the PD and personnel (i.e., level of effort) are reasonable and sufficient to carry out the proposed activities and the percentage of time for the PD is reasonable;
- The quality of the evidence of letters of agreement, MOUs, letters of support from entity and collaborating partners and practice sites ([Attachment 2 and 7](#)); and
- The quality of organizational infrastructure that will enable the applicant to engage in impact evaluation activities.

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget Justification Narrative](#) and *SF-424 R&R budget forms*

Reviewers will consider 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, including:

- The extent to which costs, as outlined in the budget justification narrative and required resources sections, evaluation plan, and activities are reasonable given the scope of work, keeping in mind the program funding restrictions;
- The extent to which the PD and key personnel have adequate time devoted to the project to ensure commitment, are reasonable, and achieve project objectives as well as the impact of in-kind support, if applicable;
- The extent to which the application follows the program-specific budget guidelines under Section IV and the [SF-424 R&R Application Guide](#), costs are

clearly justified by a narrative description, includes an itemized cost breakdown, including the allowable indirect cost, keeping in mind program funding restrictions;

- The extent to which the applicant describes, if there is more than one sub-award recipient/contractor, how each is budgeted separately and itemization is attached that clearly describes the roles of the contractors and deliverables, keeping in mind program funding restrictions. A consultant is a non-employee who provides advice and expertise in a specific program area; and
- The extent to which the budget justification narrative is clear and aligned with proposed activities and budget for each project year, and includes a narrative description of all costs and itemized detailed estimated cost breakdowns.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award.

See Section 5.3 of HRSA's [SF-424 R&R Application Guide](#) for more details.

Funding Priorities

This program includes two funding priorities as directed by Section H of the Joint Explanatory Statement that accompanied H.R. 2471, the Consolidated Appropriations Act of 2022. A funding priority is the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. HRSA staff adjusts the score by a pre-determined number of points. The NEPQR-RNTP has two (2) funding priorities.

Priority 1: *States with the Greatest Nursing Shortages (2 Points)*

Funding priority will be given to applicants in States listed in the HRSA publication "Supply and Demand Projections of the Nursing Workforce 2014-2030" as having the greatest shortages. Those states are New Jersey, South Dakota, Georgia, South Carolina, Texas, Alaska, and California. Applicants should indicate in the program abstract and [Attachment 10](#) their request for funding priority consideration. No partial points will be given.

Priority 2: *Public Entities (2 Points)*

Funding priority will be given to public entities. Applicants should provide supportive documentation as proof of their status as a public entity. Applicants should indicate in the program abstract and [Attachment 10](#) their request for funding priority. No partial points will be given.

Funding Preferences

This program provides a funding preference as authorized by 42 U.S.C. § 296d (Section 805 of the PHS Act). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding preference and will grant it to any qualified applicant that demonstrates they meet the criteria for preference(s): as follows:

Qualification 1: substantially benefits rural populations or

Qualification 2: substantially benefits underserved populations or

Qualification 3: substantially benefits Public Health Nursing Needs in State or Local Health Departments

For this competition, HRSA has interpreted “substantially benefit” to mean those projects that encompass clinical practice training at a site physically located in either (a) a rural area, (b) Medically Underserved Area and/or Population, and/or (c) a State or local health department. Applicants should indicate in the program abstract their request for funding preference consideration. To be considered for Funding Preference, you must supply all supporting data in [Attachment 9](#). Only applications with [Attachment 9](#) will be considered for the funding preference. An applicant may receive only **one** funding preference. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Funding Preference(s)	Qualifications to Meet Preference(s)
<i>Substantially Benefits Rural Populations</i>	<p>Applicants can confirm their eligibility for this funding preference by inserting the address of the partnering clinical training site into HRSA’s Rural Health Grants Eligibility Analyzer or “Am I Rural?” (Applicants must include a copy of the output from the Analyzer with the application in Attachment 9)</p> <p>Note that if the output exceeds three pages, only the first three pages will count toward the page limit.</p>
<i>Substantially Benefits Underserved Populations</i>	<p>The applicant must be located in a geographical area that is serving a federally-designated Medically Underserved Area (MUA)</p>

	<p style="text-align: center;">OR</p> <p>Medically Underserved Population (MUP). HRSA will use the address of the applicant from the SF-424 R&R to verify the funding preference using HRSA's Shortage Designation Advisor.</p> <p>(Applicants must include a copy of the output from Shortage Designation Advisor in Attachment 9).</p> <p>Note that if the output exceeds three pages, only the first three pages will count toward the page limit).</p>
<p><i>Substantially Benefits Public Health Nursing Needs in State or Local Health Departments</i></p>	<p>Applicants must demonstrate linkage(s) or practice collaborations with state or local departments for practitioners and/or student practicum experiences (Practice agreement must be included in documentation in Attachment 9)</p>

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

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

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2022. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

[Executive Order on Worker Organizing and Empowerment](#)

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an annual basis. HRSA will verify that that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual progress report.

In addition, you must submit a Quarterly Progress Update (QPU) to HRSA via the Electronic Handbooks (EHBs) at the completion of each quarter. The QPU will be automatically generated and allows recipients to document progress on their activities based on the information submitted in the SWP.

More information will be available in the NOA.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbooks (EHBs) on an annual basis. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance

and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NOA.

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

- 3) **Final Program Report.** A final report is due within 90 calendar days after the period of performance ends. The Final Report must be submitted online by recipients in the EHBs at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a final report at the end of their project. The Final Report includes the following sections:

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

Further information will be provided in the NOA.

- 4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. More specific information will be included in the NoA.
- 5) **Other Required Reports.** Award recipients may be asked to submit additional quantitative data and brief narratives to capture project progress

such hiring process, individuals directly assisted, and characteristics of those individuals.

- 6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Nandini Assar, PhD
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Email: NAssar@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Kirk Koyama, MSN, RN, PHN, CNS
Nurse Consultant
Division of Nursing and Public Health, Bureau of Health Workforce
Health Resources and Services Administration
Attn: NEPQR-RNTP
5600 Fishers Lane, Room 11N-104A
Rockville, MD 20857
Email: kkoyama@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International callers dial 606-545-5035)

Email: support@grants.gov

Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772 / (877) Go4-HRSA

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Health Literacy – NOFOs may benefit from providing links to information on health literacy. Below are available HHS resources.

- HHS Health.gov: [Health Literate Care Model](#)
- AHRQ: [Health Literacy Universal Precautions Toolkit](#)

Disparity Impact Statement:

Applicants are expected to develop a disparity impact statement using local data (e.g., the CDC Social Vulnerability Index (SVI) to identify populations at highest risk for health disparities and low health literacy (see below). The disparity impact statement will provide the framework for ongoing monitoring and determining the impact of the NEPQR-RNTP services. Below are available HHS resources:

- CDC.gov: CDC Social Vulnerability Index (SVI)
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- CMS.gov: [Quality Improvement & Interventions: Disparity Impact Statement](#)
- SAMHSA.gov: [Disparity Impact Statement](#)

The National Institutes of Health have designated the following U.S. health disparity populations:

- Blacks/African Americans
- Hispanics/Latinos
- American Indians/Alaska Natives
- Asian Americans
- Native Hawaiians and other Pacific Islanders
- Sexual and gender minorities
- Socioeconomically disadvantaged populations
- Underserved rural populations

See [National Institute on Minority Health and Health Disparities, *Health Disparity Populations* \(April 1, 2021\)](#).

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar for applicants seeking funding through this opportunity. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for applicants to ask questions. Visit the HRSA Bureau of Health Workforce's open opportunities website at <https://bhw.hrsa.gov/fundingopportunities>, to learn more about the resources available for this funding opportunity.

Tips for Writing a Strong Application

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

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

In addition, a number of helpful tips have been developed with information that may assist you in preparing a competitive application. This information can be accessed at <http://www.hrsa.gov/grants/apply/write-strong/index.html>.