

U.S. Department of Health and Human Services

HRSA

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-*Clinical Faculty and Preceptor Academies (NEPQR-CFPA) Program*

Funding Opportunity Number: HRSA-22-170

Funding Opportunity Type(s): New

Assistance Listings (AL/CFDA) Number: 93.359

Application Due Date: August 22, 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

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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, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Nurse Education, Practice, Quality and Retention-Clinical Faculty and Preceptor Academies (NEPQR-CFPA) Program. The purpose of this program is to increase the nursing workforce by recruiting, training and producing skilled qualified clinical nursing faculty and nursing preceptors. The program will prepare nurses to serve as nursing clinical faculty and preceptors to newly hired or transitioning licensed nurses in a variety of care settings. The NEPQR-CFPA program aims to create academies consisting of academic-clinical partnerships to develop and implement a formal curriculum to train clinical nursing faculty and preceptors.

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|---|--|
| Funding Opportunity Title: | Nurse Education, Practice, Quality and Retention-Clinical Faculty and Preceptor Academies (NEPQR-CFPA) Program |
| Funding Opportunity Number: | HRSA-22-170 |
| Due Date for Applications: | August 22, 2022 |
| Anticipated FY2022 Total Available Funding: | \$10,000,000 |
| Estimated Number and Type of Award(s): | Up to 10 grant awards (One per HHS Region) |
| Estimated Annual Award Amount: | Up to \$1,000,000 per award |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 30, 2022 through September 29, 2026 (4 years) |

| | |
|----------------------|--|
| Eligible Applicants: | <p>Eligible applicants include accredited schools of nursing, as defined by 42 U.S.C § 296(2) (PHS Act section 801(2)), 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 this NOFO and in HRSA's [SF-424 R&R Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

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-CFPA Program.

Program Purpose

The purpose of the Nurse Education, Practice, Quality and Retention Clinical Faculty and Preceptor Academies (NEPQR-CFPA) is to support the creation of academies, consisting of academic-clinical-community partnerships, that develop and implement formal nurse education training curriculum used to train clinical nursing faculty and preceptors.

Program Goals

The NEPQR-CFPA program aims to increase the nursing workforce by recruiting, training and producing skilled qualified clinical nursing faculty and preceptors. The NEPQR-CFPA program will prepare nurses to serve as clinical nursing faculty and preceptors to newly hired or transitioning licensed nurses in a variety of care settings in rural and/or underserved areas.

Program Objective

The objective of the NEPQR-CFPA program is to increase the nursing workforce by producing skilled, qualified clinical nursing faculty and preceptors to address health equity, increase access to care and increase capacity of the nursing workforce.

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 training of clinical nursing faculty and preceptors in the NEPQR-CFPA Program.

2. Background

As the nursing profession grows in the United States, the demand for preceptors is also increasing. Unfortunately, the supply of preceptors is not keeping up with the demand, which is projected to continue. The United States is expected to have a shortage of preceptors for nursing students by 2022. As of 2022, the nursing preceptor shortage in the United States is expected to reach nearly 100,000 by 2030. Between 2018-2019,

over 75,000 qualified candidates were turned away from baccalaureate and graduate nursing programs due to nursing preceptor shortages, faculty shortages, and budget constraints.¹ About 65% of nursing schools in the US reported a shortage of nursing preceptors who could not admit new students into nursing programs². ²The increasing demand for nurses will grow as the population continues to grow and age, at the same time, many nurses are retiring.³ While national level data on the impact of the COVID-19 pandemic on the nursing workforce is not yet available, HRSA's National Center for Health Workforce Analysis previously estimated that growth in the overall nursing workforce will meet patient demand nationally, but individual states may face shortages. This is due to the uneven distribution of this workforce and the impact of the COVID-19 pandemic which has exacerbated the need for a well-trained and culturally competent nursing workforce that meets the needs of the nation's diverse communities.

This shortage of nursing preceptors is expected to significantly impact nursing education and the ability of nursing schools to prepare students for practice.⁴ It is also likely to affect the quality of patient care, as preceptors play a vital role in the education of new nurses. While the number of nursing students is rising, the number of preceptors is not. In fact, the nursing workforce is aging, and many experienced preceptors are retiring. At the same time, nurses are experiencing high levels of stress and burnout.

The shortage of preceptors has several consequences that are challenging for the field. First, it makes it difficult for nursing students to find a preceptor. This results in longer waiting periods for nursing students to start their clinical rotations.⁵ Second, the preceptors impact the quality of nursing education. If preceptors are unable to provide the same level of guidance and support to students when they are stretched thin, it impacts the training experience and can influence the quality of the educational experience⁵. Finally, the shortage of preceptors may have an effect on the quality of patient care. The concern is that preceptors cannot provide the same level of support to training nurses when they have increased demands on their limited time⁵.

Research has shown that by providing financial incentives to preceptors, increasing support for preceptors, and working to increase the number of preceptors, hospitals and other healthcare organizations can help to alleviate the shortage.⁶ With the implementation of the NEPQR-CFPA Program, entities will have the capability to provide the support and resources to train clinical faculty and preceptors, and provide

¹ Carson-Newman University Online. (2020, June 20). *Important nursing shortage statistics* | Carson-Newman. Carson Newman University - Online Nursing Degree Programs. <https://onlinenursing.cn.edu/news/important-nursing-shortage-statistics>

² Heiser, S. (2019, April 19). *New findings confirm predictions on physician shortage*. AAMC. <https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>

³ McInnis, A., Schlemmer, T., & Chapman, B. (2021). The significance of the NP preceptorship shortage. *OJIN: The Online Journal of Issues in Nursing*, 26(1). <https://doi.org/10.3912/ojin.vol26no01man05>

⁴ American Association of Colleges of Nursing (AACN). (2021). *Nursing Faculty Shortage*. The American Association of Colleges of Nursing (AACN). <https://www.aacnnursing.org/portals/42/news/factsheets/faculty-shortage-factsheet.pdf>

⁵ Wilson, S. (2021, November 21). *A shortage of APRNs means a shortage of preceptors for APRN students*. GraduateNursingEDU.org. <https://www.graduatenuresingedu.org/2018/06/a-shortage-of-aprns-means-a-shortage-of-preceptors-for-aprn-students/>

⁶ Regul, J. N. (2022). The NCSBN 2022 environmental scan: Resiliency, achievement, and public protection. *Journal of Nursing Regulation*, 12(4), S1-S56. [https://doi.org/10.1016/s2155-8256\(22\)00015-1](https://doi.org/10.1016/s2155-8256(22)00015-1)

quality formalized training to support the recruitment and retention of clinical nursing faculty and clinical preceptors.

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 specifically to the NEPQR-CFPA for Fiscal Year 2022:

Academies: is a network of entities that are formally linked. The network must include at minimum the applicant organization and a clinical practice site. The network may also include but is not limited to community-based entities, non-profit organizations and health professions organizations. The network must include formal signed agreements and the implantation of activities focused on the development of the nursing clinical faculty and preceptor workforce based on the NEPQR-CFPA Program [goals](#), [objective](#), and [program requirements and expectations](#).

Transitioning licensed nurse: is a licensed nurse that is moving or changing from one specialty, unit, entity/location to another such as from acute care to primary care or from long term care to community based care.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$10,000,000 to be available annually to fund 10 recipients. You may apply for a ceiling amount of up to \$1,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 30, 2022 through September 29, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for NEQPR-CFPA Program subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

The NEQPR-CFPA will comprise a program that serves all 50 states, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, and the six U.S. Pacific Jurisdictions based on the [10 HHS regions](#)⁷. HRSA will fund up to **10** NEQPR-CFPA, no more than **one** in each [HHS region](#)—to ensure that the United States and its territories and jurisdictions have access to nursing education and training. You must select no more than **one** region to support in your application and you must agree to support the nursing clinical faculty and preceptor workforce education and training needs across the entire region for the full 4-year period of performance.

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(f) (section 831(f) of the PHS Act), eligible entities include, accredited schools of nursing, as defined by 42 U.S.C § 296(2) (PHS Act 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 non-profit private school. Applicants must provide documentation of current

⁷ <https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>

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 9](#). Individuals and for-profit entities are not eligible to apply.

In addition to the 50 states, entities located 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.

Beneficiary Eligibility

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 \$1,000,000 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 (section 803(b) of the Public Health Service 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 5](#).

HRSA will enforce statutory MOE requirements through all available mechanisms.

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov [application due date](#).

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](https://www.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 [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

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 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-22-170 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 to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **70 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) “Project_Abstract Summary.” If there are other

attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi [Attachments](#).

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-22-170, it will 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.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit 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 HRSA-22-170 before the deadline.

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. § 3354).
- 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), which sunsets/terminates on September 30, 2023. 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:

- Training Curriculum Development - creating and implementing a formal clinical faculty and preceptor training curriculum to increase the knowledge and skillsets of nursing clinical faculty and preceptors;
- Support Services – tailoring services (academic, peer, and social supports) necessary to facilitate and maintain the success of clinical faculty and preceptors, including the implementation of strategies to improve resiliency and well-being to prevent burnout throughout the nursing pipeline;
- Recruitment and Retention – recruiting, training, developing, supporting, and evaluating clinical faculty and preceptors as program partners to enhance clinical and didactic nursing education;
- Financial Support – providing financial support such as stipends to nursing clinical faculty and preceptors to promote retention as a preceptor and to address the multi-faceted needs of the nursing education workforce;
- Post Training Employment - placing newly trained clinical faculty and preceptors with employment opportunities within partnering clinical sites; and
- Collaborative Partnerships (academic, practice, and community) – enhance or create new academic-clinical partnerships that facilitate:
 - preceptor and preceptee training opportunities,
 - curriculum development and implementation,
 - didactic training and clinical coordination, and
 - oversight of clinical faculty and nurse preceptor training and development.

Partnerships are required to:

- Implement a system for recruitment and training of clinical faculty and preceptors from a variety of care settings committed to serve in a role as clinical preceptor; and
- Identify a partnership liaison as a formal facilitator between academic, clinical and community partnerships.

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 that is included in the workspace application package. Do not upload the abstract as an attachment or it

may count toward the page limit. See [Form Alert](#) in Section IV.1 Application Package. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#).

The Abstract must include:

- A brief overview of the project as a whole;
- Specific, measurable objectives that the project will accomplish;
- How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why, and how" of a project;
- The HHS region for which the applicant is competing; and
- Funding preference, if requesting.

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.

| <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 Justification Narrative | (5) 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.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **PURPOSE AND NEED** -- Corresponds to Section V's [Review Criterion\(a\) 1](#)
 - Briefly describe the purpose of the proposed project. Discuss why, in both qualitative and quantitative terms, the applicant institution or organization needs these funds, and how the proposed project activities will strengthen the applicant's ability to increase the distribution and readiness of clinical faculty and preceptors in a variety of care settings. Outline the needs of the community and the proposed training program. The applicant must:
 - Demonstrate the need for the formal training of clinical faculty and preceptors
 - Detail the target population to be served by this segment of the health workforce, as well as the socio-cultural determinants of health and health disparities impacting the population or communities. Use and cite demographic data whenever possible to support the information provided;
 - Describe how the proposed project will contribute to the readiness of clinical faculty and preceptors to train newly hired or transitioning licensed nurses in a variety of care settings;
 - Discuss relevant barriers and/or measurable gaps in the current clinical faculty and preceptor workforce;
 - Include the proposed number for each of the four project years of clinical faculty and preceptors who have been targeted to participate in the proposed project, and data describing where those participants are currently employed and/or the school of nursing from which they recently graduated; and
 - Demonstrate the successful recruitment and retention of culturally competent clinical faculty and preceptors that address the needs of the community being served and demonstrates a commitment to working with rural and or underserved populations.

- **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\(a\) 2 \(a\)](#)

Provide a detailed 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 SWP form in the Application Package.

The work plan must include:

- Describe the goals of the proposed project; including the objectives, reasons for proposing the intervention, and how they relate to attainment of the goals of the proposed project;
- 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 carry out the project (Attachments [2](#) and [7](#));
- Describe outcomes, including the number of clinical faculty, preceptors, and nurses trained each year in the proposed project;
- Detail a plan for the recruitment and retention of clinical faculty and preceptor trainees, including a description of wrap around services and financial support;
- Describe a plan for the recruitment of students that will receive training from the clinical faculty and preceptors trained by the NEPQR-CFPA, including any partnerships used to facilitate efforts (Attachments [2](#) and [7](#));
- Provide a plan for using training and/or learning experiences that address cultural awareness, SDOH, health equity and health literacy;
- Identify a partnership liaison as a formal facilitator between academic, clinical and community partnerships;
- Identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including the development of the application; and
- Describe the methods to be used to ensure funds are properly documented for subawards and/or contracts.
 - Goals of the project (e.g., reasons for proposing the intervention, if

- applicable);
 - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
 - Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
 - Target population (e.g., the individuals to be served);
 - Activities (e.g., approach, listing key intervention, if applicable);
 - Outputs (i.e., the direct products of program activities); and
 - Outcomes (i.e., the results of a program, typically describing a change in people or systems).
- *(b) METHODOLOGY/APPROACH -- Corresponds to Section V's [Review Criterion 2 \(b\)](#)*

You must describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/ dissemination with efforts to involve patients, families, and communities, if applicable. If applicable, include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences. Explain why your project is innovative and provide the context for why it is innovative.

Specifically, applicants must describe:

- A collaborative academic, community and practice partnership that will enhance the clinical training of clinical faculty and preceptors. (Attachments [2](#) and [7](#));
- A feedback cycle (via flowchart or otherwise) illustrating communication and collaboration plans, and checks, and balances between the academic institution and community-based entity;
- Mechanisms to identify, recruit, train, develop, support, and evaluate preceptors to enhance clinical and didactic training;
- An overview of clinical faculty and preceptor development curriculum for this application and project activities related to the preceptor development that includes, but is not limited to:
 - Standardized clinical faculty and preceptor orientation process;
 - Clinical faculty and preceptor professional development activities (e.g. in-services, skills sessions, group journal discussions, and online resources);

- Describing how the project supports the development of a nursing workforce that addresses the needs of and responds to the populations served; and
- Mechanisms for recruiting and supporting clinical faculty and preceptors who are dedicated to serving in a variety of care settings with rural and/or underserved populations;
- How the proposed project activities will strengthen the applicant's ability to increase the distribution of clinical faculty and preceptors;
- How care for rural and/or underserved populations is incorporated throughout the curriculum and the training experiences;
- Details of how the project will provide financial and other support funds to clinical faculty and preceptors, including a plan for how the entity will disburse financial support for trainees;
- The feedback cycle (via flowchart or otherwise) illustrating communication and collaboration plans, checks, and balances between the collaborative partnerships, including the clinical faculty and preceptor development component;
- Plans to recruit student participants that address the needs the population served;
- Your objectives and proposed activities, and evidence for how they will link to the project purpose and stated needs;
- 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;
- How the proposed project plans to adjust, if necessary, based on standards of practice and/or education paradigms;
- The rationale for proposing specific activities; and present a clear connection between identified system gaps, curriculum modification needs, and the proposed activities; and
- 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.
- (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 the activities described in the work plan, and approaches that you will use to resolve such challenges. In this section information should include, but is not limited to, the following:

- Challenges related to project implementation and the achievement of the proposed goals and objectives (i.e., recruitment and retention of students from disadvantaged backgrounds);
 - Challenges related to the clinical faculty and preceptor workforce development such as recruitment and retention;
 - Challenges related to establishing or expanding academic, clinical and/or community partnerships;
 - Resources and plans available to resolve and overcome these challenges and obstacles; and
 - Plan for addressing barriers to recruitment, training, retention, and employment of clinical faculty and preceptors and faculty that address the needs of the communities you are proposing to serve.
- *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 the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation must:

- Monitor ongoing processes and the progress towards meeting the goals and objectives of the project;
- Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, variables to be measured, and expected outcomes of each of the funded activities;
- Describe how all key evaluative measures will be reported. Evaluation methodology must identify how projects will meet identified needs, and work toward increasing the number of clinical faculty and preceptors ready to train;
- Describe the systems and processes that will support your organization's collection of HRSA's performance management 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 evidenced-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 current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature;
- Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles;
- Provide an evaluation and reporting plan that indicates the feasibility and effectiveness of plans for dissemination of project results (Attachment [8](#)); and
- Describe your process to track trainees after program completion/graduation for up to 1 year, to include collection of trainees' National Provider Identifiers (NPI). (Note: Trainees who receive HRSA funds as a result of this award are encouraged to apply for an NPI for the purpose of collecting post-graduation employment demographics).
- *(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, the documentation should:

- Highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices;
- Include plan to obtain future sources of potential funding;
- Provide a timetable for becoming self-sufficient;
- Include ongoing partnerships between community-based entities, academic institutions, and other interprofessional partners, particularly those that serve rural and underserved populations; and
- Address future NEPQR-CFPA program training and placement needs.

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. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

Applicants should provide a timetable for becoming self-sufficient. The academic clinical partnership awardee should document a plan that explains, by the start of

project year four, that it has the resources and structure in place to manage the NEPQR-CFPA program.

- *ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's [Review Criterion\(a\) 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 [Attachment 3](#).

- Provide information on your organization's/consortium'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;
- Describe all community support or other resources involved in the proposed project, including significant letters of support;
- Provide a letter(s) of support from the President, or other higher level official, of the academic institution and/or health care facility for each partner organization, that demonstrates the institution's commitment to the project ([Attachment 7](#));
- 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 curriculum development and enhancements;
- Institutional Resources: Describe available institutional resources, including teaching facilities, clinical resources, libraries, computer resources and other resources appropriate to implement effectively the proposed project
- Community Support: Describe all community support or other resources involved in the proposed project, as applicable. Include significant letters of support via [Attachment 7](#); and
- Linkages: Describe established and/or planned linkages with relevant educational and interprofessional educational programs, and health care entities. List any HRSA funded projects in which partners have participated.

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-CFPA project.

Partnership Liaison: Identify an individual to act as a formal facilitator between academia, clinical, and community partners.

Staff: Describe capacity and institutional mechanisms to implement the project. Provide the qualifications and position descriptions for the leadership and care teams. Include a biographical sketch (no more than 1 page) for key personnel; bio sketches should be uploaded in the SF-424 R&R Senior/Key Person Profile form. If staff are required but not yet identified, describe the recruitment and retention plan to meet the project's needs.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment [1](#) (Staffing Plan and Job Descriptions for Key Personnel). In this plan, describe proposed number and discipline of preceptors to be a part of the NP residency project.

However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form that 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 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 him/her particularly well-suited for his/her 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.

Please provide the following information as indicated below:

- Consultant(s): In the Budget Justification, provide the qualifications and nature/scope of the work to be provided by each consultant who has agreed to serve on the project. Include a biographical sketch (no more than 1 page) for each consultant; upload in the SF-424 R&R Senior/Key Person Profile form. If consultant(s) are required but not yet identified, describe the vacant consultant position(s) by area of expertise and the scope of work, for at least the first project year, and provide a rationale for this need.

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.

In addition, the NEPQR-CFPA Program requires the following:

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 fiscal years, as required by law.

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, and subawards 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, the NEPQR-CFPA Program 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. For the purposes of this section, participants/trainee support costs are for clinical faculty and preceptors.

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.

Salary Support: If you are providing salary support, program funding must not supplant existing funding to support staff who are potential preceptors

v. Standardized Work Plan 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 limit](#)**. Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: 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 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 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: Project Organizational Chart (Required)

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

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: Maintenance of Effort Documentation (Required)

Applicants must 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 (Actual) | FY 22 (Estimated) |
| Actual FY 21 non-federal funds, including in-kind, expended for activities proposed in this application. | Estimated FY 22 non-federal funds, including in-kind, designated for activities proposed in this application. |
| Amount: \$ _____ | Amount: \$ _____ |

Attachment 6: Request for Funding Preference (Required, As Applicable)

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2](#).

Attachment 7: Letters of Support (Required)

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: Evaluation Plan (Required)

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.

Attachment 9: Accreditation (Required)

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.

Attachments 10: Other Relevant Documents (As Applicable)

Include here any other documents that are 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, FRSR, 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 when you have an active federal award, an active application or an active 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 the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- 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](#).

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 application due date under this NOFO is **August 22, 2022 at 11:59 p.m. ET**. HRSA suggests you submit your application 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 in HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The NEPQR-CFPA Program 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 4 years, at no more than \$1,000,000 per year (inclusive of direct **and** indirect costs) per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a

determination that continued funding would be in the best interest of the Federal Government.

Funds under this 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:

- 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; and
- Construction and Major Renovation.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these and other restrictions will apply in the following 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 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Five review criteria are used to review and rank the NEPQR-CFPA 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 extent to which the applicant demonstrates:

- A clear purpose and evidence of a significant and compelling need for a new or enhanced NEPQR-CFPA Program, likely to benefit the community in which they train, has been presented;
- The underlying need and associated factors contributing to the need, including how the proposed project addresses the identified needs;
- The identified gaps in current curriculum and training of clinical faculty and preceptors;
- A justification for how the collaborative partnerships will use the requested funds to meet the needs and address the measurable gaps and/or barriers in clinical faculty and preceptor training;
- The likelihood that the proposed training through this funding opportunity will increase clinical nurse readiness for practice in variety of clinical settings, including, as applicable, to those serving rural and underserved populations after completion of training;
- The number of clinical faculty and preceptors who are expected to participate in the proposed project, and where they are currently employed and/or the school of nursing from which they recently graduated;
- The alignment of training curriculum and clinical immersion experiences with health equity, SDOH, health literacy in rural and underserved settings; and
- Experience in collaborating with other community-based organizations, schools of nursing, or participation in consortiums to advance the field of nursing and/or availability and willingness to work regularly with other NEPQR-CFPA Program grant recipients toward common goals of determining best practices related to the purpose of this Notice of Funding Opportunity.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (40 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): WORK PLAN (15 points) – Corresponds to Section IV’s [Response to Program Purpose Sub-section \(a\) Work Plan](#)

Reviewers will consider the extent to which the applicant provides a clear, comprehensive, and specific set of goals and objectives and the key activities that will effectively achieve those goals and objectives.

Reviewers will consider the quality and effectiveness of applicant plans to address the following:

- Enhancement of academic clinical partnership, with description of regularly scheduled meetings and deliverables projected for all partners;
- Description of current resources and partners, and/or plans to acquire and put in place all the necessary requirements;
- Documentation in detail of all roles and responsibilities, to include who is responsible for each component of the proposed project;
- A comprehensive overview of the proposed project, including proposed number of preceptors to be trained by the program for each project year; and
- A plan to ensure clinical faculty and preceptors receive training to understand the unique health care needs of rural and underserved populations.

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

Reviewers will consider the extent to which the applicant describes a methodology that will be used to address the stated purpose, needs, goals, and objectives of the proposed project.

Reviewers will consider the quality, relevance, and extent to which the applicant:

- Responds to the requirements and expectations of the program and addresses the needs highlighted in the Purpose and Need section;
- Demonstrates strength of the proposed goals and objectives and their relationship to the identified project;
- Describes activities described in the application that are capable of addressing the needs and gaps identified in the [Purpose and Need](#) and attaining the project goals and objectives;
- Describes, as appropriate, tools and strategies for meeting stated needs;
- Provides a logical description of proposed activities and describes why the project is innovative and the context for why it is innovative; Discusses the strength of the academic-community-clinical partnership between a community-based entity, clinical site, and school of nursing (i.e., evidence of a shared mission/vision, shared and leveraged resources) and how it will effectively support the goals/purpose of the NEPQR-CFPA Program;

- Details the quantity, quality, frequency, duration, variety, depth, levels of immersion, and exposure to the care environment and target population; and plans/evidence of how clinical faculty and preceptor training experiences may be tailored based on the feedback loop established through the partnership, as well as the planned or established curriculum;
- Documents mechanisms to identify, recruit, train, develop, support, and evaluate clinical faculty and preceptors to enhance clinical and didactic training; and
- Describes how their organization will ensure that funds sub-awarded or expended on contracts, are properly documented.

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 how the extent to which the applicant describes how the planned strategies address potential obstacles and challenges during the design and implementation of the proposed project, as well as the effectiveness of your plans for dealing with identified challenges that may arise.

Reviewers will consider how the applicant:

- Identifies and addresses barriers and resolutions to recruitment, training, retention and employment of clinical faculty and preceptors that reflect the population served; and

Outlines a reasonable and actionable plan and innovative approaches to address challenges identified.

Criterion 3: IMPACT (25 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV's [Impact Sub-section \(a\) Evaluation and Technical Support Capacity](#)

Reviewers will consider the extent to which the applicant is able to:

- Describe the role, current experience, skills, and knowledge, and previous work of a similar nature of key personnel;
- Detail a data collection strategy and any potential obstacles for successful implementation;
- Describe the process for collecting and storing data and reporting on the recruitment, training, development and retention of project participants, especially the follow-up with program participants after completion for up to one year;

- Describe how data are collected, managed, analyzed, and tracked;
- Document use of meaningful outcome measures (i.e., the results of the program, typically describing changes in people or systems);
- Outline 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;
- Describe the plan for a program evaluation (Attachment [8](#)). This plan should monitor ongoing processes and progress towards meeting grant goals and objectives. It should include key processes, variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported;
- Demonstrate evidence that the evaluative measures selected will be able to identify meaningful outcomes (i.e., changes in people or systems);
- Detail a dissemination plan for project outcome and/or outputs;
- Describe the systems and processes that will support the organization's annual collection of HRSA's performance measurement requirements for this program; and
- Include a description of how applicant will effectively track performance outcomes, including formal RCQI mechanisms for feedback and evaluation between the health care facilities/community-based entities/consortiums and academic institution(s), how applicant will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA.

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

Reviewers will evaluate the extent to which the applicant provides a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions that will be taken to:

- Provides a clear and detailed plan for project sustainability; and
- Identifies resources and a time frame for achieving self-sufficiency.

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

Reviewers will consider the extent to which the applicant:

- Includes descriptions of current resources and partners, and/or plans to acquire and put in place all the necessary requirements;
- Clearly describes goals and timelines in the work plan that will assure an active program with Clinical Nurse preceptor participants in up to one year;
- Explains in detail all roles and responsibilities, to include who is responsible for each component of the proposed project;
- Provides an (Attachment [3](#)) for the period of performance, which graphically delineates the roles, responsibilities, and activities;
- Describes how the organization's current mission, structure and activities (as well as partner organizations' current missions, structure and activities) align with the purpose and requirements of this NOFO;
- Describes the Project Director (PD) who is a licensed RN with demonstrated competence with appropriate academic preparation, clinical expertise, and experience as an educator;
- Provides supportive documentation of institutional support of the proposed project activities, as demonstrated by the letters of support provided in Attachment [7](#).

The quality of the evidence of support from collaborating partners (Attachments [2](#) and [7](#)).

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

Applicants must describe the reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives, the complexity of the research activities, and the anticipated results.

The reviewers will evaluate for completeness, clarity, and consider:

- The extent to which costs, as outlined in the budget justification narrative and required resources sections plan link to the statement of activities and evaluation plan, and are reasonable given the scope of work, keeping in mind the program funding parameters;
- 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, and includes an itemized cost breakdown; and
- The extent to which the applicant describes if there is more than one sub-award recipient/contractor, each must be budgeted separately and must have an

attached itemization clearly describing the roles of the contractors and deliverables. A consultant is a non-employee who provides advice and expertise in a specific program area.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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.

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

Funding Preferences

This program provides a funding preference as authorized by Section 805 of the Public Health Service Act (42 U.S.C. § 296d). 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.

Preference shall be given to applicants with projects that will substantially benefit rural or underserved populations or help meet 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 6. Only applications with Attachment 6 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> | 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 6) |

| | |
|---|---|
| | Note that if the output exceeds three pages, only the first three pages will count toward the page limit). |
| <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 6).</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 Public Health Nursing Needs in State or Local Health Departments</i> | Applicants must demonstrate linkage(s) or practice collaborations with state or local departments for clinical faculty and preceptor trainees (Practice agreement must be included in documentation in Attachment 6) |

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 30, 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 (E.O. 14025), 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 22-170 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.

- 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 as 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 [FAPIS](#), 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. Choose one of the following 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:

Gerly Sapphire Marc-Harris, M.Ed.
Grants Management Specialist
Health Professions Branch
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-2628
Email: SMarc-Harris@hrsa.gov

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

Jasmine Price, MHA
Project Officer
Attn: NEPQR-CFPA Program
Bureau of Health Workforce
Health Resources and Services Administration
11N94B
Phone: (301) 443-7151
Email: JPrice@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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

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

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

TTY: (877) 897-9910

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

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

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

HHS Regions

| Region | States and Territories |
|--------|---|
| 1 | Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont |
| 2 | New Jersey, New York, Puerto Rico, the U.S. Virgin Islands |
| 3 | Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia |
| 4 | Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee |
| 5 | Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin |
| 6 | Arkansas, Louisiana, New Mexico, Oklahoma, Texas |
| 7 | Iowa, Kansas, Missouri, Nebraska |
| 8 | Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming |
| 9 | Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam |
| 10 | Alaska, Idaho, Oregon, Washington |

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. ([Do not submit this worksheet as part of your application.](#))

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

| Standard Form Name (Forms themselves do not count against the page limit) | Attachment File Name (Unless otherwise noted, attachments count against the page limit) | # of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form |
|--|--|--|
| Application for Federal Assistance (SF-424 - Box 14) | Areas Affected by Project (Cities, Counties, States, etc.) | My attachment = ____ pages |
| Application for Federal Assistance (SF-424 - Box 16) | Additional Congressional District | My attachment = ____ pages |
| Application for Federal Assistance (SF-424 - Box 20) | Is the Applicant Delinquent On Any Federal Debt? | My attachment = ____ pages |
| Attachments Form | Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Required) | My attachment = ____ pages |
| Attachments Form | Attachment 2: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (Required) | My attachment = ____ pages |
| Attachments Form | Attachment 3: Project Organizational Chart (Required) | (Does not count against the page limit) |
| Attachments Form | Attachment 4: Tables, Charts, etc. (As Applicable) | My attachment = ____ pages |

| Standard Form Name (Forms themselves do not count against the page limit) | Attachment File Name (Unless otherwise noted, attachments count against the page limit) | # of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form |
|--|--|--|
| Attachments Form | Attachment 5: Maintenance of Effort Documentation (Required) | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 6: Request for Funding Preference (Required, As Applicable) | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 7: Letters of Support (Required) | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 8: Evaluation Plan (Required) | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 9: Accreditation (Required) | <i>My attachment = ___ pages</i> |
| Attachments Form | Attachment 10: Other Relevant Documents | <i>My attachment = ___ pages</i> |
| Project/Performance Site Location Form | Additional Performance Site Location(s) | <i>My attachment = ___ pages</i> |
| Project Narrative Attachment Form | Project Narrative | <i>My attachment = ___ pages</i> |
| Budget Narrative Attachment Form | Budget Narrative | <i>My attachment = ___ pages</i> |
| # of Pages Attached to Standard Forms | | Applicant Instruction: Total the number of pages in the boxes above. |
| Page Limit for HRSA-22-170 is 70 pages | | My total = ___ pages |