

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

Bureau of Health Professions (BHPr)
Division of State, Community and Public Health

Basic/Core Area Health Education Center Program (BAHEC)
Model State Supported Area Health Education Center
Program (MAHEC)
New Competition
Announcement No. HRSA-05-075(BAHEC)
Catalog of Federal Domestic Assistance (CFDA) No. 93.824

Announcement No. HRSA-05-069 (MAHEC)
Catalog of Federal Domestic Assistance (CFDA) No. 93.107

PROGRAM GUIDANCE

Fiscal Year 2005

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Authority: Public Health Service Act, Title VII, Section 751, 42 U.S.C. 294a

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I. Funding Opportunity Description

Purpose

Legislative Authority: Public Health Service Act, Title VII, Section 751, 42 U.S.C. 294a

This announcement solicits applications for Basic/Core Area Health Education Center (BAHEC) and Model State Supported Area Health Education Center (MAHEC) Programs. Cooperative agreements are awarded to assist schools to improve the distribution, diversity, supply, and quality of health personnel in the health services delivery system by encouraging the regionalization of health professions schools. Emphasis is placed on community-based training of primary care oriented students, residents, and providers. The BAHEC program assists schools in the planning, development and operation of Area Health Education Centers (AHECs) to initiate education systems incentives to attract and retain health care personnel in underserved areas. The MAHEC program assists schools in the development and operation of AHECs to implement educational system incentives to attract and retain health care personnel in underserved areas. By linking the academic resources of the university health science center with local planning, educational and clinical resources, the AHEC program establishes a network of community-based training sites to provide educational services to students, faculty and practitioners in underserved areas, and ultimately to improve the delivery of health care in the service area. The program embraces the goal of increasing the number of health professions graduates who ultimately will practice in underserved areas. And the program carries on health careers recruitment enhancement activities to attract elementary and secondary school students from underserved areas into health careers.

AHEC CENTER REQUIREMENTS

Each Center, at a minimum, will:

Encourage the regionalization of health professions schools through the establishment of partnerships with community-based organizations;

Maintain designation of a geographic area or medically underserved population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program;

Assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs;

Arrange and support rotations for students and residents in family medicine, general internal medicine or general pediatrics, with at least one center in each program being affiliated with or conducting a rotating osteopathic internship or medical residency training program in family medicine (including geriatrics), general internal medicine

(including geriatrics), or general pediatrics in which no fewer than 4 individuals are enrolled in first-year positions;

Conduct and participate in interdisciplinary training that involves physicians and other health personnel including, where practical, public health personnel, physician assistants, nurse practitioners, nurse midwives, behavioral and mental health providers; and

Maintain an advisory board, at least 75 percent of the members of which shall be individuals, including both health service providers and consumers, from the area served by the center.

Background

The Health Professions Education Partnerships of 1998 reauthorized the AHEC Program (BAHEC and MAHEC) for five years. The BAHEC Program was initiated in FY 1972; the MAHEC Program was initiated in FY 1993. Based upon satisfactory performance, an awardee may receive up to twelve (12) years of BAHEC Program support for the establishment of a statewide or multi-county BAHEC program and for phasing in of AHEC centers at different intervals. An AHEC center may receive BAHEC support for up to six years. Former recipients of BAHEC Program funds may receive funds for the operation of MAHEC programs.

The program may be characterized as an academic community partnership program which assists schools in the development of community-based area health education centers that provide training sites and training programs responsive to State and local needs. Health career enhancement and recruitment programs for K-12 students are emphasized.

In FY2001, a total of \$33.1M supported 17 BAHEC programs and 27 MAHEC programs. In FY2002, a total of \$33.3M supported 18 BAHEC programs and 28 MAHEC programs. In FY2003, a total of \$31.2M supported 16 BAHEC programs and 33 MAHEC programs. Currently, there are 49 AHEC programs with approximately 180 affiliated AHEC centers carrying out AHEC sponsored training in 45 states.

It is the intent of the AHEC Program that every State has an AHEC in effect.

II. Award Information

Type of Award

Funding will be awarded in the form of a cooperative agreement.

Federal Involvement: Federal involvement will be substantial.

A cooperative agreement is used to allow for substantial Federal programmatic involvement with the planning, development, administration and evaluation of the project. The respective roles of the Awardee and the Federal Government are as follows:

Federal AHEC Staff will:

Review all changes to the composition of all advisory committees and boards;

Participate in an annual evaluation of the Cooperative Agreement Program;

Assist in planning and implementing project priorities by coordinating and facilitating the interchange of technical and program information;

Assist project staff in the development, compilation and dissemination of materials prepared by AHEC and non AHEC project personnel;

Review for programmatic content all contracts and agreements among recipient medical or osteopathic schools, other health professions schools and community-based centers (unless such reviews are formally delegated to the recipient cooperating school); and

Provide guidance concerning the content, structure and form of the annual and final project report.

The Awardee will:

Improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved rural and urban areas and personnel providing health services to populations having demonstrated serious unmet health needs within service area;

Increase the number of primary care physicians and other primary care providers who provide services in underserved areas through the offering of an educational continuum of health career recruitment through clinical education concerning underserved areas in a comprehensive health workforce strategy;

Carry out recruitment and health career awareness programs designed to recruit individuals from underserved areas and underrepresented populations, including minority and other elementary or secondary students, into the health professions;

Prepare individuals to more effectively provide health services to underserved areas or underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others;

Conduct health professions education and training activities for students of health professions schools and medical residents;

Conduct at least 10 percent of medical student required clinical education at sites remote to the primary teaching facility of the contracting institution;

Provide information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely dissemination of research findings using relevant resources; and

Collaborate with 2 or more disciplines.

Summary of Funding

AHEC applicants may request support for up to three years during Federal fiscal years 2005 -2007. Applicants for the BAHEC program may receive funding for a cumulative project period not to exceed 12 years, and in the case of a center within a BAHEC project, not to exceed 6 years. Total funding for FY 2005 is estimated to be \$4, 000,000 for 6 BAHEC grantees and \$5,000,000 for 13 MAHEC grantees. Funding beyond the first year is dependent on the availability of appropriated funds for the AHEC Program and grantee satisfactory performance. Funds will be awarded to approved applicants in the following order:

- (1) Competing continuations;
- (2) New starts in states with no federally funded AHEC program;
- (3) Other new starts.

Administrative Guidance

For BAHEC, a funding range of \$200,000 to \$1,000,000 per year is suggested for each BAHEC project or \$200,000 to \$400,000 for each center in a BAHEC project.

For MAHEC, in FY 2004 an estimated \$85,000 per center was made available for approved MAHEC projects and of that amount up to 25% was available to the awardee.

III. Eligibility Information

1. Eligible Applicants

The entities eligible to apply for AHEC program awards are public or private nonprofit accredited schools of medicine and osteopathic medicine and incorporated consortia made up of such schools, or the parent institutions of such schools. Also, in States and Territories in which no AHEC program is in operation (Iowa, Kansas, North Dakota, South Dakota, and Puerto Rico), an accredited school of nursing is an eligible applicant. Applicants for MAHEC program awards must (1) be operating an AHEC Program; (2) have previously received BAHEC funds and; (3) as of October 1, 2005, will no longer be receiving BAHEC funds.

2. Cost Sharing/Matching

Legislative Authority: Public Health Service Act, Title VII, Section 751, 42 U.S.C. 294a

Awardees shall make available (directly through contributions from State, county or municipal government, or the private sector) non-Federal contributions in cash in an amount not less than 50 percent of the operating costs of the AHEC Program, except that the Secretary may grant a waiver for up to 75 percent of the amount of the required non-Federal match in the first 3 years in which an awardee receives funds under the BAHEC program. It is expected that the non-Federal contributions in cash should be equal to the Federal request, that is, a one to one match. These funds shall be for the express use of the AHEC Programs and Centers to address AHEC project goals and objectives, and not funds designated for other categorical or specific purposes.

Applicants must demonstrate that previous levels of institutional support are not being reduced or supplanted by the availability of cooperative agreement funds. Applications must include total income available from sources other than this cooperative agreement (Reference budget information presented on page 12):

- | | |
|-----------------------------------|----|
| 1. State government | \$ |
| 2. County or municipal government | \$ |
| 3. Private sector | \$ |
| 4. Other (specify) | \$ |
| 5. Total | \$ |

Criteria for Meeting the BAHEC Waiver Requirement of 50% Matching Requirement

1. Acceptable documentation demonstrating that the percent of non-Federal contributions towards the operating costs of the AHEC program have not or will not decrease as a result of a waiver.
2. Acceptable documentation describing the extent to which the applicant/awardee school has attempted to meet this requirement, including a description of the reasons why the applicant/awardee cannot meet the requirement. The documentation must demonstrate that the school has made a good faith effort, but factors beyond its control have caused the school's efforts to be unsuccessful.
3. An acceptable plan and timetable for meeting the requirement shall be submitted by the applicant/awardee school. The plan should reflect a gradual increase in non-Federal funds contributed each year.

Plans for Self-Sufficiency

Provide specific information that describes the extent and means by which your program plans to become self-sufficient. This should include other sources of income and the

nature of income, future funding initiatives and strategies, decremental Federal funding plans by year for the remaining project period, and a timetable for becoming self-sufficient. Describe the problems to be overcome in order to become self-sufficient. The information provided in this section will be considered in the peer reviewer's scoring of Criterion 4.

3. Other

Maintenance of Effort:

The cooperative agreement award shall not be used to supplant current funding for activity described in the application. The grantee must agree to maintain non-Federal funding for grant activities at a level, which is not less than expenditures for such activities during the fiscal year prior to receiving the grant. Applicants must complete and submit the following table for review by HRSA staff:

NON-FEDERAL EXPENDITURES

FY 2004 (Actual)	FY 2005 (Estimated)
Actual FY 2004 non-Federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0. Amount: \$ _____	Estimated FY 2005 non-Federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Removal of Special Considerations:

Please note that the following special considerations announced in the HRSA Preview are no longer applicable for this competition.

In accordance with Section 751(a)(1)(A)(iii) of the Public Health Service Act, special consideration will be given to approved applicants who support the Kids Into Health Careers initiative by establishing linkages with one or more elementary, middle, or high schools with a high percentage of minority and disadvantaged students to: (1) inform students and parents about health careers and financial aid to encourage interest in health careers; (2) promote rigorous academic course work to prepare for health professions training; or (3) provide support services such as mentoring, tutoring, counseling, after school programs, summer enrichment, and college visits. More information can be found on the Kids Into Health Careers Web site, at <http://bhpr.hrsa.gov/kidscareers/>.

In accordance with Section 751(a)(1)(A)(vii) of the Public Health Service Act, special consideration will also be given to approved applicants who (a) develop new and innovative approaches to education and training using distance learning methodologies/telehealth, or (b) enhance or expand existing distance learning educational programs to prepare health professionals and health professional students to deliver quality health care in medically underserved communities.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials

Applicants must submit proposals using this guidance in conjunction with appropriate Health Resources and Services Administration (HRSA) Training Forms 6025-1, 6025-2, 6025-3, included with this guidance. The guidance and forms contain additional general information and instructions for BAHEC and MAHEC cooperative agreement applications, proposal narratives, and budgets. Forms for this guidance (CFDA 93.824 and CFDA 93.107) may be obtained from the following sites by:

(1) Downloading from <http://www.hrsa.gov/grants/forms.htm>

or

(2) Contacting the HRSA Grants Application Center at:

The Legin Group, Inc.
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
Telephone: 877-477-2123
HRSAAGAC@hrsa.gov.

2. Content and Form of Application Submission

Application Format Requirements

If applying on paper, **the entire application may not exceed 80 pages in length when printed by HRSA**, including the abstract, project and budget narratives, face page, attachments, any appendices and letters of commitment and support. Pages must be numbered consecutively.

If applying on-line, the total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, approximately 10 MB.

Applications, whether submitted on paper or electronically, that exceed the specified limits (80 pages or approximately 10 MB, or that exceed 80 pages when printed by HRSA) will be deemed non-compliant. All non-compliant applications will be returned to the applicant without further consideration.

a. Number of Copies (Paper Applications only)

Please submit one (1) unbound original and two (2) unbound copies of the application. Please do not bind or staple the application. Application must be single sided.

b. Font

Please use an easily readable serif typeface, such as Times Roman, Courier, or CG Times. The text and table portions of the application must be submitted in not less than 12 point and 1.0 line spacing. Applications not adhering to 12 point font requirements may be returned.

This is an example of 12 point Times New Roman font and 1.0 line spacing; this document uses the 12 point Times New Roman font.

This is an example of 12 point Arial font and 1.0 line spacing.

Please note that print size cannot be smaller than either of these two examples.

c. Paper Size and Margins

For scanning purposes, please submit the application on 8 ½” x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

d. Numbering

Please number the pages of the application sequentially from page 1 (face page) to the end of the application, including charts, figures, tables, and appendices. Sub-numbering (such as 3a, 3b, etc.) must not be used.

e. Names

Please include the name of the applicant on each page.

f. Section Headings

Please put all section headings flush left in bold type.

Application Format

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

i. Application Face Page

Use Health Resources and Services Administration (HRSA) Training Form 6025-1 found in Appendix 1 on page 40. Prepare this page according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number for BAHEC is 93.824 and for MAHEC is 93.107.

DUNS Number

All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant from the Federal Government. The DUNS

number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://www.hrsa.gov/grants/preview/dunscrr.htm> or call 1-866-705-5711. Please include the DUNS number next to the OMB Approval Number on the application face page. Applications will not be reviewed without a DUNS number.

Additionally, the applicant organization will be required to register with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. Information about registering with the CCR can be found at <http://www.hrsa.gov/grants/preview/dunscrr.htm>.

ii. Table of Contents

Provide a Table of Contents for the remainder of the application (including appendices), with page numbers. You may include more detail in the Table of Contents if you wish. A suggested format for the Table of Contents is provided below. This format presents the sections of the application in the correct order and is the minimum required. Applicants may include more detail if indicated.

EXAMPLE TABLE OF CONTENTS

I. APPLICATION FACE PAGE	1
II. TABLE OF CONTENTS	2
III. APPLICATION CHECKLIST	3
IV. BUDGET	4
V. BUDGET JUSTIFICATION	5
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IX. PROJECT ABSTRACT	9
X. PROGRAM NARRATIVE	10
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XII. APPENDICES	12

iii. Application Checklist

Please complete the appropriate space(s) on the Checklist found in Appendix 3 on page 66. This is the last page of the application and should be appropriately numbered. If there are any questions regarding this information, please contact the Division of Grants Management Operations at (301) 443- 6960.

iv. Budget

Please complete the Training Forms 6025-2 and 6025-3, found in Appendix 1 on pages 44-46, according to the instructions found within the Budget Justification section below.

v. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the

achievement of proposed objectives. The budget period is for ONE year. A detailed budget is required for the first budget period. However, the applicant must submit one-year budgets for each of the project period years at the time of application. Line item information must be provided to explain the costs entered in the appropriate forms, Training Forms 6025-2 and 6025-03 found in Appendix 1 on pages 44-46. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals. Be very careful about showing how each item in the "other" category is justified. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

This announcement is inviting applications for project periods up to 3 years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for 3 years. Applications for continuation grants funded under these awards beyond the one-year budget period but within the 3-year project period will be entertained in subsequent years on a noncompetitive basis, subject to availability of funds, satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Government.

At least 75 percent of the total funds provided to a school under AHEC Program authority shall be allocated by the AHEC program to the AHEC center(s) and the school is required to enter into an agreement with the AHEC center(s) for purposes of specifying the allocation of such 75 percent of funds.

Decremental Federal funding should be evident in the budgets for the last two years of a BAHEC Center's funding.

The Detailed Budget form and Consolidated Budget form are to be used in presenting the budget. Please do not alter the format of these forms.

Include the following in the Budget Justification narrative:

Personnel Costs: List participants (professional and nonprofessional) by name and position, or by position only if not yet filled, for whom salary is requested. For each professional, state the percent of time or effort to be devoted to the training project. It is important to note that the sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100 percent. For each nonprofessional, indicate hours per week on the project. Be sure to list the total project effort of hours or percent of time that personnel, including unpaid (voluntary) faculty, professional, technical, secretarial and clerical staff will devote to the project.

List the total project effort of hours or percent of time that personnel, including unpaid, (voluntary) faculty, (professional, technical, secretarial and clerical) will devote to the project and reflect their contribution in the budget justification even though funds for salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if project resources are adequate.

List the dollar amounts separately for fringe benefits and salary for each individual. In computing estimated salary charges, an individual's salary represents the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period irrespective of whether an individual's time would be spent on government-sponsored research, teaching or other activities. The base salary for the purposes of computing charges to a DHHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization. Where appropriate, indicate whether the amounts requested for the professional personnel are for summer salaries or academic year salaries, and include the formulas for calculating summer salaries.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Indirect costs may be requested at 8 percent of total allowable direct costs exclusive of tuition, fees, equipment and subcontract costs exceeding \$25,000 per subcontract or actual rate, whichever is less. State and local government agencies may request full indirect cost.

Use the bottom section of the Consolidated Budget form to show the total funding for the project. The Federal contribution requested should be consistent with the totals indicated on the Consolidated Budget form. Other existing Federal funding supporting this project should be entered on the second line. Enter both matching funds and in-kind contributions for the applicant, if applicable. Any expected program income should be shown on the eighth line. This information will assist reviewers in determining if project resources are adequate.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be requested separately for each individual in proportion to the salary requested, or may be entered as a total if your institution has established a composite fringe benefit rate.

An applicant organization has the option of having specific salary and fringe benefit amounts for individuals omitted from the copies of the application which are made available to outside reviewing groups. If the applicant organization elects to exercise this option, use asterisks on the original and two copies of the application to indicate those individuals for whom salaries and fringe benefits are being requested; the subtotals must still be shown. In addition, submit a copy of the Detailed Budget page of the application, completed in full with the asterisks being replaced by the amount of the salary and fringe benefits requested for each individual listed. This budget page will be reserved for internal DHHS staff use only.

Consultant Costs: Give name and institutional affiliation of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Travel costs should reflect travel essential to the project. Please note that travel costs for consultants, should be included under “Consultants.”

Equipment: List and justify each separate item of equipment costing \$5,000 or more. List equipment costs and provide justification for the need of the equipment to carry out the program’s goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items. If requesting funds to purchase equipment that is already available, explain the need for the duplication.

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Itemize and justify how major types of supplies, such as general office and photocopying expenses relate to the project. Medical/clinical supplies and drugs are not ordinarily acceptable.

Subcontracts: To the extent possible, all subcontract budgets and justifications should be standardized. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. List and justify each proposed contract and provide a 1 to 2 paragraph description of activities or functions to be performed. If indirect costs are requested, include the amount requested for indirect costs in the total requested for each contract.

AHEC Cooperative Agreements - Basic/Core and Model AHEC Center(s) contracts are required to be cost reimbursable contracts.

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

Trainee Expenses

Stipends: Not allowed under the AHEC Program.

Tuition and Fees: Not allowed under the AHEC Program.

Trainee Travel: Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel, including the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested.

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

vi. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience, qualifications, and rationale for the amount of time being requested for each staff position. The roles, responsibilities, and qualifications of key project personnel must be clearly described. Consider the actual time required for project activities in determining percentages of effort for each individual. Provide the percentage of effort and hours worked per week for project staff in the Detailed Budget.

Copies of biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Appendix A. Each biographical sketch must be limited to one page (see Biographical Sketch format in Appendix 2). The biographical sketch should begin with current position, then in reverse chronological order, list relevant previous employment and experience. Include all degrees and certificates. When listing relevant publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. List all relevant and most recent community-based partnership development/education experiences and activities.

The sketches should be arranged in alphabetical order after the project director's sketch in a section at the end of the application designated as Appendix A. Use the provided format for each Biographical Sketch.

vii. Assurances

See the detailed list found in Appendix 3 on pages 66-69.

viii. Certifications

See the detailed list found in Appendix 3 on pages 66-69.

ix. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.

The project abstract must be single-spaced and limited to three (3) pages in length. (Please note that these pages will be counted in the page limitation established for this grant program.) The abstract should clearly describe the project as a whole. The abstract will be utilized extensively by reviewers. It is essential, therefore, that the abstract reflect the most critical points of the proposed project. The abstract should include a brief description of the BAHEC Program or MAHEC Program, including the purpose and program characteristics, the disciplines and numbers of students (actual and/or projected for each project year), and a brief description of the training facilities/sites. It is suggested that the three page abstract be prepared after the Program Narrative has been completed. If the application is approved and funded, the abstract will become public information and may be further distributed. Please use the following format:

ABSTRACT – 3 page total		
Program: Basic/Core Area Health Education Center Program or Model State Supported Area Health Education Center Program		
Project Title:		
Applicant/Organization Name:		
Address:		
Project Director:		
Telephone:	Fax:	E-Mail:
Web Site address, if applicable:		
Project Coordinator (if different from above):		
Project Period:		
Abstract Narrative:		
Narrative should include the following:		
Need/Rationale		
Purpose/Objectives		
Total Number of Students or Providers Trained Each Year		
Methodology/Activities		
Evaluation		
Collaborative Partners/Linkages		

SUMMARY PROGRESS REPORT FOR COMPETING CONTINUATIONS ONLY

A progress report is required for competing continuation applications only. If this application is not a competing continuation, skip forward to the **x. Project Narrative** section.

A well planned progress report can be of great value by providing a record of accomplishments. It is an important source of material for the awarding component staff in preparing annual reports, in planning programs, and in communicating program specific accomplishments. The progress of an AHEC competing continuation application is carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. The Summary Progress Report will be evaluated as part of Review Criterion 4: IMPACT.

The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the training program during the current project period. The report should include:

1. The period covered (dates)
2. Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of Peer Review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
3. Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

x. Program Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program. The information should be succinct, self-contained, and sufficiently complete so that reviewers can understand the proposed project. Information contained in this section will be evaluated by the Objective Review Committee according to the criteria contained in the Application Review Criteria section. It may be helpful to refer to the review criteria while addressing this section.

▪ INTRODUCTION

This section should briefly describe the purpose of the proposed project.

▪ NEEDS ASSESSMENT

Briefly describe the background of the present AHEC proposal, critically evaluating the health workforce demand/need that the project is addressing on a national, regional, State and local level. Specifically identify the gaps which the project is intended to fill. Provide documentation and needs assessment findings to support and validate the identified needs. State concisely the importance of the project by relating the specific objectives to the potential of the project to meet the legislative purposes of the AHEC cooperative agreement program. The distribution, diversity, and quality issues of the State or region to be served by the AHEC project should be described and how this specific project intends to address these issues. The applicant's plan for carrying out the project must be consistent with at least one Federal, state or regional plan to assure a competent health care workforce. As an example, the Federal workforce objectives are stated in several chapters of the DHHS publication Healthy People 2010, including those on "Educational and Community-Based Programs," "Oral Health," "Access to Quality Health Care," and "Public Health Infrastructure." Copies of Healthy People 2010 may be obtained from the Superintendent of Documents or downloaded at the Healthy People 2010 website: <http://www.health.gov/healthypeople/document/>.

▪ METHODOLOGY

List specific objectives for this AHEC project. The objectives should contain measures that will serve as the basis of the project's progress reports and will assist the peer reviewers in evaluating the application. The objectives must be **measurable** with specific **outcomes** for each project year which are attainable in the stated **time frame**. Applicants are encouraged to present a timeline chart of the major project objectives. The project objectives may be stated using the framework of distribution, diversity, and quality issues to be addressed; project objectives should relate to at least one of the objectives of the BHPPr workforce goals.

Describe by year the activities, methods and techniques proposed to accomplish the project objectives. Include methodology for at least one project objective which addresses an objective of a BHPPr National Workforce Goal. Describe the nature and structure of the academic partnerships that will be developed in the project. Include information on community-based linkages.

REPORTING REQUIREMENTS

The Government Performance and Results Act (GPRA), enacted in 1993 to assure Federal accountability for achieving program results, became fully operational in 1999. This law emphasizes data collection and reporting requirements related to project outcomes. In response to this requirement, the BHPPr has developed an outcome-based performance system known as the Comprehensive Performance Management System (CPMS). CPMS builds on the BHPPr focus of assuring **access** through programs that improve the **distribution, diversity, and quality** of the healthcare workforce. **Access, distribution, diversity, and quality** are defined as:

§ **Access** means the ability to obtain quality health care.

- § **Distribution** means the geographic dispersion of health care professional delivery services. The objective is to improve access and improve health care in medically underserved communities by encouraging professionals to establish their practices in such areas.
- § **Diversity** means the racial, gender and socioeconomic composition of the healthcare workforce is generally representative of the national population. The objective is to increase diversity.
- § **Quality** means demonstrating high standards in development of the health professions workforce. The objective is to assure quality healthcare.

BHPr National Workforce Goals

The BHPr has established two national workforce goals. Each goal has several outcome objectives and performance indicators which are common to all BHPr grant programs. Upon receipt of funds, grantees must collect and report data on two types of performance goals: (1) project goals and objectives; and (2) one or more of the objectives of the BHPr National Workforce Goals. The two BHPr National Workforce Goals and the associated objectives are presented below.

Goal I. Improve access to quality health care through appropriate preparation, composition and distribution of the health profession workforce.

Objective 1: Prepare an appropriate number of health professionals necessary to provide quality primary care.

Indicator: Number of graduates and/or program completers of primary care tracks by discipline.

Objective 2: Prepare an appropriate number of health professionals necessary to support primary care.

Indicator: Number of graduates and/or program completers of health professions programs that support primary care by discipline.

Objective 3: Increase in the number of graduates and/or program completers practicing in underserved areas.

Indicator: Number of graduates entering residencies serving in underserved areas.

Indicator: Number of graduates and/or program completers who enter practice settings serving underserved areas.

Goal II: Improve access to a diverse and culturally competent and sensitive health professions workforce.

Objective 1: Increase the number of minority faculty.

Indicator: Number of under-represented minorities serving as faculty.

Objective 2: Increase the number of minority/disadvantaged graduates and/or program completers.

Indicator: Number of minority/disadvantaged graduates and/or program completers.

Objective 3: Increase the number of minority/disadvantaged enrollees.

Indicator: Number of minority/disadvantaged enrollees.

Please Note: The terms "graduates" and "program completers" have specific meaning for BHP data reporting purposes. A program completer is an individual who has met the didactic and/or clinical requirements of a structured educational program which does not confer a degree (e.g., continuing education, residency, fellowship) designed to improve their knowledge or skills. Program completers are further grouped by the length of the program completed: Program ≤ 20 hours; Program ≤ 40 hours; Programs 41-160 hours; Programs ≥ 161 hours including fellowships and residencies of 1 year or more. A graduate is an individual who has successfully completed all educational requirements for a specified academic program of study or has met all the eligibility requirements for full certification/degree in a designated health profession.

For instance, an individual receiving a degree in nursing at the associate, bachelor, master or doctorate level should be classified as a graduate. A physician who completes a residency program should be classified as a program completer. A health care provider who completes a continuing education course for credit, or a high school student who completes a 20 hour or 40 hour health careers summer program, should be classified as program completer. A local resident who completes initial training as a Community Health Worker (CHW) should be considered a program completer; a CHW who completes a continuing education course should be considered a program completer.

COMMUNITY BASED LINKAGES

Background

The Health Professions Education Partnerships Act of 1998 seeks to assure maximum effort to leverage available funds by requiring applicants to describe programmatic linkages with academic institutions, health care facilities and other community entities. To the extent possible, grantees are required to establish working relationships with providers of health care services to underserved communities and populations.

Linkages to Community

The applicant must describe the current and/or anticipated relationships with entities which provide health care or education of health care providers. A listing of the most common entity types is presented in the next paragraph.

AIDS Education Training Centers, Area Health Education Centers, Community Health Centers, colleges and universities, community hospitals, elderly/low income housing sites, elementary schools, free clinics, Geriatric Education Centers, Health Care for the Homeless sites, health department sites (state/local government), Health Education and Training Centers, high schools, Indian Health Service sites, jails and prisons, Job corps sites, junior high schools, junior and community colleges, long-term care settings, Medicare/Medicaid facilities, middle schools, Migrant Health Centers, National Health Service Corps sites, nursery schools, nurse-managed care centers/clinics, nurse-midwife birthing centers, Primary Care Health Professional Shortage Areas (HPSAs), Public Housing Primary Care, Rural Health Clinics, Ryan White Centers, urban homeless health care sites.

The description should focus on: (1) use of shared facilities, personnel, services, funding or other resources; (2) coordination of activities; and (3) coordination of strategic planning to achieve common objectives for effective and efficient project operation.

Projects supported under AHEC shall include a description of linkages with relevant educational and health care entities, including grantees of the Bureau of Health Professions Quentin N. Burdick Program for Rural Interdisciplinary Training, grantees of the Bureau of Health Professions Allied Health Program, and other interdisciplinary training programs for health professionals as appropriate, e.g., Office of Rural Health Policy (ORHP), National Health Service Corps (NHSC), etc.

Linkages to Improve Health of the Underserved

When it is feasible to establish linkages with organizations which deliver health care to underserved communities and populations, grantees are required to establish such linkages. Applications should describe the underserved community or population as well as any current linkages to organizations providing care. Where such linkages are feasible but have not yet been established, the application should identify the entities and what will be done to develop a relationship.

Kids Into Health Careers Initiative

The Kids Into Health Careers initiative is designed to expand the pool of qualified and interested applicants from minority and disadvantaged populations. The Bureau of Health Professions continues to encourage applicants to participate in the Kids Into Health Careers initiative by working with primary and secondary schools that have a high percentage of minority and disadvantaged students. Participation would include establishing linkages with one or more elementary, middle or high schools with a high percentage of minority and disadvantaged students to: (1) inform students and parents about health careers and financial aid to encourage interest in health careers; (2) promote rigorous academic course work to prepare for health professions training; or (3) provide

support services such as mentoring, tutoring, counseling, after school programs, summer enrichment, and college visits.

If you are currently conducting or planning future activities related to the KIHC initiative, briefly describe your activities in one or two paragraphs. Applicants for HETC Program funds may wish to present information on their Kids Into Health Careers initiative in the Program Narrative section of the application.

Kids Into Health Careers Initiative information may be obtained on the BHPPr website at <http://bhpr.hrsa.gov/kidscareers>.

Distance Learning

Applicants are encouraged to propose collaborative approaches for increasing the number of students in rural and underserved areas who can access educational opportunities through the use of electronic distance learning methodologies. This aspect of the proposal will be evaluated in Review Criterion 2: Response.

Electronic Distance Learning Methodologies are defined as a continuum of audiovisual media for presenting educational content. The interaction continuum ranges from television with full-motion video and audio interaction to interaction with either visual or audio media. The midpoint of this continuum is the use of computers as an interactive medium for learning.

If **Electronic Distance Learning Methodologies** are used for a significant part of student learning activities, the following information should be included a description of:

- a. A discussion of the application of distance learning to the outcomes of the proposed project;
- b. On campus requirements for distance learning students;
- c. A plan to maintain and foster scholarly dialogue and interaction between faculty and students;
- d. Scheduling of courses for distance learning students compared to that of students in traditional settings, if applicable;
- e. The technical, human and administrative resources available to support distance learning;
- f. Financing for distance learning courses;
- g. Sustainability of the distance learning methodology portion of the program including plans for continued use and updating of hardware and software following the grant period;
- h. Specific coursework information related to:
 - X the design of course(s) and learning experiences
 - X the number, length and frequency of courses
 - X plan for evaluation of the student clinical experience (if applicable)
 - X the relationship between the methodology and the project objectives
 - X anticipated number of clinical experiences (if applicable) and how clinical learning for distance learning students will be guided
 - X plan for assessing students' computer skills and providing training as needed (if applicable)

- X describe the teaching faculty’s expertise with the proposed distance learning methodology(ies) and the plan to develop faculty if appropriate;
- i. Identify other programs using similar methodologies in close proximity the proposed program;
- j. number of students per course expected to utilize the methodology; and,
- k. evaluation of student outcomes comparing students taking on-campus courses to those using the distance learning methodology(ies) related to this proposal.

▪ **WORK PLAN**

Identify and describe the activities or steps to accomplish each of the project objectives. Describe the roles and responsibilities of key project personnel. Provide a timetable for implementation of proposed project activities. Applicants are encouraged to use a chart that includes project objectives, activities, resources, personnel, timeframes, and evaluation outcome measures (see suggested format below).

Objectives/ Sub Objectives Listed in Measurable Terms	Methodology/ Activities	Resources Personnel Responsible For Program Activity	Time/ Milestones	Evaluation Measure/ Process Outcome

▪ **RESOLUTION OF CHALLENGES**

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan and the approaches that will be used to resolve these challenges.

▪ **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

The evaluation strategy must be tied explicitly to the project objectives and the proposed performance measures. Specify qualitative and/or quantitative evaluation measures for each objective and activity. In addition to process measures, program impact and outcome measures must be considered, and effective data collection methods described. Describe the methods which will be used to measure the outcomes of the project in term of each objective. Explain what data will be collected, the methods for collection and the manner in which data will be analyzed and reported. Data analysis and reporting must facilitate evaluation of the project outcomes.

Grantees are required to submit an annual Uniform Progress Report to describe progress in meeting the objectives stated in the application. To assure accurate data collection and reporting, the applicant must describe in the application the methods that will be used to

collect and report performance data. When the infrastructure for data collection is not in place, the applicant must include a plan with milestones and target dates to implement a systematic method for collecting, analyzing and reporting performance information data.

The Uniform Progress Reports will enable BHP to collect and analyze the data to identify problems, to plan technical assistance, and to make decisions concerning grant continuation. Uniform Progress Reports from new grantees, which cover less than 12 months of grant-funded activity, will be used to evaluate progress in relation to first year milestones stated in the original application. When current grantees apply for continuation of the grant, they must submit performance information for the most recent budget period.

▪ ORGANIZATIONAL INFORMATION

Provide information on the applicant's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the AHEC program requirements and meet AHEC program expectations. If an applicant has an advisory board, describe the board, its function, the number of proposed meetings per year, and how the board members will provide guidance to the principal investigator of the project.

xi. Program Specific Forms

Complete the AHEC Application Detail Page found in Appendix 2 on page 49. Include this form as part of your submitted application.

Complete the AHEC Program Data Tables 1, 1A, 2, 2A, 3, and 3A found in Appendix 2 on pages 50-55. Include these forms as part of your submitted application.

Complete the AHEC Project and Center Requirements tables found in Appendix 2 on pages 58 and 59. Include these forms as part of your submitted application.

Complete the biosketch form found in Appendix 2 on page 60 for key project personnel. Include these forms as part of your submitted application.

Complete the AHEC Applicant/Awardee Medical School 10 Percent Requirement tables found in Appendix 2 on page 61. Include these forms as part of your submitted application.

Complete the General Statutory Funding Preference Table found in Appendix 2 on page 64. Note: Include this form as part of your submitted application only if you chose to apply for the General Statutory Funding Preference.

xii. Appendices

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each appendix is clearly labeled.

Appendix A: Biographical Sketches of Key Personnel
Include all biographical sketches here.

Appendix B: Letters of Support
Include only letters of support which indicate a commitment to the project/program.
Letters of support must be dated.

Appendix C: AHEC Program Forms
Include the AHEC Application Detail Page, AHEC Project and Center Requirements Tables, AHEC Program Data Tables (1, 1A, 2, 2A, 3, 3A), AHEC Applicant Medical School 10 Percent Requirement Tables, and, if appropriate, the General Statutory Funding Preference Table.

Appendix D: Charts and other materials that give further details about the proposal (if applicable). Include relevant documents such as organizational charts, maps, contracts, agreements, etc.

3. Submission Dates and Times

Application Due Date

The due date for applications under this grant announcement is March 4, 2005 at 5:00 P.M. ET.

Applications will be considered as meeting deadline if they either:

- (1) Are received on or before the due date; or
- (2) Post marked on or E marked on or before the due date, and received in time for the Independent Review Committee review.

The Chief Grants Management Officer (CGMO) or a higher level designee may authorize an extension of published deadlines when justified by circumstances such as acts of God (e.g. floods or hurricanes), widespread disruptions of mail service, or other disruptions of services, such as a prolonged blackout. The authorizing official will determine the affected geographical area(s).

Electronic Submission:

Applications must be submitted by 5:00 P.M. ET. **To ensure that you have adequate time to follow procedures and successfully submit the application, we recommend you start submission no later than noon on the due date.** Applications submitted electronically will be time/date stamped electronically, which will serve as receipt of submission.

Paper Submission:

Upon receipt of a paper application, the Grants Application Center will mail an acknowledgement of receipt to the applicant organization's Program Director.

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

Late applications:

Applications which do not meet the criteria above are considered late applications. Health Resources and Services Administration (HRSA) shall notify each late applicant that its application will not be considered in current competition.

4. Intergovernmental Review

The AHEC Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100..

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three years. 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 government. AHEC grants are to assist in meeting the costs of the program which cannot be met from other sources. For MAHEC cooperative agreements, in FY 2004 an estimated \$85,000 per center was made available for approved MAHEC projects and of that amount up to 25% was available to the awardee. For BAHEC cooperative agreements, a funding range of \$200,000 to \$1,000,000 per year is suggested for a BAHEC project. The following restrictions apply to all funding for the AHEC program:

- a) At least 75% of the total funds awarded must be expended in the AHEC center pursuant to contractual agreement.
- b) Funds awarded under AHEC cooperative agreements may not be expended until the awardee provides documentation that it will make available (directly or through contributions from State, county, or municipal government, or the private sector) recurring non-Federal cash contributions in an amount not less than 50 percent of the operating costs of the AHEC program. If the awardee fails to provide some or all of the required matching, the Grants Management Officer will make a downward adjustment in the Federal award.
- c) Trainee Stipends and Tuition and Fees are not allowable under this program.

6. Other Submission Requirements

Paper Submission

Paper applications, if you choose to submit paper copy, please send the original and 2 unbound copies of the application to:

The HRSA Grants Application Center
The Legin Group, Inc.
Program Announcement No. HRSA-05-075 (BAHEC)
CFDA No. 93.824

or

Program Announcement No. HRSA-05-069 (MAHEC)
CFDA No. 93.107
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
Telephone: 877-477-2123

In the event that questions arise about meeting the application due date, applicants must have a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be accepted as proof of timely mailing.

Electronic Submission

HRSA encourages applicants to submit applications on-line.

To register and/or log-in to prepare your application, go to <https://grants.hrsa.gov/webexternal/login.asp>. For assistance in using the on-line application system, call 877-GO4-HRSA (877-464-4772) between 8:30 am to 5:30 pm ET or e-mail callcenter@hrsa.gov.

Application narratives and spreadsheets will need to be created separately and submitted as attachments to the application. You will be prompted to “upload” your attachments at strategic points within the application interface. The following document types will be accepted as attachments: WordPerfect (.wpd), Microsoft Word (.doc), Microsoft Excel (.xls), Rich Text Format (.rtf), Portable Document Format (.pdf). If there are tables that are not supported as data entry forms from within the application, they should be downloaded to your hard drive, filled in, and then uploaded as attachments with your application.

Applications submitted electronically will be time/date stamped electronically, which will serve as receipt of submission.

To look for funding opportunities, go to <http://www.hrsa.gov/grants> and follow the links. Information on grant opportunities both within HRSA and in other Federal agencies is also available through <http://www.grants.gov>, the official E-Grants website where applicants can find and apply for federal funding opportunities.

Whether you submit electronically or via paper, please understand that we will not consider additional information and/or materials submitted after your initial application. You must therefore ensure that all materials are submitted together, whether electronically or on paper.

V. Application Review Information

1. Review Criteria

Review criteria are used to evaluate and rank applications. Do not confuse review criteria with program and eligibility criteria which are addressed before an application is accepted for review and any program policy or other factors that are applied during the selection process, after the review process is completed. Proposals will be evaluated through a peer review process on a 100 point basis taking in to account the following review criteria and potential number of points assigned to each criterion:

1) **NEED** (0 – 12 points)

The extent to which the application describes the problem(s) to be addressed in the target population(s) and geographic area(s) to be served by the area health education center(s).

- Demonstrates an understanding of the purpose of the AHEC program.
- Demonstrates an understanding of the identified need(s) as evidenced by the applicant's description of target population(s) and geographic areas validated with supporting data, demographics, health status of the target population(s), and associated contributing factors which the proposed AHEC project intends to address in the area(s) to be served by the area health education center(s).

2) **RESPONSE** (0-30 points)

The degree to which the proposed project responds to AHEC legislative requirements.

- Degree to which project activities address the AHEC Project and Center requirements.
- Clarity of the project objectives and their relationship to the identified need(s).
- Extent to which project objectives are measurable and attainable within the stated timeframe.
- Clarity of the proposed work plan and mechanisms to assure that satisfactory progress is attained.
- Extent to which the project fulfills the cost sharing/matching requirements.
- Degree to which project challenges and plans to overcome barriers are addressed.
- Degree to which the project meets the Medical School 10 Percent Requirement.

3) **EVALUATIVE MEASURES** (0 – 25 points)

The adequacy of the evaluation strategy to monitor and evaluate project results.

- Potential of evaluative measures to assess the extent to which project objectives are met and to what extent these can be attributed to the project.
- Clarity of methods and techniques that will be used to measure, analyze, and report the outcomes of each objective.
- The extent to which the proposed project adequately responds to AHEC Program performance measures and outcome indicators. The points will be allocated across the performance measures of Distribution, Diversity, and Quality as follows:

Distribution	=	0 to 14 Points
Diversity	=	0 to 7 Points
Quality	=	<u>0 to 4 Points</u>
Total	=	0 to 25 Points

All applicants shall complete the following Data Tables found in Appendix 2 on pages 50-55:

Table 1:	Distribution: Training Sites and Participants
Table 1A:	Distribution: AHEC Sponsored Training by Discipline by Site
Table 2:	Diversity: Students into Health Careers
Table 2A:	Diversity: Links to Schools and Students
Table 3:	Quality: C.E. Topics
Table 3A:	Quality: C.E. Trainees by Discipline by Site

It is understood that not all applicants will address every category/topic presented in the tables. Applicants are encouraged to provide data most appropriate to their application and project goals. Data estimates are acceptable for anticipated outcomes/results to be achieved over a three-year project period, i.e., a new start applicant.

4) IMPACT (0 – 18 points)

The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the Federal Funding.

- The potential of the proposed AHEC program and participating center(s) to continue on a self-sustaining basis.
- Identification of plans for effective, efficient dissemination of project results.
- Potential of project results to be of national significance.
- Potential for replication of project activities.
- For **Competing Continuation Applications** only, the extent to which the **Summary Progress Report** (see page 17 of this Guidance) provides a record of program specific accomplishments, successful outcomes, and other relevant information that demonstrate a history of achieving AHEC requirements:
SUMMARY PROGRESS REPORT FOR COMPETING CONTINUATIONS ONLY

A well planned progress report can be of great value by providing a record of accomplishments. It is an important source of material for the awarding component staff in preparing annual reports, in planning programs, and in communicating program specific accomplishments. The progress of an AHEC competing continuation application is carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. The progress report should be a brief presentation of the accomplishments, in relation to the objectives of the training program during the

current project period. The report should include:

1. The period covered (dates)
2. Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of Peer Review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
3. Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

5) RESOURCES/CAPABILITIES (0-10 points)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the proposed project. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. For competing continuations, past performance will also be considered.

- Evidence of qualifications in key personnel biosketches.
- Evidence of adequate staffing plan for proposed project.
- Evidence of ability to implement complex programs with similar requirements.
- Evidence of institutional support, e.g., resources and letters of support.
- Evidence of successful partnerships and linkages with academic and community-based organizations.

6) SUPPORT REQUESTED (0 – 5 points)

The reasonableness of the proposed budget and resources in relation to the objectives, the scope of the project, the complexity of activities, and the anticipated results.

- Evidence of a reasonable detailed budget and budget rationale to accomplish the project objectives.
- Evidence of fiscal capability to successfully manage cooperative agreements and contracts.
- Evidence of efforts to become self-sufficient, e.g., other sources of income, income generation plans, and future funding strategies.

2. Review and Selection Process

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

Funding Factors

Funds may be awarded to approved applicants in the following order:

- 1) Competing continuations
- 2) New starts in states with no federally funded AHEC Program
- 3) Other new starts

Funding Preference

A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications.

As provided in Section 791(a) of the PHS Act, preference will be given to any qualified applicant that: (1) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; (2) during the 2-year period preceding the fiscal year for which an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or (3) fulfills the requirements for new programs. This statutory general preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

Definition of a “Medically Underserved Community”: According to Section 799(B)(6) of the PHS Act, as amended by Section 108(C) of P.L.105-392, the term “medically underserved community” means an urban or rural area or population that:

- (A) is eligible for designation under Section 332 of the PHS Act as a health professional shortage area (HPSA);
- (B) is eligible to be served by a migrant health center under Section 330 of the PHS Act, a community health center under Section 330 of the PHS Act, a grantee under Section 330 of the PHS Act, (relating to homeless individuals), or a grantee under Section 330 of the PHS Act (related to public housing);
- (C) has a shortage of personal health services, as determined under criteria issued by the Secretary under Section 1861(a)(2) of the Social Security Act (relating to rural health clinics); or
- (D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

Medically underserved communities include the following work settings:

- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless grantees
- Public Housing Primary Care grantees
- Rural Health Clinics, federally designated
- National Health Service Corps sites
- Indian Health Service sites
- Federally Qualified Health Centers
- Primary Medical Care HPSAs

Dental HPSAs
Nurse Shortage Areas
State or Local Health Departments
Sites in a shortage area designated by a State Governor

All applicants have the option to request the General Statutory Funding Preference. Only data from the applicant/awardee school may be submitted. **To be considered for this Funding Preference, an applicant must request it on the AHEC Application Detail Page found in Appendix 2 on page 48 and by either completing the appropriate following table, or, in the case of a new program, requesting and submitting the appropriate narrative to support the request.** It is expected that most applicants who request the preference will respond to option 1 below, “Placement of Medical School Graduates.”

Preference will be based on a qualified applicant’s response to option 1 or 2 below:

1. Placement of Medical School Graduates

- A. Has a **high rate** for placing graduates from the medical or nursing school in practice settings having the principal focus of serving residents of medically underserved communities. In FY 2005, a high rate means that a minimum of 20 percent of the graduates in academic year 2002-2003 or academic year 2003-2004, whichever is greater, are spending at least 50 percent of their work time in these settings.
- B. Has achieved a **significant increase** in the rate of placing medical or nursing school graduates in such settings during the past 2-years preceding the fiscal year for which such an award is sought. A significant increase in the rate means, that between academic years 2002-2003 and 2003-2004, the rate of placing graduates in the specified settings has increased by at least 50 percent and not less than 15 percent of the graduates from the most recent year are working in these settings.

2. New Program

To allow new schools of medicine/nursing to compete more effectively for the general statutory preference, criteria have been developed which apply only to these new schools. A new program is defined as any school that has graduated less than three classes.

A new program, as defined above, will qualify for the general statutory funding preference if four or more of the following criteria are met:

1. The mission statement of the school identifies a specific purpose of preparing health professionals to serve underserved populations.
2. The curriculum includes content which help to prepare practitioners to serve medically underserved populations.

3. Substantial clinical training experience is required in medically underserved communities.
4. A minimum of 20 percent of the faculty spend at least 50 percent of their time providing/supervising care in a medically underserved community.
5. The entire program or a substantial portion of the program is physically located in a medically underserved community.
6. Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.
7. The program provides a placement mechanism for deploying graduates to medically underserved communities.

ALL APPLICANTS APPLYING FOR THE FUNDING PREFERENCE FOR A HIGH RATE OR SIGNIFICANT INCREASE IN RATE MUST SUBMIT INFORMATION ON THE TABLE BELOW USING THE FOLLOWING FORMAT TO BE ELIGIBLE FOR THE PREFERENCE.

No. of Graduates in Following Settings	Column A Academic Yr 2002-2003 (Report date is October 1, 2002)	Column B Academic Yr 2003-2004 (Report date is October 1, 2003)	Totals
Community Health Centers			
Migrant Health Centers			
Health Care for the Homeless Grantees			
Public Housing Primary Care Grantees			
Rural Health Clinics			
National Health Service Corps Sites			
Indian Health Service/Tribal Health Sites			
Federally Qualified Health Centers			
Primary Medical Care Health Professional Shortage Areas (HPSAs)			
State or Local Health Departments			
Sites in Areas Designated by State Governors, i.e., Ambulatory Practice Sites			
Total # of Graduates in these settings			
Total # of Graduates			
Percentage of Graduates in these settings			

3. Anticipated Announcement and Award Dates

The anticipated announcement of the FY05 AHEC awardees will be no later than August 1, 2005. The projected award date is August 1, 2005.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's

merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance. The Notice of Grant Award, which is signed by the Grants Management Officer and is sent to the applicant agency's Authorized Representative, is the authorizing document. It will be sent prior to the projected start date of September 1, 2005.

2. Administrative and National Policy Requirements

Successful applicants must comply with administrative requirements outlined in 45 CFR Part 74 or 45 CFR 92, as appropriate.

HEALTHY PEOPLE 2010

Healthy People 2010 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) To increase the quality and years of a healthy life; and (2) Eliminate our country's health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2010 goals.

AHEC applicants must summarize the relationship of their projects and identify which of their program objectives and/or sub-objectives relate to the goals of Healthy People 2010 Chapter 23- Public Health Infrastructure. Copies of the Healthy People 2010 may be obtained from the Superintendent of Documents or downloaded at the Healthy People 2010 website: <http://www.health.gov/healthypeople/document/>.

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

3. Reporting

The successful applicant under this guidance must:

- a. Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at www.whitehouse.gov/omb/circulars;
- b. Submit a Payment Management System Quarterly Report. The reports identify cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access grant funds. Submit report to the:

Division of Payment Management
DPM/FMS/PSC/ASAM/HHS
PO Box 6021
Rockville, MD 20852
Telephone: (301) 443-1660;

c. Submit a Financial Status Report. A financial status report is required within 90 days of the end of each grant year. The report is an accounting of expenditures under the project that year;

d. Submit a Uniform Progress Report (UPR) and Comprehensive Performance Management System (CPMS) Report. The UPR and CPMS are used to describe progress in meeting the objectives stated in the application. Reports for grants and cooperative agreements receiving funds after October 1, 2003 are submitted on-line. BHPPr grantees can access and complete their reports on the internet using a web-based data entry tool. Information on this system is updated regularly on the Bureau's web page. Due dates for the reports will be posted on the web page as soon as they are available. The Bureau's web page address is www.bhpr.hrsa.gov/grants. On the web page, click on **Grantee Reports**.

VII. Agency Contacts

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

James L. King
Grants Management Specialist
Division of Grants Management Operations
Health Resources and Services Administration
5600 Fishers Lane
Parklawn Building, Room 11-11
Rockville, Maryland 20857
Phone: 301-443-1123
Fax: 301-443-6686
Email: jking@hrsa.gov

Technical Assistance regarding this funding announcement may be obtained by contacting:

Lou Coccodrilli
Chief, AHEC Branch
BHPPr, HRSA
Telephone: (301) 443-1648
Email: lcoccodrilli@hrsa.gov

Marion Aldrich
Program Officer for CT, DC, FL, IN, ME, PR, RI, VA
BHPr, HRSA
Telephone: (301) 443-1118
Email: maldrich@hrsa.gov

Janet Clear
Program Officer for CA, HI, KS, MD, MN, NV, OK, OR, WI
BHPr, HRSA
Telephone: (301) 443-6194
Email: jclear@hrsa.gov

Susan Goodman
Program Officer for AZ, KY, MA, NJ, NC, NY, TN, UT
BHPr, HRSA
Telephone: (301) 443-6951
Email: sgoodman@hrsa.gov

David Hanny
Program Officer for AL, DE, GA, MS, OH, PA, SD, TX
BHPr, HRSA
Telephone: (301) 443-0024
Email: dhanny@hrsa.gov

Armando Pollack
Program Officer for AR, CO, IL, MO, NH, ND, VT, WV
BHPr, HRSA
Telephone: (301) 443-2981
Email: apollack@hrsa.gov

Barry Stern
Program Officer for AK, ID, IA, LA, MI, MT, NM, NE, SC, WA, WY
BHPr, HRSA
Telephone: (301) 443-6758
Email: bstern@hrsa.gov

VIII. Other Information

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0060. The time required to complete this information collection is estimated to average 56.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of

information, including suggestions for reducing this burden to HRSA Reports Clearance Officer, 5600 Fishers Lane, 16C-17, Rockville, Maryland, 20857.

IX. Tips for Writing a Strong Application

Include DUNS Number. You must include a DUNS Number to have your application reviewed. Applications will not be reviewed without a DUNS number. To obtain a DUNS number, access www.dunandbradstreet.com or call 1-866-705-5711. Please include the DUNS number next to the OMB Approval Number on the application face page.

Keep your audience in mind. Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant organization. Keep the review criteria in mind when writing the application.

Start preparing the application early. Allow plenty of time to gather required information from various sources.

Follow the instructions in this guidance carefully. Place all information in the order requested in the guidance. If the information is not placed in the requested order, you may receive a lower score.

Be brief, concise, and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables.

Be organized and logical. Many applications fail to receive a high score because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

Be careful in the use of appendices. Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments located in the appendices to the appropriate text in the application.

Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application.

Appendix I
HRSA Training Grant Application Forms

Appendix 1- Form 6025-1

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Grant Application		Date Received	Grant Number
		CFDA No.	DUNS No.
1. Title of Project (not to exceed 56 typewriter spaces)			
2a. Project Director, Name (last, first, middle initial & position title)		2b. Highest Degree	2c. Social Security No.
2d. Mailing Address (organization, street, city, state, zip code)		2e. E-Mail Address	
		2f. Department	
		2g. School or College	
2h. Telephone (area code, number, extension)		2i. Fax (area code, number)	
3. Dates of entire proposed project period (This application) From To		4. Applicant Organization (name and address)	
5. Congressional District of Applicant Other Districts that Benefit Financially from this Application			
6. Official in business office to be contacted concerning application (name, title, address and telephone number)		6a. Single point of contact if different from 6	
		6b. E-Mail address of single point of contact	
7. Entity identification no.	8. Official signing for applicant organization (name, title and telephone number)		
9. Type of organization (see instructions) G Private Nonprofit G For Profit Organization G Public (Specify Federal, State, Local) _____			
10. Project Director Assurance: I agree to accept responsibility for the conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		11. Signature of person named in item 2a. "PER" signature not acceptable. _____ Date _____	
12. Certification and acceptance I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with the DHHS terms and conditions if a grant is awarded as a result of this application. A willfully false certification is a criminal offense (U.S. Code, Title 18, Section 1001).		13. Signature of person named in item 8. "PER" signature not acceptable. _____ Date _____	

SPECIFIC INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FACE SHEET

Below is an explanation of the items found in the application forms. If additional space is needed to complete any item, identify each item with its number and/or title. If any item in the application is not applicable, please insert "NA" in that space.

I. FACE PAGE (This is the first page of this application kit.)

The Catalog of Federal Domestic Assistance (CFDA) number and the program announcement code have been entered for you in the upper right hand section of the form. Please note that you will have to input the DUNS number.

1. Title of Project - Enter a descriptive title for this project. Do not exceed 56 characters.
- 2a. Project Director - Designate the individual who will direct and be responsible to the applicant institution for the proposed project.
- 2b. Highest Degree - Enter all pertinent degrees, including relevant certifications of the Project Director.
- 2c. Social Security Number – Not applicable. For privacy considerations we are neither requesting nor accepting social security numbers.
- 2d. Mailing Address - Enter the office address of the project director if different from the address in item 4.
- 2e. E-mail Address - Enter the address at which the project director can receive e-mail.
- 2f. Department – Enter the name of the organizational affiliation, such as Department of Nursing, Social Service Institute, etc.
- 2g. School or College – Enter the name of the school, college, or other major subdivision such as nursing, health professions, medicine, dental, public health, etc.
- 2h. Telephone - Enter the number at which the project director usually can be reached during business hours.
- 2i. FAX - Enter the number at which the project director can receive FAX mail.

3. Dates of Entire Proposed Project Period – The start date for this program is July 1, 2005. End dates for each Purpose are listed under the heading Length of Support.
4. Applicant Organization - Name the one institution which will be legally and financially responsible and accountable for the use and disposition of any DHHS funds awarded on the basis of this application. Enter the name and address (street, city, state, 9-digit zip code).
5. Congressional District of Applicant - Enter the Congressional District in which the applicant institution is located.

Other Districts that Benefit Financially from this Grant - Enter the other Congressional District(s) that may benefit financially if an award is made.

6. Official in Business Office to be Contacted Concerning Application - Self-explanatory.
- 6a. Single Point of Contact (SPOC) - This is a designated institutional official responsible for all business management activities between the institution and the Grants Management Branch of the Bureau of Health Professions. Only complete this item if the institution has not designated a point of contact with BHP.
- 6b. E-mail Address of Single Point of Contact – Self-explanatory.
7. Entity Identification Number - Enter the number assigned by DHHS to each grantee institution for payment and accounting purposes. If a number has not been assigned, enter institution's IRS Employer Identification Number (EIN).
8. Official Signing for the Applicant Organization - See instructions for item 12.
9. Type of Organization - Some applicant organizations must submit a document of eligibility with the completed application in accordance with DHHS Policy.

A private nonprofit organization must submit proof of its nonprofit status if it has not previously done so. If such proof has been previously submitted to any component of DHHS, identify the component and the date submitted. Acceptable proof to be submitted with the completed application may be: (a) a reference to the organization's listing in the most recent IRS cumulative list of tax exempt organizations; or (b) a copy of a currently valid IRS tax exemption certificate; or (c) a statement from a State taxing authority or State Attorney General, certifying that the

organization is a nonprofit organization operating within the State and that no part of its earnings may lawfully inure to the benefit of any private shareholder or individual; or (d) a certified copy of the certificate of incorporation or other document which clearly establishes the nonprofit status of the organization; or (e) any of the items immediately above for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.. This documentation must be counted as part of the 80 page limit for this application.

10. Project Director Assurance - Self-explanatory.
11. Signature of Person Named in Item 2a - Self-explanatory.
12. Certification and Acceptance - The signature of an authorized official of the applicant institution is required as certification that the information in the application is correct, that the institution agrees to abide by enabling legislation, applicable regulations, DHHS policies, and conditions placed on the award, and that adequate facilities will be made available for the conduct of the proposed project. If the official named in item 8 is not available to sign for the applicant organization, an official authorized may sign as "acting" for such official. "Per" signatures are not acceptable. Signatures are required in ink and on the original copy only.
13. Signature of Person Named in Item 8 - Self-explanatory.

CONSOLIDATED BUDGET

Direct Costs	First Budget Period FY 2005				Second Budget Period FY 2006				Third Budget Period FY 2007				Total			
	A*		B*		A*		B*		A*		B*		A*		B*	
Program Area(s)	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*
Discipline(s)	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*
A. Non-Trainee Expenses																
Personnel																
Consultant Costs																
Equipment																
Contracts																
Supplies																
Staff Travel																
Other Expenses																
Subtotal Section A																
B. Trainee Expenses																
Stipends																
Tuition & Fees																
Trainee Travel																
Subtotal Section B																
Total Direct Costs (Add Subtotals of Sections A & B)																

Indirect Cost Requested? Yes No If "Yes," at ___% rate.

NOTE: Replace A* and B* with involved program area(s) and replace A1*, A2*, B1*, and B2* with the involved discipline(s). If more than 2 disciplines are involved in one program area in a combined application, the applicant may add another column as appropriate. If more program areas are involved, more columns may be added, or the table may be duplicated.

CONSOLIDATED BUDGET (Cont.)

C. Estimated Funding	First Budget Period FY 2005				Second Budget Period FY 2006				Third Budget Period FY 2007				Total			
	A*		B*		A*		B*		A*		B*		A*		B*	
Program Area(s)	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*	A1*	A2*	B1*	B2*
Discipline(s)																
Federal (Requested in this Application)																
Other Federal																
Applicant Institution																
State, Local/Other																
Program Income																
Total																

NOTE: Replace A* and B* with involved program area(s) and replace A1*, A2*, B1*, and B2* with the involved discipline(s). If more than 2 disciplines are involved in one program area in a combined application, the applicant may add another column as appropriate. If more program areas are involved, more columns may be added, or the table may be duplicated.

Appendix 2
AHEC Program Specific Forms

AHEC APPLICATION DETAIL PAGE

(Check the appropriate boxes and provide the information requested.)

PROGRAM DETERMINATION

_____ Basic/Core AHEC Program CFDA No. 93.824

_____ Model State Supported AHEC Program CFDA No. 93.107

TYPE OF APPLICATION

_____ New Application (This application is being submitted to DHHS for a project or program not currently receiving support.)

_____ Competing Continuation of grant number: _____ (This application is to extend for one or more budget periods a project period that would otherwise expire.)

GENERAL STATUTORY FUNDING PREFERENCE

_____ Requested at high rate – Table included Page _____

_____ Requested with significant increase – Table included Page _____

_____ Requested as a New Program –
Supporting documentation provided Page _____

_____ Not requested

APPLICANT ADDRESSES THE FOLLOWING TOPICS

Distance Learning

Kids Into Health Careers

_____ Yes _____ Page

_____ Yes _____ Page

_____ No

_____ No

DATA UNIVERSAL NUMBERING SYSTEM (DUNS)

_____ DUNS number has been completed on the face page

Appendix 2

DATA TABLES

All applicants shall complete the following tables:

Table 1: Distribution: Training Sites and Participants

Table 1A: Distribution: AHEC Sponsored Training by Discipline by Site

Table 2: Diversity: Students into Health Careers

Table 2A: Diversity: Links to Schools and Students

Table 3: Quality: C.E. Topics

Table 3A: Quality: C.E. Trainees by Discipline by Site

It is understood that not all applicants will address every category/topic presented in the tables. Applicants are encouraged to provide data most appropriate to their application and project goals. Data estimates are acceptable for anticipated outcomes/results to be achieved over a three-year project period, i.e., a new start applicant.

TABLE 1
DISTRIBUTION: TRAINING SITES AND PARTICIPANTS

1. Number of AHEC Sponsored Community Based Training Sites	_____	<input type="text"/>
2. Number of AHEC Sponsored Community Based Training Sites in Medically Underserved Communities MUCs ¹	_____	<input type="text"/>
3. Number of Medical Students Trained in AHEC Sponsored Community Based Sites	_____	<input type="text"/>
4. Number of Medical Student-Weeks ² in AHEC Sponsored Community Based Sites	_____	<input type="text"/>
5. Number of Medical Students Trained in AHEC Sponsored Community Based Sites in MUCs	_____	<input type="text"/>
6. Number of Medical Student-Weeks in AHEC Sponsored Community Based Sites in MUCs	_____	<input type="text"/>
7. Number of Health Professions Students ³ Trained in AHEC Sponsored Community Based Training Sites	_____	<input type="text"/>
8. Number of Health Professions Student-Weeks in AHEC Sponsored Community Based Training Sites	_____	<input type="text"/>
9. Number of Health Professions Students Trained in AHEC Sponsored Community Based Training Sites in MUCs	_____	<input type="text"/>
10. Number of Health Professions Student-Weeks in AHEC Sponsored Community Based Training Sites in MUCs	_____	<input type="text"/>
11. Number of Local Preceptors-Faculty in AHEC Sponsored Community Based Training Sites	_____	<input type="text"/>
12. Number of Local Preceptors-Faculty in AHEC Sponsored Community Based Training Sites in MUCs	_____	<input type="text"/>
13. Number of AHEC Sponsored Rural ⁴ Community Based Training Sites	_____	<input type="text"/>

¹ A definition of MUC categories is presented following these data tables.

² A student week of clinical education totals 40 hours, completed in 5 days or over time.

³ Undergraduate students in disciplines other than medicine.

⁴ Rural means non-SMSA (Standard Metropolitan Statistical Area).

TABLE 1A. DISTRIBUTION: AHEC SPONSORED TRAINING BY DISCIPLINE BY SITE

TRAINING SITES IN MEDICALLY UNDERSERVED COMMUNITIES (MUCs)													
TRAINEES	CHC	MHC	Health Care for Homeless	Public Housing Primary Care Grantees	Rural Health Clinics	NHSC Sites	IHS or Tribal Health Sites	FQHC	HPSA	Health Dept.	Governor Designated Area	AHEC Urban Community Based Training Sites ²	Other AHEC Community Based Training Sites
STUDENTS¹													
Advance Practice Nurse													
Allied Health													
Community Hlth. Wr.													
Dentistry													
Medicine-Allopathic													
Medicine-Osteopathic													
Mental Health													
Nursing – Undergraduate													
Pharmacy													
Physician Assistant													
Public Health													
RESIDENTS¹													
Family Med.													
Gen. Int. Med.													
Gen. Pediatrics													
AHEC PRECEPTORS AT SITE													
Advanced Practice Nurse													
Allied Health													
Dentistry													
Medicine													
Physician Assistant													
Other:													
Other:													
Other:													
TOTAL													

¹ Number of trainees who have had a clinical education experience at the training site in a 12 month project period.

² Urban training sites with a 50% Medicaid and/or uninsured population.

**TABLE 2
DIVERSITY: STUDENTS INTO HEALTH CAREERS**

	MINORITY/DISADVANTAGED STATUS OF STUDENT PARTICIPANTS							TOTAL
	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White Disadvantaged	White Non-Disadvantaged	
GRADE 9-12 STUDENTS PROGRAM COMPLETERS ¹ ≥40 Hrs								
GRADE 9-12 STUDENTS PROGRAM COMPLETERS ² ≥ 20 - 40 Hrs								
TOTAL								
Grade 9-12 student program completers who entered health professions training program								
Grade 9-12 student program completers who entered college: pre health profession								
TOTAL								

¹ Completed at least 40 hrs of health career or academic enhancement in a 12 month project period.

² Completed at least 20 but less than 40 hrs of health career or academic enhancement in a 12 month project period.

**TABLE 2A
DIVERSITY: LINKS TO SCHOOLS AND STUDENTS**

COMMUNITY BASED LINKS TO PRE-BACCALAUREATE STUDENTS

HAS PROGRAM DEVELOPED A HEALTH CAREER GUIDE ? YES ___ NO ___

HAS PROGRAM DISTRIBUTED A HEALTH CAREER GUIDE ? YES ___ NO ___

NUMBER OF HEALTH CAREER GUIDES DISTRIBUTED ¹

INFORMATION DISSEMINATION TO LARGE GROUPS² (NUMBER OF GRADE 9-12 STUDENTS PARTICIPATED)

INFORMATION DISSEMINATION TO LARGE GROUPS (NUMBER OF GRADE K-8 STUDENTS PARTICIPATED)

HEALTH CAREER TRAINING TO K-12 STAFF (NUMBER OF TEACHERS/COUNSELORS TRAINED)

APPROXIMATE TOTAL NUMBER OF HIGH SCHOOLS PARTICIPATING

APPROXIMATE NUMBER OF HIGH SCHOOLS IN UNDERSERVED AREAS PARTICIPATING

¹ Data for a 12 month period are requested for items 3-8.

² Example = One hour program on health careers presented to a class/student body.

**TABLE 3
QUALITY: C.E. TOPICS¹**

	CONTINUING EDUCATION (C.E.) TOPICS						Other C.E. TOPICS		TOTAL
	AIDS/HIV	Adolescent Health 13-18 yrs.	Child Health 0-12 yrs	Geriatrics	Mental Health	Women=s Health			
Number of C.E. Programs Provided									
Number of C.E. Contact Hours Provided									
Number of Providers Who Participated									
Number of C.E. Distance Learning Programs									
Number of Providers Who Participated in C.E. Distance Learning									

¹The topics are examples of the breadth of AHEC C.E. programs, add other C.E. topics, i.e., most requested at the state/local level.

**TABLE 3A
QUALITY: C.E. TRAINEES BY DISCIPLINE BY SITE**

EMPLOYMENT LOCATION OF PARTICIPANTS												
	CHC	MHC	Health Care for Homeless	Public Housing Primary Care Grantees	Rural Health Clinics	NHSC Sites	IHS/ Tribal Health Sites	Health Dept.	Governor Designated Area	Urban Community Based Training Sites²	Other AHEC Community Based Sites	TOTAL
PARTICIPANTS¹												
Advanced Practice Nurse												
Allied Health												
Comm. Hlth. Worker												
Dental Hygienist												
Dentist												
Mental Health												
Nurse												
Pharmacist												
Physical Therapist												
Physician												
Physician Assistant												
Public Health												
Other:												
Other:												
Other:												
TOTAL												

¹ Number of participants in AHEC- sponsored C.E. programs.

² Urban training sites with a 50% Medicaid and/or uninsured population.

AHEC PROJECT AND CENTER REQUIREMENTS

Introduction

All applicants must complete the AHEC Project Requirements and AHEC Center Requirements tables. Indicate the pages in the narrative that describe how each requirement is met. For those applicants seeking funding for the first time, describe plans to meet the requirements and indicate the pages in the narrative where the plans are located.

Program Director and Advisory Board

The Program Director should hold a faculty appointment in the applicant school (allopathic or osteopathic medical school, or school of nursing) and is responsible for the overall direction and coordination of the AHEC program.

The Program should have an Advisory Board to advise the program director on all aspects of the conduct of the program including administration, education, and evaluation. It should include representatives of schools and programs of health professions actively participating in the AHEC program. At a minimum, the program advisory board should meet quarterly with the AHEC program director to review its progress and problems, and to plan for further development of the program.

<p style="text-align: center;">BASIC AND MODEL AHEC PROJECT REQUIREMENTS</p>	<p style="text-align: center;">YES Indicate the page(s) where you describe how you have met this requirement</p>	<p style="text-align: center;">NO Indicate the page(s) where you describe how you plan to meet this requirement</p>
<p>1. Improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved rural and urban areas and personnel providing health services to populations having demonstrated serious unmet health area needs.</p>		
<p>2. Increase the number of primary care physicians and other primary care providers who provide services in underserved areas through the offering of an educational continuum of health career recruitment through clinical education concerning underserved areas in a comprehensive health workforce strategy.</p>		
<p>3. Carry out recruitment and health career awareness programs to recruit individuals from underserved areas and underrepresented populations, including minority and disadvantaged, and other elementary or secondary students, into the health professions.</p>		
<p>4. Prepare individuals to more effectively provide health services to underserved areas or underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others.</p>		
<p>5. Conduct health professions education and training activities for students of health professions schools and medical residents.</p>		
<p>6. Conduct at least 10 percent of medical student required clinical education at sites remote to the primary teaching facility of the contracting institution. (Complete the 10 Percent Table which follows.)</p>		
<p>7. Provide information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely dissemination of research findings using relevant resources.</p>		
<p>General Provision: Applicants shall collaborate with 2 or more disciplines.</p>		

<p style="text-align: center;">AHEC CENTER REQUIREMENTS</p>	<p style="text-align: center;">YES Indicate the page(s) where you describe how you have met this requirement</p>	<p style="text-align: center;">NO Indicate the page(s) where you describe how you plan to meet this requirement</p>
<p>1. Each area health education center that receives funds under this section shall encourage the regionalization of health professions schools through the establishment of partnerships with community-based organizations.</p>		
<p>2. Each area health education center that receives funds under this section shall specifically designate a geographic area or medically underserved population to be served by the center. Such area or population shall be in a location removed from the main location of the teaching facilities of the schools participating in the program with such center.</p>		
<p>3. Each area health education center that receives funds under this section shall meet the following four requirements:</p>		
<p style="padding-left: 40px;">a. Assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs;</p>		
<p style="padding-left: 40px;">b. Arrange and support rotations for students and residents in family medicine, general internal medicine or general pediatrics, with at least one center in each program being affiliated with or conducting a rotating osteopathic internship or medical residency training program in family medicine (including geriatrics) general internal medicine (including geriatrics), or general pediatrics in which no fewer than 4 individuals are enrolled in first-year positions;</p>		
<p style="padding-left: 40px;">c. Conduct and participate in interdisciplinary training that involves physicians and other health personnel including, where practicable, public health personnel, physician assistants, nurse practitioners, nurse midwives, behavioral and mental health providers; and</p>		
<p style="padding-left: 40px;">d. Have an advisory board, at least 75 percent of the members of which shall be individuals, including both health service providers and consumers, from the area served by the center.</p>		

Note: The Center Director should have at least a 75% time requirement allocated solely to the conduct of Center duties and responsibilities.

BIOGRAPHICAL SKETCHES

Name: (Last, first, middle initial)

Title:

Education:

Institution and Location	Degree	Year Conferred	Field of Study

Professional Experience:

Provide a biographical sketch in this format for **key professional personnel** contributing to the project. Begin with current position, then in reverse chronological order, list relevant previous employment and experience. Each biographical sketch must be limited to **one** page including publications. Include all degrees and certificates. When listing publications under Professional Experience, list authors in the same order as they appear on the paper, the full title of the article, and the complete reference as it is usually cited in a journal. List all relevant and most recent community-based partnership development/education experiences and activities.

The sketches should be arranged in alphabetical order after the project director's sketch and placed at the end of the application after the Detailed Description of Project. Use the provided format for each Biographical Sketch.

Applicant/Awardee Medical School 10 Percent Requirement

Section 751 of the PHS Act designates that funds may be awarded to programs that conduct at least 10 percent of medical student education at sites remote to the primary teaching facility of the contracting institution.

Each applicant **must** complete the Medical School 10 Percent Requirement Table and Worksheet to demonstrate that at least one medical school is meeting (or for a new start application, will meet) the requirement. If funds are requested for more than one medical school, i.e., a cooperating medical school, to support an AHEC program office staff and an AHEC center affiliated with the cooperating medical school, then the table must be completed for the cooperating medical school as well. An example is presented in the table. In calculating the time, a student-week of clinical education totals 40 hours which may be completed in five consecutive days or cumulatively over time. The total number of AHEC sponsored student weeks of clinical education are divided by the total number of student weeks of clinical education available in the four-year curriculum of the particular medical school to arrive at the percentage.

With regard to the application review process, if an application includes the participation of more than one medical school and demonstrates that at least one medical school meets the 10% requirement, the application will be considered to have met the requirement. If other medical schools in the application do not meet the 10% requirement, this will be cause for non-support of an AHEC program office at the other medical school. If the applicant is a nursing school (in a State where there is no Federal AHEC program), the applicant must include a Medical School 10 Percent Requirement Table to demonstrate that at least one medical school will meet the requirement.

MEDICAL SCHOOL 10 PERCENT REQUIREMENT TABLE

	Awardee Medical School	Cooperating Medical School	Cooperating Medical School	Cooperating Medical School	Cooperating Medical School
	Example				
(A) Total Medical Undergraduate Clinical Education Student-Weeks at or Sponsored by AHEC Each Year	953				
	Example				
(B) Total Medical Undergraduate Clinical Education Student-Weeks of the School's 4 Year Curriculum	9530				
A ÷ B	≅ 10 Percent				

WORKSHEET EXAMPLE

EXAMPLE							
Academic Year	# of Required Clinical Weeks	X	# of Students	Total Student Weeks	X	10%	AHEC Student Weeks
1	0	X	100	0	X	10%	0
2	20	X	95	1900	X	10%	190
3	30	X	91	2730	X	10%	273
4	50	X	98	4900	X	10%	490
	100	X	384	9530	X	10%	953
MINIMUM AHEC STUDENT WEEKS = 953							

Note: A student week of clinical education totals 40 hours, completed in either five consecutive days or cumulatively over time.

FUNDING FACTORS

General Statutory Funding Preference

For the purpose of making awards under these programs, the term “funding preference” is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications.

As provided in Section 791(a) of the PHS Act, preference will be given to any qualified applicant that: (1) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; (2) during the 2-year period preceding the fiscal year for which an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or (3) fulfills the requirements for new programs. This statutory general preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

Definition of a “Medically Underserved Community”: According to Section 799(B)(6) of the PHS Act, as amended by Section 108(C) of P.L.105-392, the term “medically underserved community” means an urban or rural area or population that:

(A) is eligible for designation under Section 332 of the PHS Act as a health professional shortage area (HPSA);

(B) is eligible to be served by a migrant health center under Section 330 of the PHS Act, a community health center under Section 330 of the PHS Act, a grantee under Section 330 of the PHS Act, (relating to homeless individuals), or a grantee under Section 330 of the PHS Act (related to public housing);

(C) has a shortage of personal health services, as determined under criteria issued by the Secretary under Section 1861(a)(2) of the Social Security Act (relating to rural health clinics); or

(D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

Medically underserved communities include the following work settings:

Community Health Centers

Migrant Health Centers

Health Care for the Homeless grantees

Public Housing Primary Care grantees

Rural Health Clinics, federally designated

National Health Service Corps sites

Indian Health Service sites

Federally Qualified Health Centers

Primary Medical Care HPSAs

Dental HPSAs

Nurse Shortage Areas

State or Local Health Departments

Sites in a shortage area designated by a State Governor

All applicants have the option to request the General Statutory Funding Preference. Only data from the applicant/awardee school may be submitted. **To be considered for this Funding Preference, an applicant must request it on the AHEC Application Detail Page found in Appendix 2 on page 48 and by either completing the appropriate following table, or, in the case of a new program, requesting and submitting the appropriate narrative to support the request.** It is expected that most applicants who request the preference will respond to option 1 below, "Placement of Medical School Graduates."

Preference will be based on a qualified applicant's response to option 1 or 2 below:

3. Placement of Medical School Graduates

- C. Has a **high rate** for placing graduates from the medical or nursing school in practice settings having the principal focus of serving residents of medically underserved communities. In FY 2004, a high rate means that a minimum of 20 percent of the graduates in academic year 2002-2003 or academic year 2003-2004, whichever is greater, are spending at least 50 percent of their work time in these settings.
- D. Has achieved a **significant increase** in the rate of placing medical or nursing school graduates in such settings during the past 2-years preceding the fiscal year for which such an award is sought. A significant increase in the rate means, that between academic years 2002-2003 and 2003-2004, the rate of placing graduates in the specified settings has increased by at least 50 percent and not less than 15 percent of the graduates from the most recent year are working in these settings.

4. New Program

To allow new schools of medicine/nursing to compete more effectively for the general statutory preference, criteria have been developed which apply only to these new schools. A new program is defined as any school that has graduated less than three classes.

A new program, as defined above, will qualify for the general statutory funding preference if four or more of the following criteria are met:

- 8. The mission statement of the school identifies a specific purpose of preparing health professionals to serve underserved populations.
- 9. The curriculum includes content which help to prepare practitioners to serve medically underserved populations.
- 10. Substantial clinical training experience is required in medically underserved communities.
- 11. A minimum of 20 percent of the faculty spend at least 50 percent of their time providing/supervising care in a medically underserved community.
- 12. The entire program or a substantial portion of the program is physically located in a medically underserved community.
- 13. Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.
- 14. The program provides a placement mechanism for deploying graduates to medically underserved communities.

Appendix 2

ALL APPLICANTS APPLYING FOR THE FUNDING PREFERENCE FOR A HIGH RATE OR SIGNIFICANT INCREASE IN RATE MUST SUBMIT INFORMATION ON THE TABLE BELOW USING THE FOLLOWING FORMAT TO BE ELIGIBLE FOR THE PREFERENCE.

No. of Graduates in Following Settings	Column A Academic Yr 2002-2003 (Report date is October 1, 2002)	Column B Academic Yr 2003-2004 (Report date is October 1, 2003)	Totals
Community Health Centers			
Migrant Health Centers			
Health Care for the Homeless Grantees			
Public Housing Primary Care Grantees			
Rural Health Clinics			
National Health Service Corps Sites			
Indian Health Service/Tribal Health Sites			
Federally Qualified Health Centers			
Primary Medical Care Health Professional Shortage Areas (HPSAs)			
State or Local Health Departments			
Sites in Areas Designated by State Governors, i.e., Ambulatory Practice Sites			
Total # of Graduates in these settings			
Total # of Graduates			
Percentage of Graduates in these settings			

Appendix III
Assurances and Certifications

ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS

For assurances, certification and other requirements, please see the following instructions. If there are any questions regarding this information, please contact the HRSA Division of Grants Management Operations at (301) 443-6960.

CHECKLIST

This is the required last page of the application.

ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS

Please see the following instructions for Assurances, Certifications and Other Requirements. If the necessary forms have been filed, assurances and certification made, and other requirements met, please check “yes” below. If “no” is checked, please explain.

___ Yes ___ No (If “No”, provide an explanation.)

If the applicant has met the requirements of each of the following assurances, certifications and other requirements, please check the “YES” space on the Checklist. If one or more of the following assurances, certifications and other requirements are not met, check “NO” and explain.

- A. **Civil Rights:** Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, an Assurance of Compliance Form DHHS 690 in accordance with Title VI of the Civil Rights Act of 1964, P.L. 88-352. Pertinent DHHS regulations are found in 45 CFR Part 80. This provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from DHHS.
- B. **Handicapped Individuals:** Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, an Assurance of Compliance Form DHHS 690, in accordance with Sec. 504 of the Rehabilitation Act of 1973, P.L. 93-112, as amended (29 USC 794). This provides that no handicapped individual shall, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance. Pertinent DHHS regulations are found in 45 CFR Part 84.
- C. **Age Discrimination:** In accordance with Title III of the Age Discrimination Act of 1975, as amended, P.L. 94-135, 45 CFR Part 91, attention is called to the general rule that no person in the United States shall, on the basis of age, be excluded from participation

in, be denied the benefit of, or be subjected to, discrimination under any program or activity receiving Federal financial assistance. The required assurance (Form DHHS-690) must be on file with the Office for Civil Rights, Office of the Secretary, DHHS, before a grant may be made.

- D. **Sex Discrimination:** Before an award is made, the applicant educational organization must have submitted and had accepted by the DHHS Office for Civil Rights an Assurance of Compliance Form DHHS 690 in accordance with Sec. 901 of Title IX of the Education Amendments of 1972, P. L. 92-318, as amended, which provides that no person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under an education program or activity receiving Federal financial assistance. Pertinent DHHS regulations are found in 45 CFR Part 86.
- E. Specific provisions in Titles VII and VIII of the PHS Act (currently numbered Secs. 794 and 810) prohibit the Secretary, DHHS, from making any grant, contract, loan guarantee, or interest subsidy payment under Title VII or VIII to an entity which does not furnish assurances satisfactory to the Secretary that the entity will not discriminate on the basis of sex in the admission of individuals to its training programs.
- F. In accordance with 45 CFR Part 83 of DHHS regulations, no grant, contract, loan guarantee or interest subsidy payment under Titles VII and VIII of the PHS Act shall be made to or for the benefit of any entity unless the entity furnishes assurances satisfactory to the Director, Office for Civil Rights, that the entity will not discriminate on the basis of sex in the admission of individuals to its training programs.
- G. **Other Discrimination:** Attention is called to the requirements of Sec. 401 of the Health Programs Extension Act of 1973, P.L. 93-45, as amended (42 USC 300a-7), which provides that no entity which receives any grant, contract, loan, loan guarantee, or interest subsidy under the PHS Act may deny admission or otherwise discriminate against any applicant (including applicants for internships and residencies) for training or study because of the applicant's reluctance or willingness to counsel, suggest, recommend, assist, or in any way participate in the performance of abortions or sterilizations contrary to, or consistent with, the applicant's religious beliefs or moral convictions.
- H. **Drug Free Workplace Act of 1988, Title V, Subtitle D of P.L. 100-690:** The applicant institution must comply with the requirements of 45 CFR Part 76, Subpart F, which require certification that grantees will provide and maintain a drug-free workplace.
- I. **Certification Regarding Lobbying and Disclosure of Lobbying Activities:** Each person shall file a certification, and a disclosure form, if required, with each submission that initiates agency consideration of such person for award of a Federal contract, grant, loan, or cooperative agreement award action exceeding \$100,000. Government-wide guidance for restrictions on lobbying was published by the Office of Management and Budget in the Federal Register, 54 FR 52306, December 20, 1989. Pertinent DHHS regulations are found in 45 CFR Part 93. See also authority under Sec. 319, P.L. 101-121, as amended (31 USC 1352).

- J. **Misconduct in Science:** Each institution which applies for or receives assistance under a research, research-training, or research-related grant or cooperative agreement under the PHS Act must submit an annual assurance (Form PHS 6349) certifying that the institution has established administrative policies as required by the Final Rule (42 CFR Part 50, Subpart A), and that it will comply with those policies and the requirements of the Final Rule as published in the Federal Register at 54 FR 32449, August 8, 1989.
- K. As of January 1, 1990, Notice of Grant awards for grants and cooperative agreements involving research may be issued only to institutions that have filed with the Office of Research Integrity (OR), acceptable assurances for dealing with and reporting possible misconduct in science. The respective Grants Management Office will determine the status of an institution by contacting OR.
- L. **Debarment and Suspension:** The applicant organization must certify, among other things, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. Seabirds, that is, other corporations, partnerships, or other legal entities (called “lower tier” participants), must make the same certification to the applicant organization concerning their covered transactions. Pertinent DHHS regulations are found in 45 CFR Part 76 and refer to Executive Order 12549 which provides that, to the extent permitted by law, executive departments and agencies shall participate in a government-wide system for nonprocurement debarment and suspension.
- M. **Statement of Non-Delinquency on Federal Debt:** The question applies only to the person or institution requesting financial assistance, and does not apply to the person who signs an application form as the authorized representative of an institution or on behalf of another person who actually receives the funds.
- N. Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. For purposes of this statement, the following definitions apply:
- For direct loans, a debt more than 31 days past due on a scheduled payment.
 - For agents, recipients of a “Notice of Grants Cost Disallowance” who have not repaid the disallowed amount or who have not resolved the disallowance.
 - For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.
- O. **Drug-Free Schools and Campuses:** The Drug-Free Schools and Communities Act Amendments of 1989, P.L. 101-226, Sec. 22, which added Sec. 1213 to the Higher Education Act, require that any public or private institution of higher education (including independent hospitals conducting training programs for health care personnel), State educational agency, or local educational agency receiving Federal financial assistance must certify to the Secretary of Education, as a condition for funding, that it

has adopted and implemented a drug prevention program as described in regulations at 34 CFR Part 86, (55 FR 33581), August 16, 1990, as amended at 61 FR 66225, December 17, 1996. The provisions of the regulations also apply to sub-grantees which received Federal funds from any Federal grantee regardless of whether or not the primary grantee is an institution of higher education, State educational agency, or local educational agency.

- P. **Bloodborne Diseases:** Sec. 308 of Title III of P.L. 102-408, the Health Professions Education Extension Amendments of 1992, requires that with respect to awards of grants or contracts under Title VII or VIII of the PHS Act, the Secretary of DHHS may make such an award for the provision of traineeships only if the applicant for the award provides assurances satisfactory to the Secretary that all trainees will, as appropriate, receive instruction in the utilization of universal precautions and infection control procedures for the prevention of the transmission of blood borne diseases. **Smoke-Free Workplace:** The Public Health Service strongly encourages all grant and cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. Title X, Part C of P.L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.