



Bureau of Health Workforce Grant Application Guidance Webinar 2 *June 10, 2021*

CAPT. Jacqueline Rodrigue, Office of the Associate Administrator
Anthony Duah-Agyemang, Division of Independent Review
Beatriz C. Gramley, Division of Grants Policy
Bruce Holmes, Division of Grants Management

Vision: Healthy Communities, Healthy People



Webinar Speakers



CAPT. Jacqueline Rodrigue
Senior advisor
Office of the Associate
Administrator
Bureau of Health Workforce
(BHW), HRSA



Bruce Holmes
Supervisory grants
management specialist,
Office of Federal Assistance
Management, HRSA



Betty Gramley
Grants policy analyst, Office
of Federal Assistance
Management, HRSA

Anthony Duah-Agyemang
Supervisory team lead
Office of Federal Assistance
Management, HRSA



Agenda

- ▶ The Notice of Funding Opportunity
- ▶ The Budget
- ▶ The Objective Review Process



Grant Application Guidance



Know the NOFO Structure

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Bureau of Health Workforce
Division of Nursing and Public Health

Nurse Anesthetist Traineeship (NAT) Program

Funding Opportunity Number: HRSA-18-006
Funding Opportunity Type: New, Competing Continuation

Catalog of Federal Domestic Assistance (CFDA) Number: 93.124

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: February 28, 2018

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: December 21, 2017

Karen Della Breeden, MPA
Public Health Analyst, Division of Nursing and Public Health
Telephone: (301) 443-5787
Email: KBreeden@HRSA.gov

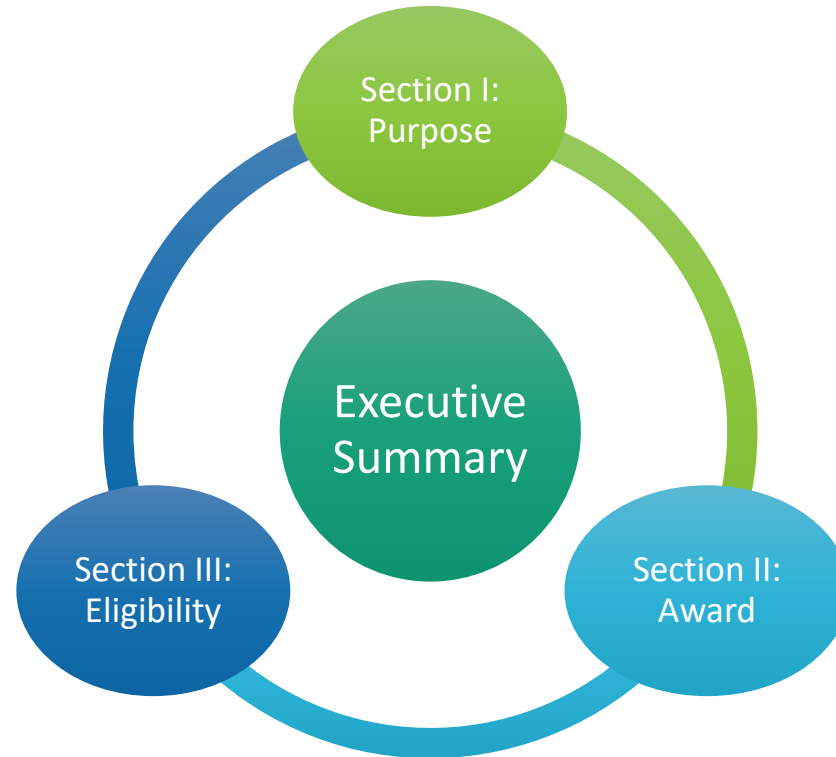
Authority: Public Health Service Act, Section 811(a)(2) of the Public Health Service Act (42 U.S.C. 296(a)(2)).

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Determine Program Purpose



Write your Application

- Find and read NOFO
- Determine submission deadline
- Identify resources needed
- Engage institutional support
- Find collaborators
- Pay attention to criteria reviewers use to evaluate applications

Plan

Write

- Start early
- Follow instructions
- Keep your audience in mind
- Be brief, concise, and clear
- Be organized and logical
- Proof read and edit for accuracy

- Check for completeness
- Submit early
- Address system errors
- Submit changed/corrected applications
- Track and view application

Submit



Complete your Application Package

• **Mandatory Forms**

- SF424 (R & R)
- Abstract
- Project Site Locations
- R&R Senior/Key Person
- R&R Other
- R&R Budget
- Attachments (x-reference NOFO Section IV.2.6)

• **Optional Forms**

- R&R Subaward Budget
- SF-LLL



SF424 - R&R Budget Forms - Personnel

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						CaL.	Aoad.	Sum.			
<input checked="" type="checkbox"/>											
Project Role: <input type="text" value="PD/PI"/>											
<input type="button" value="Add Additional Key Person"/>											
Additional Senior Key Persons: <input type="text"/>					<input type="button" value="Add Attachment"/>			<input type="button" value="Delete Attachment"/>			<input type="button" value="View Attachment"/>
										Total Funds requested for all Senior Key Persons in the attached file <input type="text"/>	
										Total Senior/Key Person <input type="text"/>	

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		CaL.	Aoad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Other Personnel"/>							
<input type="text"/> Total Number Other Personnel							Total Other Personnel <input type="text"/>
							Total Salary, Wages and Fringe Benefits (A+B) <input type="text"/>



SF424 - R&R Budget Forms – Cont'd.

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment item	Funds Requested (\$)
<input type="checkbox"/> <input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Equipment"/>	
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Total funds requested for all equipment listed in the attached file	
Total Equipment	

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	



SF424 - R&R - Participant Costs

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs



SF424 - R&R – Direct & Indirect Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
X <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Additional Indirect Cost

Total Indirect Costs

Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

L. Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment



Indirect Costs

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment.

Division of Cost Allocation <http://rates.psc.gov>



Expanded Authority

May exercise as expanded authority	Except
Carryover of unobligated balances from one budget period to the next successive budget period	If the NoA indicates otherwise
Cost-related prior approvals for direct cost items, including research patient care costs	If the scope would change
Extension of a final budget period of performance without additional funds	If the non-federal entity already has given itself one extension of up to 12 months beyond the original expiration date
Pre-award costs up to (and including) 90 days before the beginning date of the initial budget period of a new or competing	If the NoA indicates otherwise
Transfer of performance of substance programmatic work to a third party (by subaward or a contract under the grant)	If the transfer would be to a foreign component or it would result in a change in scope

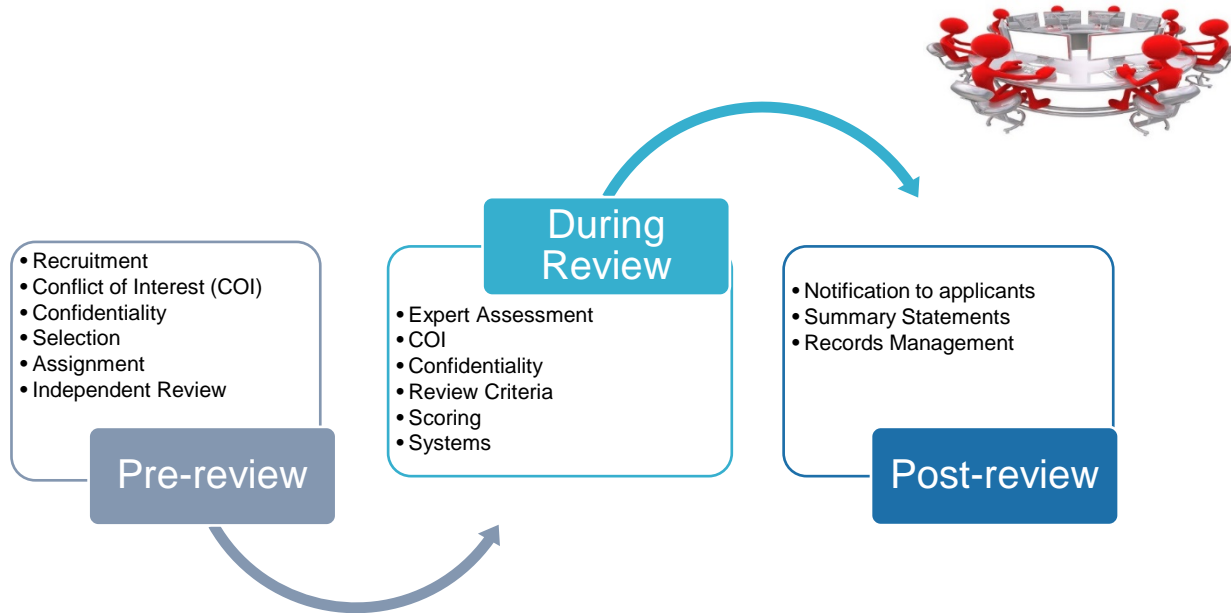


DIR Key Functions

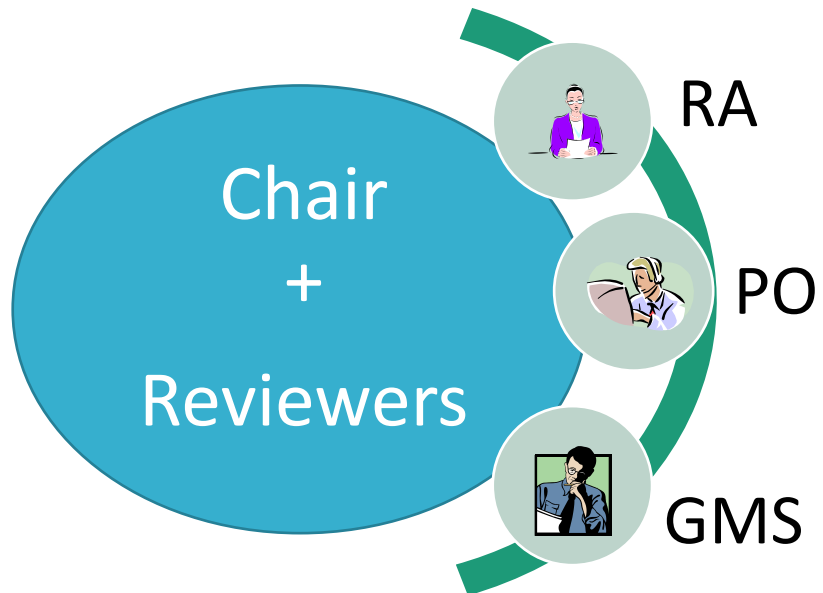
- 1. Ensure and maintain the integrity of the objective review process at HRSA
- 2. Design and execute a merit review process for competitive applications
- 3. Recruit, select, train, and ensure independence of objective reviewers
- 4. Avoid conflict of interests (COI) in the objective review process
- 5. Prepare accurate summary statements and ROLs for funding decisions
- 6. Maintain databases of qualified reviewers, review scheduling, and costs
- 7. Document objective reviews



Objective Review Cycle



Roles and Responsibilities



L
O
G
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S
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ORC Deliverables

- Rank Order list
- Summary Statements Development
- Notification to Applicants

Uniqueness of BHW Programs

- Health Professions training
- Funding Preferences
- Funding Priorities
- Voting - Most unique about BHW programs.
Title VII and some Title VIII programs

Contact Information

Email: ofamdirtraining@hrsa.gov

Division of Independent Review (DIR)

Office of Federal Assistance Management (OFAM)

Health Resources and Services Administration (HRSA)

Web:

<https://www.hrsa.gov/about/organization/bureaus/index.html>

Twitter: <https://twitter.com/HRSAgov>

Facebook: <https://www.facebook.com/HRSAgov/>



Questions



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