Grants to States to Support Oral Health Workforce Activities
New Announcement
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PROGRAM GUIDANCE

Fiscal Year 2006

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Authority: Part D of Title III of the Public Health Service Act as amended,
Subpart X – Primary Dental Programs, Section 340G (42 USC 256g)
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I. Funding Opportunity Description

Purpose

Part D of Title III of the Public Health Service Act as amended, Subpart X – Primary Dental Programs, Section 340G (42 USC 256g) authorizes the Secretary to award grants to States to improve the accessibility of the oral health workforce for underserved geographic areas and populations. Section 340F defines a designated shortage area as “an area, population group, or facility that is designated by the Secretary as a dental health professional shortage area under section 332 or designated by the applicable State as having a dental health manpower shortage.”

This announcement solicits applications for the Grants to States to Support Oral Health Workforce Activities Program.

This Program is designed to help States address demonstrated oral health workforce needs.

Background

According to the United States Surgeon General, oral health is an integral part of general health and good dental care is critical to oral health. Therefore, good dental care is critical to overall physical health and well-being. According to the Surgeon General’s Report on Oral Health in America (2000), approximately 25,000,000 Americans live in areas lacking adequate oral health services and as many as 11 percent of the Nation’s rural population has never seen a dentist. This access problem is complicated by the fact that more than 20 percent of dentists will reach retirement age in the next 10 years, and the number of dental graduates by 2015 may not be enough to replace retirees.

Despite significant advances in dental productivity, distribution problems remain for specific geographic areas and populations. To complicate matters more, the nation’s dental school faculty is aging. Retirement is a leading indicator of this fact and reveals that faculty shortage issues face United States dental schools with approximately 300 current vacancies for unfilled, budgeted positions. U.S. dental schools may play an important role in improving access to care for underserved populations through the provision of direct services and exposure of students and residents to caring for the special needs of such populations.

The purposes of this grant program in relation to the Bureau of Health Professions’ goals are to:

a. Assure quality of care by improving the knowledge, skills, competencies, and outcomes of the health professions workforce.

b. Improve public health and health care systems by assuring the infrastructure exists to support an efficient and effective health professions workforce.

c. Eliminate health barriers by assuring the appropriate supply, diversity, composition and distribution of the health professions workforce.

d. Eliminate health disparities by assuring the availability of a full range of healthcare skills and services to populations bearing a disproportionate share of disease and disability.
In addition, the Bureau of Health Professions has a high interest in supporting activities that address key 21st Century health issues in the United States. Applicants should incorporate these issues into their activities:

- oral health care for vulnerable populations and underserved geographic areas
- appropriate supply and distribution of culturally and linguistically competent oral health providers, particularly for rural areas
- approaches that engage practitioners to care for the oral health of underserved populations and other high risk groups such as the very young, the developmentally disabled, and the frail elderly etc. as an integrated part of their overall health care
- distance learning methodologies that improve access to education and training in population-based health care to support leadership in community or population-based primary health care for the underserved or other high risk groups at the local, state or national level

Program Infrastructure Development Applications are sought for planning and innovative program development that strives to improve access to oral health care through a needs-based program that increases the number of appropriately trained and culturally competent oral health providers in either new programs or in the expansion of existing programs. Applications should also address innovative approaches to measuring and addressing oral health workforce supply and requirements at the State or regional level. Applications submitted by State governmental entities other than the State Oral Health Program should at a minimum contain a letter of support demonstrating that program’s involvement with the project.

One application may be submitted by a Governor-appointed State governmental entity from each State that addresses at least one of the twelve activities that follow:

- Loan forgiveness and repayment programs for dentists who –
  -practice in designated dental health professions shortage areas; and
  -agree to provide services to patients regardless of such patient’s ability to pay; and provide a sliding payment scale for patients who are unable to pay the total cost of services.
- Recruitment and retention efforts
- Grants, low-interest and no-interest loans to help providers who participate in the Medicaid program under title XIX of the Social Security Act to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such operations.
- Establish or expand dental residency programs in coordination with accredited dental training facilities in States without a dental school.
- Programs developed in consultation with State or local dental societies to expand or establish oral health services in dental health professional shortage areas
  -expand or establish a community-based dental facility, free-standing dental clinic, consolidated health center dental facility, school-linked dental facility, or United States dental school-based facility;
  -establish a mobile or portable dental clinic;
  -establish or expand private dental services to enhance capacity through additional equipment or hours of operation.
- Placement and support of dental students, residents, and advanced dentistry trainees
- Continuing dental education including distance-based education
Practice support through teledentistry in accordance with existing State laws
Community-based prevention services such as water fluoridation and dental sealant programs
Coordination with education systems to promote children going into oral health or science professions
Establish faculty recruitment programs at accredited dental training institutions whose missions include community outreach and service and that have a demonstrated record of serving the underserved
Develop, or augment an existing, state dental director office to coordinate oral health and access issues in the State

Examples of the types of practice sites that are recognized as providing care for underserved communities include the following:

- Community Health Centers (CHC) and Migrant Health Centers (MHC)
- Critical Access Hospitals
- Health Care for the Homeless grantees
- Public Housing Primary Care grantees
- Rural Health Clinics, federally designated
- National Health Service Corps sites, freestanding (NHSC)
- Indian Health Service (IHS) sites
- Federally Qualified Health Centers (FQHC) and Look -Alikes
- Dental Health Professional Shortage Areas for Dentists
- State or Local Health Departments
- Sites designated by a State Governor in consultation with the dental community

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2006-2008. Approximately $2,000,000 is expected to be available in FY06 to fund 18-20 States at an average of $100,000 (range $80,000 –120,000) per grantee. It is anticipated that this program will support activities in States that are geographically dispersed throughout the United States and support a group of projects that address the oral health workforce needs of underserved urban and rural populations. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, grantee satisfactory performance, and a decision that funding is in the best interest of the Federela government.

III. Eligibility Information

1. Eligible Applicants
Eligible applicants include Governor appointed State government entities. Each State is limited to only one application, and must address one or more of the twelve activities on pages 5 and 6 of this guidance.

Applicants must have significant experience with addressing oral health workforce issues in underserved populations. Applications that fail to show such experience will not be considered.

2. Cost Sharing/Matching
An entity that receives a grant under this program must contribute non-Federal funds to activities carried out under this grant to an amount equal to at least 40 percent of the federal funding support of the project. Matching funds may be a combination of in-kind contributions, fairly valued, and any other funding from State, local, community, or other organization sources.

3. Other
Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement. The full amount of the grant award is determined by the number and scope of the project objectives.

Maintenance of Effort

Grant funds shall not be used to take the place of current funding for activities 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 previous fiscal year. The applicant must state in writing that these Federal grant funds will not replace current sources of support for program operations.

SPECIAL CONSIDERATION

Special consideration shall be given to projects that involve the State Health Department’s oral health program with public-private collaborations to provide practitioners who care for underserved and disadvantaged populations and other high risk groups, such as the elderly, the intellectually disabled, individuals with HIV/AIDS, substance abusers, homeless, and victims of domestic violence, and address linkages between the project and Healthy People 2010 objectives and health disparities. Special consideration will also be given for projects that identify and implement innovative methods of ongoing assessment of dental workforce supply and requirements to successfully address the oral health needs of priority populations. The ability of the applicant to address the needs of special populations including those in rural areas, describe and implement innovative methods of assessing oral health workforce needs, as well as describe collaborative innovations in the proposal will be considered under Criteria 7 – Specific Program Criteria.

Proposed projects should include collaboration among regional, state, or local agencies, including health and Medicaid agencies; community-based organizations and health centers; organized dentistry, dental hygiene and other health care providers; and educational programs that prepare trainees to identify and address oral health needs of underserved, disadvantaged
and high risk populations. A fully collaborative application should include joint planning, implementation, and evaluation.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials
The application and submission process has changed significantly. HRSA is requiring applicants for this funding opportunity to apply electronically through Grants.gov. All applicants must submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Grantees must request an exemption in writing from DGPClearances@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Make sure you specify the announcement number you are seeking relief for. As indicated in this guidance, HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.

Refer to Appendix A for detailed application and submission instructions. Pay particular attention to Section 3, which provides detailed information on the competitive application and submission process.

Applicants must submit proposals according to the instructions in Appendix A, using this guidance in conjunction with Standard Form 424 Research and Related (SF-424 R&R) and the checklist PHS 5161-1 included with the SF-424 R&R. These forms contain additional general information and instructions for grant applications, proposal narratives, and budgets. These forms 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
   HRSAGAC@hrsa.gov

Instructions for preparing portions of the application that must accompany Standard Form 424 Research and Related (SF-424 R&R) appear in the “Application Format” section below.

2. Content and Form of Application Submission

Application Format Requirements

See Appendix A, Section 4 for detailed application submission instructions. These instructions must be followed.
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA, approximately 10 MB. This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit.

Applications that exceed the specified limits (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.

Application Format

Applications for funding must consist of the following documents in the following order:
SF 424 R&R – Table of Contents

It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review. Failure to follow the instructions may make your application non-compliant. Non-compliant applications will not be given any consideration and those particular applicants will be notified.

For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages. For electronic submissions no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified. When providing any electronic attachment with several pages, add table of content page specific to the attachment. Such page will not be counted towards the page limit.

For paper submissions (when allowed), number each section sequentially, resetting the page number for each section. i.e., start at page 1 for each section. Do not attempt to number standard OMB approved form pages. For paper submissions ensure that the order of the forms and attachments is as specified below.

<table>
<thead>
<tr>
<th>Application Section</th>
<th>Form Type</th>
<th>Instruction</th>
<th>HRSA/Program Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF-424RR Cover Page</td>
<td>Form</td>
<td>Pages 1 &amp; 2 of the R&amp;R face page</td>
<td>Not counted in the page limit</td>
</tr>
<tr>
<td>Pre-application</td>
<td>Attachment</td>
<td>Can be uploaded on page 2 of SF 424 (R&amp;R) - Box 20</td>
<td>Not Applicable to HRSA; Do not use.</td>
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<tr>
<td>HHS 5161 Checklist</td>
<td>Form</td>
<td>Also known as PHS 5161 checklist</td>
<td>Not counted in the page limit</td>
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<tr>
<td>SF-424RR Senior/Key Person Profile</td>
<td>Form</td>
<td>Supports 8 structured profiles (PD + 7 additional)</td>
<td>Not counted in the page limit</td>
</tr>
<tr>
<td>Senior Key Personnel Biographical Sketches</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed</td>
<td>Counted in the page limit.</td>
</tr>
<tr>
<td>Senior Key Personnel Current and Pending Support</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Senior/Key Person Profile form</td>
<td>Not Applicable to HRSA; Do not use.</td>
</tr>
<tr>
<td>Additional Senior/Key Person Profiles</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Senior/Key Person Profile form. Single document with all additional profiles</td>
<td>Not counted in the page limit</td>
</tr>
<tr>
<td>Additional Senior Key Personnel Biographical Sketches</td>
<td>Attachment</td>
<td>Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches</td>
<td>Counted in the page limit</td>
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<td>Additional Senior Key Personnel</td>
<td>Attachment</td>
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<td>Current and Pending Support</td>
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<tr>
<td>SF-424RR Performance Site Locations</td>
<td>Form</td>
<td>Supports primary and 7 additional sites in structured form</td>
<td>Not counted in the page limit</td>
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<tr>
<td>Additional Performance Site Location(s)</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Performance Site Locations form. Single document with all additional site locations</td>
<td>Counted in the page limit</td>
</tr>
<tr>
<td>Project Summary/Abstract</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Other Project Information form, Box 6</td>
<td>Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page</td>
</tr>
<tr>
<td>Project Narrative</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Other Project Information form, Box 7</td>
<td>Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page</td>
</tr>
<tr>
<td>SF-424RR Budget Period (1-5) - Section A – B</td>
<td>Form</td>
<td>Supports structured budget for up to 5 periods</td>
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</tr>
<tr>
<td>Additional Senior Key Persons</td>
<td>Attachment</td>
<td>SF-424RR Budget Period (1-5) - Section A - B, Box 9. One for each budget period</td>
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<tr>
<td>SF-424RR Budget Period (1-5) - Section C – E</td>
<td>Form</td>
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<td>Additional Equipment</td>
<td>Attachment</td>
<td>SF-424RR Budget Period (1-5) - Section C – E, Box 11. One for each budget period</td>
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<tr>
<td>SF-424RR Budget Period (1-5) - Section F – J</td>
<td>Form</td>
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<td>Total cumulative budget</td>
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<tr>
<td>Budget Narrative</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.</td>
<td>Required attachment. Counted in the page limit. Refer guidance for detailed instructions. Provide table of contents specific to this document only as the first page</td>
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<td>SF-424RR Subaward Budget</td>
<td>Form</td>
<td>Supports up to 10 budget attachments. This form only contains the attachment list</td>
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<tr>
<td>Subaward Budget Attachment 1-10</td>
<td>Attachment</td>
<td>Can be uploaded in SF-424RR Subaward Budget form, Box 1 through 10. Extract the form from the</td>
<td>Filename should be the name of the organization and unique. Counted in the page limit</td>
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<td>Instruction</td>
<td>HRSA/Program Guidelines</td>
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<td>SF-424RR Subaward Budget PureEdge form and use it for each consortium/contractual/subaward budget as required by the program guidance. Supports up to 10</td>
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<td>use it for each consortium/contractual/subaward budget as required by the program guidance. Supports up to 10</td>
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<td>SF-424B Assurances for Non-Construction</td>
<td>Form</td>
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<td>Programs</td>
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<tr>
<td>Other Project Information</td>
<td>Form</td>
<td>Allows additional information and attachments</td>
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<tr>
<td>Bibliography &amp; References</td>
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<td>Facilities &amp; Other Resources</td>
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<tr>
<td>Equipment</td>
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<tr>
<td>Other Attachments Form</td>
<td>Form</td>
<td>Supports up to 15 numbered attachments. This form only contains the attachment list</td>
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<tr>
<td>Attachment 1-15</td>
<td>Attachment</td>
<td>Can be uploaded in Other Attachments form 1-15</td>
<td>Refer to the attachment table provided below for specific sequence. Counted in the page limit</td>
</tr>
<tr>
<td></td>
<td>Attachment</td>
<td>Can be uploaded in SF-424 RR Other Project Information form, Box 11. Supports multiple</td>
<td>Not Applicable to HRSA; Do not use</td>
</tr>
</tbody>
</table>

To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.

Merge similar documents into a single document. Where several pages are expected in a particular attachment, place a Table of Contents cover page specific to that attachment. Table of Contents page will not be counted in the page limit.

Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program guidance.

<table>
<thead>
<tr>
<th>Attachment Number</th>
<th>Attachment Description (Program Guidelines)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 1</td>
<td>Tables, Charts, etc that give further details about the proposal and are not included elsewhere.</td>
</tr>
<tr>
<td>Attachment 2</td>
<td>Staffing Plan</td>
</tr>
<tr>
<td>Attachment 3</td>
<td>Job Descriptions for Key Personnel. Keep each to one page in length as much as is possible.</td>
</tr>
<tr>
<td>Attachment 4</td>
<td>Biographical Sketches of Key Personnel - Include biographical sketches for persons occupying the key positions</td>
</tr>
<tr>
<td>Attachment Number</td>
<td>Attachment Description (Program Guidelines)</td>
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<td>described in Attachments 2 and 3, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.</td>
</tr>
<tr>
<td>Attachment 5</td>
<td>Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) - Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated.</td>
</tr>
<tr>
<td>Attachment 6</td>
<td>Project Organizational Chart - Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.</td>
</tr>
<tr>
<td>Attachment 7</td>
<td>Other Relevant Documents - Include here any other documents that are relevant to the application, including letters of supports, not listed elsewhere in the Table of Contents. Letters of support must be dated.</td>
</tr>
</tbody>
</table>
Note the following specific information related to your submission.

**Application Format**

**i. Application Face Page**

Use Standard Form 424 Research and Related (SF-424 R&R) cover pages provided with the application package. Prepare these pages according to instructions provided in the forms. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.888.

**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/dunsccr.htm](http://www.hrsa.gov/grants/dunsccr.htm) or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications will not be reviewed without a DUNS number.

Additionally, the applicant organization is 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/dunsccr.htm](http://www.hrsa.gov/grants/dunsccr.htm).

**ii. Table of Contents**

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit).

**iii. Application Checklist**

Application Checklist Form 5161-1 included with Standard Form 424 Research and Related (SF-424 R&R), provided with the application package.

**iv. Budget**

Standard Form 424 Research and Related (SF-424 R&R) provided with the application package.

Applicants must complete Sections A-J for budget period 1 and a cumulative budget using the budget categories in the SF 424 R&R. Itemized budgets for each subsequent year, if any, must also be attached.

**v. Budget Justification**

Applicants must complete Section K to provide a narrative that explains the amounts requested for each line in the year one budget. The budget justification should specifically
describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. Line item information must be provided to explain the costs entered in appropriate form, Standard Form 424 Research and Related (SF-424 R&R). **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 three years. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for three years. Applications for continuation grants funded under these awards beyond the one-year budget period but within the three 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 is in the best interest of the Government.

Include the following in the Budget Justification narrative:

**Personnel Costs:** Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, annual salary, and the exact amount requested for each project year which mainly covers indirect cost.

**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.

**Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program’s goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items.

**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. Please include travel for the project director or a representative to the 2007 National Oral Health Conference in the budget and to biannual Bureau of Health Professions All-Grantee meetings, held in the Washington DC area over a three day period.

**Participant/Trainee support:** List costs to support trainees or participants in dental educational programs. Include tuition, fees, health insurance, stipends, subsistence for each trainee/participant and how these relate to the goals and objectives.

**Supplies:** List the items that the project will use. In this category, separate office supplies from medical/dental and educational purchases. Office supplies could include paper, pencils, and the like; medical/dental supplies are syringes, personal protective equipment etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.
Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Subawards: To the extent possible, all subcontract budgets and justifications should be standardized, and contract budgets should be presented by using the same object class categories contained in the Standard Form 424R&R. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Subaward budget attachments should be entered on the appropriate page of the SF 424 R&R.

Other: Put all costs that do not fit into any other category into this category and provide and 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. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in the Standard Form 424R&R. Provide a clear explanation as to the purpose of the project, the estimated costs, and the specific contract deliverables. Staffing plan attachments should be entered on the appropriate page of the SF 424 R&R.

Where several pages are expected in the attachment place a table of content cover page specific to the attachment. Table of contents page will not be counted in the page limit.

vii. Assurances

Standard Form 424 Research and Related (SF-424 R&R), provided with the application package. A listing of the required assurances can be found in SF 424B included with the SF 424 R&R. A description of applicable assurances can be found in Appendix D of this guidance.

viii. Certifications

Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. A description of the required certifications can be found in Appendix D of this guidance.

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.

Please place the following at the top of the abstract:
- Project Title
- Applicant Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

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

x.  **Program Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:
- **INTRODUCTION**
  This section should briefly describe the purpose of the proposed project.

- **NEEDS ASSESSMENT**
  This section outlines the needs of your State, community and/or organization, particularly as those needs concern oral health workforce. The priority population and its unmet health needs must be described and documented in this section. Applicants should demonstrate the oral health workforce need that this proposal addresses and how that will address the unmet health needs. Demographic data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project hopes to overcome. This section should help reviewers understand the State, community and/or organization that will be served by the proposed project.

- **METHODOLOGY**
  Propose methods that will be used to meet each of the previously-described program requirements and expectations in this grant announcement.

- **WORK PLAN**
  Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff.

- **RESOLUTION OF CHALLENGES**
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY**
  Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe collaborative linkages at minimum among the State Oral Health Program, organized dentistry, educational institutions and community organizations. Describe the evaluation methodology you will use to measure progress in oral health workforce availability resulting from this grant funding.

- **ORGANIZATIONAL INFORMATION**
  Applications should include a letter from the Governor’s Office appointing the entity as the coordinator for the State’s application. Provide information on the applicant agency’s current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Applications should include a description of the role of the State Health Department in the proposed project.

This box provides a “cross-walk” between the narrative text language and the review criteria.

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Methodology</td>
<td>(3) Evaluative Measures</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(2) Response &amp; (4) Impact</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Evaluation and Technical Support Capacity</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
</tbody>
</table>

(6) Support Requested – the budget section should be sufficient to allow reviewers to determine the reasonableness of the requested support

(7) Specific Review Criteria – if any, the narrative should describe in what section these are to be described

**xi. Program Specific Forms, if applicable**

There are no additional program specific forms.
xii. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each attachment is clearly labeled and attached in order according to the SF 424 R&R Table of Contents of this guidance.

1) Attachment 1: Tables, Charts, etc.
   To give further details about the proposal.

2) Attachment 2: Staffing Plan
   As described under “Application Format” item “vi.”

3) Attachment 3: Job Descriptions for Key Personnel
   Keep each to one page in length as much as is possible.

4) Attachment 4: Biographical Sketches of Key Personnel not in SF 424 R&R Senior/Key Person Profile.
   Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

5) Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
   Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Letters of agreements must be dated.

6) Attachment 6: Project Organizational Chart
   Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

7) Attachment 7: Other Relevant Documents
   Include here any other documents that are relevant to the application, including letters of supports. Letters of support must be dated.

   Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreements and support must be dated. List all other support letters on one page.
3. Submission Dates and Times

Notification of Intent to Apply

An applicant is eligible to apply even if no letter of intent is submitted. Receipt of Letters of Intent will not be acknowledged.

The letter should identify the applicant organization and its intent to apply, and briefly describe the proposal to be submitted. An applicant is eligible to apply even if no letter of intent is submitted.

This letter should be sent by July 25, 2006, by mail or fax to:

Director, Division of Independent Review
HRSA Grants Application Center (GAC)
HRSA-06-134
The Legin Group, Inc.
901 Russell Ave., Suite 450
Gaithersburg, MD  20879
Fax: 877/477-2345

Application Due Date

The due date for applications under this grant announcement is August 14, 2006 at 8:00 P.M. ET. Applications will be considered as meeting the deadline if they are E marked on or before the due date. Please consult Appendix A, Section 3 for detailed instructions on submission requirements.

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).

Applications must be submitted by 8:00 P.M. ET. To ensure that you have adequate time to follow procedures and successfully submit the application, we recommend you register immediately in Grants.gov (see Appendix B) and complete the forms as soon as possible, as this is a new process and may take some time.

Please refer to Appendix B for important specific information on registering, and Appendix A, Section 3 for important information on applying through Grants.gov.

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 the current competition.
4. Intergovernmental Review

The Grants to States to Support Oral Health Workforce Activities program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this guidance will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Officer listed in the AGENCY Contact(s) section, as well as from the following Web site:


All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process used under this Executive Order.

Letters from the State Single Point of Contact (SPOC) in response to Executive Order 12372 are due sixty days after the application due date. Regardless, the State’s application is still due by August 14, 2006.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three years. Awards to continue support for projects beyond the first budget year, but within the three year project period, will be non-competitive and 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. Each State may submit one application under this program.

6. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications for grant opportunities in paper form. Applicants submitting for this funding opportunity are required to submit electronically through Grants.gov. To submit an application electronically, please use the http://www.Grants.gov apply site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

As soon as you read this, whether you plan on applying for a HRSA grant later this month or later this year, it is incumbent that your organization immediately register in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month, so you need to begin immediately.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:
• Obtain an organizational Data Universal Number System (DUNS) number
• Register the organization with Central Contractor Registry (CCR)
• Identify the organization’s E-Business POC (Point of Contact)
• Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
• Register an Authorized Organization Representative (AOR)
• Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at [www.grants.gov](http://www.grants.gov). Assistance is also available from the Grants.gov help desk at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726.

More specific information, including step-by-step instructions on registering and applying, can be found in Appendix B of this guidance.

**Formal submission of the electronic application:** Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application to HRSA through Grants.gov. However, to complete the submission requirements, a hard-copy of the SF-424 R&R Face Sheet must be printed, signed, and submitted to the HRSA Grants Application Center. The SF-424 R&R must be printed from Grants.gov.

For an application submitted electronically, the signed SF-424 R&R must be sent to the HRSA GRANTS APPLICATION CENTER at the following address and received by HRSA by no later than five days after the date of submission in Grants.gov:

The HRSA Grants Application Center
The Legin Group, Inc.
Attn: Grants to States to Support Oral Health Workforce Activities Program
Program Announcement No. HRSA-06-134
CFDA No. 93.888
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
Telephone: 877-477-2123

Applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically by your organization’s Authorizing Official through Grants.gov on or before the deadline date and time, and (2) the signed SF-424 R&R Face Sheet is received by HRSA no later than five days after the date of submission in Grants.gov.

It is incumbent on applicants to ensure that the Authorizing Official is available to submit the application to HRSA by the application due date. We will *not* accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.

Again, 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.

V. Application Review Information
1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The Grants to States to Support Oral Health Workforce Activities Program has 7 review criteria:

**Total Score = 100**

**Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their applications.** The corresponding sections of the application narrative are highlighted under each review criteria used to score applications.

All competitive applications will be reviewed and scored using the following criteria and weights:

**Criterion 1: Need (Score = 10 Points)**
*(Narrative section: Needs Assessment)* Description of qualitative and quantitative State, local, regional and national data on the target population and dental providers; survey data on and analysis of the oral health workforce and population oral health needs; demonstrated oral health workforce supply and requirements; and references to the literature and national consensus statements documenting the need for the proposed intervention will be considered under this review criterion.

**Criterion 2: Response (Score = 30 Points)**
*(Narrative sections: Methodology, Work Plan, Resolution of Challenges, Collaboration)* The extent to which the proposed project responds to the “Purpose” included in the program description; the clarity of the proposed goals and objectives and their relationship to the identified project; the extent to which the activities described in the application are capable of addressing the problem (need) and attaining the project objectives; and the proposed plan for resolution of challenges and overcoming barriers to achieve the project objectives will be considered under this review criterion. The proposal’s demonstration of collaboration between public and private stakeholders for oral health in the State will be considered here. Collaborative proposals should demonstrate joint planning, implementation, and evaluation, and may include shared professional and administrative staff.

**Criterion 3: Evaluative Measures (Score = 10 Points)**
*(Narrative sections: Evaluation and Outcome Measures)* Evaluative measures must assess: (1) to what extent the program objectives have been met, and (2) to what extent these can be attributed to the project. Specific project outcome measures should quantitatively and qualitatively assess the degree to which the intervention increases the availability of culturally
competent oral health professionals that demonstrate the skills and attitudes to improve patient health outcomes and reduce health disparities.

**Criterion 4: Impact (Score = 10 Points)**
*(*Narrative sections: Outcomes Measures and Dissemination, Progress Report) The extent and effectiveness of plans for replication and dissemination of project results and/or the extent to which project results may be national in scope and/or the degree to which the project activities are sustainable beyond the Federal funding period. Previous success with replication and dissemination will be included under this review criterion as well as the potential health impact of the intervention on the target population.

**Criterion 5: Resources/Capabilities (Score = 15 Points)**
*(*Narrative sections: Organizational Information, Technical Support Capacity, Progress Report, Collaboration) The capabilities of the applicant and collaborating partners, and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project will be scored under this review criterion. The presence of essential infrastructure to support joint planning, implementation, and evaluation, will also be scored under this criterion.

**Criterion 6: Support Requested (Score = 10 Points)**
*(*Narrative sections: Budget and Budget Justification) The reasonableness of the proposed budget in relation to the number and scope of the objectives, the complexity of the activities and the anticipated results, and the degree to which the budget justification describes clearly all of the project costs and expenses will be reviewed under this criterion. The applicant must state in writing these Federal grant funds will not replace current sources of support for program operations.

**Criterion 7: Specific Program Criteria (Score = 15 Points)**
*(*Narrative section: Special Considerations) The quality of the applicant’s proposed methods to address program specific criteria will be scored under this criterion. These specific program criteria include dental workforce activities that improve care for underserved, disadvantaged and special populations, including but not limited to the very young, elderly, intellectually disabled, homeless, HIV/AIDS, substance abusers, and victims of domestic violence, etc.; education innovations such as professionalism, patient health and safety, quality improvement, health literacy, cultural competency, and ethics; and innovative methods to monitor oral health workforce supply and requirements by State or region.

### 2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.
Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

**SPECIAL CONSIDERATION**

Special consideration shall be given to projects that involve the State Health Department’s oral health program with public-private collaborations to provide practitioners who care for underserved and disadvantaged populations and other high risk groups, such as the elderly, the intellectually disabled, individuals with HIV/AIDS, substance abusers, homeless, and victims of domestic violence, and address linkages between the project and Healthy People 2010 objectives and health disparities. Special consideration will also be given for projects that identify and implement innovative methods of ongoing assessment of dental workforce supply and requirements to successfully address the oral health needs of priority populations. The ability of the applicant to address the needs of special populations including those in rural areas, describe and implement innovative methods of assessing oral health workforce needs, as well as describe collaborative innovations in the proposal will be considered under Criteria 7 – Specific Program Criteria.

Proposed projects should include collaboration among regional, state, or local agencies, including health and Medicaid agencies; community-based organizations and health centers; organized dentistry, dental hygiene and other health care providers; and educational programs that prepare trainees to identify and address oral health needs of underserved, disadvantaged and high risk populations. A fully collaborative application should include joint planning, implementation, and evaluation.

**3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be issued by September 30, 2006.

**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 sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the
applicant agency’s Authorized Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 30, 2006.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 (non-governmental) or 45 CFR Part 92 (governmental), as appropriate.

PUBLIC POLICY ISSUANCE

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.

Applicants must summarize the relationship of their projects and identify which of their programs objectives and/or sub-objectives relate to the goals of the Healthy People 2010 initiative.

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 quarterly electronic PSC-272 via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant. Failure to submit the report may result in the inability to access grant funds. The PSC-272 Certification page should be faxed to the PMS contact at the fax number listed on the 272 form, or it may be submitted to the:

Division of Payment Management
HHS/ASAM/PSC/FMS/DPM
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. More specific information will be included in your award notice;

d. Submit a Progress Report(s).

All grantees are required to submit reports to HRSA on an annual basis. These reports take the form of Uniform Progress Reports (UPR), Final Reports and Comprehensive Performance Management System Reports (CPMS). All reports for funded grants during the 2006 project period will be submitted on-line through the HRSA, Bureau of Health Professions web-site at http://bhpr.hrsa.gov/grants/default.htm. On the web page, click on the link for Grantee Reports. Further information will be provided in your award notice.

4. Performance Review

HRSA’s Office of Performance Review (OPR) serves as the agency’s focal point for reviewing and enhancing the performance of HRSA funded programs within communities and States. On a regularly scheduled basis, HRSA grantees are required to participate in a performance review of their HRSA funded program(s) by a review team from one of the ten OPR regional divisions. Grantees should expect to participate in a performance review at some point during their project period. When a grantee receives more than one HRSA grant, each of the grantee’s HRSA funded programs will be reviewed during the same performance review.

The purpose of performance review is to improve the performance of HRSA funded programs. Through systematic pre-site and on-site analysis, OPR works collaboratively with grantees and HRSA Bureaus/Offices to measure program performance, analyze the factors impacting performance, and identify effective strategies and partnerships to improve program performance, with a particular focus on outcomes. Upon completion of the performance review, grantees are expected to prepare an Action Plan that identifies key actions to improve program performance as well as addresses any identified program requirement issues. Performance reviews also provide direct feedback to the agency about the impact of HRSA policies on program implementation and performance within communities and States.

For additional information on performance reviews, please visit: http://www.hrsa.gov/performance-review.

VII. Agency Contacts

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

Pamela Bell
Attn.: Grants to States to Support Oral Health Workforce Activities Program
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11 A-16
Additional information related to the overall program issues may be obtained by contacting:
Raymond Lala, DDS
Dental Officer, Division of Medicine and Dentistry
Attn: Grants to States to Support Oral Health Workforce Activities Program
Health Professions, HRSA
Parklawn Building, Room 9A-27
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-443-6785
Fax: 301-443-8890
Email: rlala@hrsa.gov

Technical assistance regarding this funding announcement may be obtained by contacting:
Raymond Lala, DDS
Dental Officer, Division of Medicine and Dentistry
Attn: Grants to States to Support Oral Health Workforce Activities Program
Health Professions, HRSA
Parklawn Building, Room 9A-27
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-443-6785
Fax: 301-443-8890
Email: rlala@hrsa.gov

VIII. Other Information

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 in item 5 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. Make sure you submit your application in final form, without markups.

Ensure that all information is submitted at the same time. We will not consider additional information and/or materials submitted after your initial submission, nor will we accept e-mailed applications or supplemental materials once your application has been accepted.
APPENDIX A: HRSA’s Electronic Submission User Guide

User Guide Table of Contents

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1. Introduction

1.1 Document Purpose and Scope
Major changes are coming to HRSA’s Grant Application Process. For guidances released/posted on or after January 1, 2006, HRSA will no longer accept applications for grant opportunities on paper. Applicants submitting new and competing continuations and a selected number of noncompeting continuation applications will be required to submit electronically through Grants.gov. All applicants must submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy.

The purpose of this document is to provide detailed instructions to help applicants and grantees submit applications electronically to HRSA through Grants.gov. The document is intended to be the comprehensive source of all information related to the new processes that HRSA and its customers have to adopt and will be updated periodically. This document is not meant to replace program guidance documents for funding announcements.

1.2 Document Organization and Version Control
This document contains 5 sections apart from the Introduction. Following is the summary:

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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Provides detailed instructions to existing HRSA grantees for applying electronically using Grants.gov for all noncompeting announcements</td>
</tr>
<tr>
<td>Competing Application</td>
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</tr>
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<td>Provides instructions and important policy guidance on application format requirements</td>
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<td>Provides contact information to address technical and programmatic questions</td>
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<td>Frequently Asked Questions (FAQs)</td>
<td>Provides answers to frequently asked questions by various categories</td>
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This document is under version control. Please visit [http://www.hrsa.gov/grants](http://www.hrsa.gov/grants) to retrieve the latest published version.

2. Noncompeting Continuation Application

2.1 Process Overview
Following is the process for submitting a noncompeting continuation application through Grants.gov:

1. HRSA will communicate noncompeting announcement number to the project director (PD) and authorizing official (AO) via email. The announcement number will be required to search for the announcement in Grants.gov.
2. Search for the announcement in Grants.gov Apply ([http://www.grants.gov/Apply](http://www.grants.gov/Apply)).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.
4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.
5. Submit the application package through Grants.gov. (Requires registration)
6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.

7. HRSA Electronic Handbooks (EHBs) software pulls the application information into EHBs and validates the data against HRSA’s business rules.

8. HRSA notifies the project director, authorizing official, business official (BO) and application point of contact (POC) by email to check HRSA EHBs for results of HRSA validations and enter additional information, including in some cases performance measures, necessary to process the noncompeting continuation.

9. AO verifies the application in HRSA EHBs, fixes any validation errors, makes necessary corrections and submits the application to HRSA. (Requires registration)

10. AO prints the application face page from HRSA EHBs (not Grants.gov), signs it and mails it to HRSA’s Grant Application Center (GAC).

11. HRSA receives the signed face page and scans it into the system saving it with the electronic application.

2.2 Grantee Organization Needs to Register With Grants.gov (if not already registered) – See Appendix B

Grants.gov requires a one-time registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website [http://www.grants.gov/GetStarted](http://www.grants.gov/GetStarted). To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization’s E-Business POC (Point of Contact)
- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register an Authorized Organization Representative (AOR)
  - Obtain a username and password from the Grants.gov Credential Provider
  - Register the username and password with Grants.gov
  - Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

⚠️ It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization’s first Grants.gov submission.
2.3 Project Director and Authorizing Official Need to Register with HRSA EHBs (if not already registered)

In order to access your noncompeting continuation application in HRSA EHBs, existing grantee organizations must register within the EHBs. The purpose of the registration process is to collect consistent information from all users, avoid collection of redundant information and allow for the unique identification of each system user. Note that registration within HRSA EHBs is required only once for each user for each organization they represent.

Registration within HRSA EHBs is a two-step process. In the first step, individual users from an organization who participate in the grants process such as applying for noncompeting continuations must create individual system accounts. In the second step, the users must associate themselves with the appropriate grantee organization. To find your organization record use the 10-digit grant number from the Notice of Grant Award (NGA) belonging to your grant. Note that since all existing grantee organization records already exist within EHBs, there is no need to create a new one.

To complete the registration quickly and efficiently we recommend that you have the following information handy:

1. Identify your role in the grants management process. HRSA EHBs offer the following three functional roles for individuals from applicant/grantee organizations:
   - Authorizing Official (AO),
   - Business Official (BO), and
   - Other Employee (for project directors, assistant staff, AO designees and others).
   For more information on functional responsibilities refer to the HRSA EHBs online help.
2. 10-digit grant number from the latest NGA belonging to your grant (Box 4b on NGA). You must use the grant number to find your organization during registration. All individuals from the organization working on the grant must use the same grant number to ensure correct registration.

In order to access the noncompeting application, the project director and other participants have to register the specific grant and add it to their respective portfolios. This step is required to ensure that only the authorized individuals from the organization have access to grant data. Project directors will need the last released NGA in order to complete this additional step. Again, note that this is a one time requirement.

The project director must give the necessary privileges to the authorizing official and other individuals who will assist in the noncompeting continuation application submission using the administer feature in the grant handbook. The project director should also delegate the “Administer Grant Users” privilege to the authorizing official.

Once you have access to your grant handbook, use the “Noncompeting Continuations” link under the deliverables section to access your noncompeting application.

Note that registration with HRSA EHBs is independent of Grants.gov registration.

For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

You must use your 10-digit grant number (box 4b from NGA) to identify your organization.

2.4 Apply through Grants.gov

2.4.1 Find Funding Opportunity

Search for the announcement in Grants.gov Apply (http://www.grants.gov/Apply).
Enter the announcement number communicated to you in the field *Funding Opportunity Number*. (Example announcement number: 5-S45-06-001)

### 2.4.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer ([http://www.grants.gov/DownloadViewer](http://www.grants.gov/DownloadViewer)). This small, free program will allow you to access, complete, and submit applications electronically and securely.

Please review the system requirements for PureEdge Viewer on the Grants.gov website.

### 2.4.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

Ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

You can complete the application offline – you do not have to be connected to the Internet.

### 2.4.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.

### 2.4.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system (“Received”), and the second will indicate that the application has either been successfully validated (“Validated”) by the system prior to transmission to the grantor agency or has been rejected due to errors (“Rejected with Errors”).
In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, contact the HRSA Call Center at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov. You may be asked to provide a copy of the “Rejected with Errors” notification you received from Grants.gov.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive an additional email from Grants.gov. Subsequently within two to three business days the status will change to “Agency Tracking Number Assigned.”

2.5 Verify in HRSA Electronic Handbooks

For assistance in registering with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

2.5.1 Verify Status of Application

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to Grants.gov and the status of your application will be changed to “Agency Tracking Number Assigned”. Note the HRSA tracking number and use it for all correspondence with HRSA. At this point, your application is ready for review and submission in HRSA EHBs.

You should also receive an email from HRSA EHBs confirming the successful receipt of your application at HRSA. The email is sent to the project director, authorizing official, point of contact for the application and the business official – all from the submitted application. The email is also sent to the current project director listed on the NGA. Because email is not always reliable, please check the HRSA EHBs or Grants.gov to see if the application is available for review in HRSA EHBs.

2.5.2 Manage Access to Your Application

You must be registered in HRSA EHBs to get access to your application. To ensure that only the right individuals from the organization get access to the application, you must follow the process described earlier.

The project director, using the Administer feature in the grant handbook, must give the necessary privileges to the authorizing official and other individuals who will assist in the submission of the noncompeting continuation application. Project directors must also delegate the “Administer Grant Users” privilege to the authorizing official so that future administration can be managed by the authorizing official.

Once you have access to your grant handbook, use the “Noncompeting Continuations” link under the deliverables section to access your noncompeting application.
2.5.3 Check Validation Errors
HRSA EHBs will apply HRSA’s business rules to the application received through Grants.gov. All validation errors are recorded and displayed to the applicant. To view the validation errors use the ‘Grants.gov Data Validation Comments’ link on the application status page in HRSA EHBs.

2.5.4 Fix Errors and Complete Application
Applicants must review the errors in HRSA EHBs and make necessary changes. Applicants must also complete the detailed budget and other required forms in HRSA EHBs and assign an AO registered in HRSA EHBs to the application. HRSA EHBs will show the status of each form in the application package and all forms must be complete before submission.

2.5.5 Submit Application
To submit an application, you must have the ‘Submit Noncompeting Continuation’ privilege. This privilege must be given by the project director to the authorizing official or a designee. Once all forms are complete, the application can be submitted to HRSA.

You will have two weeks from the date the application was due in Grants.gov for submission of the remaining information in HRSA EHBs. The new due date will be listed in HRSA EHBs.

2.6 Submit Signed Face Page
After successful submission, the AO must print the face page of the application from the HRSA EHBs, sign it and mail it to HRSA at the address listed below:

HRSA Grants Application Center
Reference: Announcement Number: <Provide HRSA Announcement Number>
Reference: Grants.gov Tracking Number: <Provide Your Grants.gov Tracking Number>
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879

The face page must be received by HRSA within 5 business days from the date of submission in HRSA EHBs.

Once your signed face page is received by HRSA and saved with the application, you will receive an email receipt of application from HRSA.

Face page must be printed from HRSA EHBs and not from Grants.gov application.

3. Competing Application

3.1 Process Overview
Following is the process for submitting a competing application through Grants.gov:

1. HRSA will post all competing announcements on Grants.gov FIND (http://grants.gov/search/). Announcements are typically posted at the beginning of the fiscal year when HRSA releases its annual Preview, although program guidances are generally not available until later. For more information visit http://www.hrsa.gov/grants.

2. When program guidance is available, search for the announcement in Grants.gov Apply (http://www.grants.gov/Apply).
3. Download the application package and instructions from Grants.gov. The program guidance is also part of the instructions that must be downloaded.

4. Save a local copy of the application package on your computer and complete all the forms based on the instructions provided in the program guidance.

5. Submit the application package through Grants.gov. (Requires registration)

6. Track the status of your submitted application at Grants.gov until you receive a notification from Grants.gov that your application has been received by HRSA.

7. AO prints the application face page from the local copy, signs it and mails it to HRSA’s Grant Application Center (GAC).

8. HRSA receives the signed face page and scans it into the system saving it with the electronic application.

### 3.2 Grantee Organization Needs to Register With Grants.gov (if not already registered) – See Appendix B

Grants.gov requires a one-time registration by the applicant organization. This is a three step process and should be completed by any organization wishing to apply for grant. If you do not complete this registration process you will not be able to submit an application. The registration process will require some time (anywhere from 5 business days to a month). Therefore, applicants or those considering applying at some point in the future should register immediately. Registration with Grants.gov provides the individuals from the organization the required credentials in order to apply.

If an applicant organization has already completed Grants.gov registration for another Federal agency, this section can be skipped.

For those applicant organizations still needing to register with Grants.gov, registration information can be found on the Grants.gov Get Started website ([http://www.grants.gov/GetStarted](http://www.grants.gov/GetStarted)). To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization’s E-Business POC (Point of Contact)
- Confirm the organization’s CCR “Marketing Partner ID Number (M-PIN)” password
- Register an Authorized Organization Representative (AOR)
  - Obtain a username and password from the Grants.gov Credential Provider
  - Register the username and password with Grants.gov
  - Get authorized as an AOR by your organization

In addition, if an applicant does not have a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), allow for extra time. Beginning Oct. 30, 2005, the CCR also validates the EIN against Internal Revenue Service records, a step that will take one to two business days.

Please direct questions regarding Grants.gov registration to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

⚠️ It is recommended that this registration process be completed at least two weeks prior to the submittal date of your organization's first Grants.gov submission.

### 3.3 Apply through Grants.gov

#### 3.3.1 Find Funding Opportunity

Search for announcements in Grants.gov [Find](http://grants.gov/search/) and select the announcement that you wish to apply for. Refer to the program guidance for eligibility criteria.

Please visit [http://www.hrsa.gov/grants](http://www.hrsa.gov/grants) to read annual HRSA Preview.
3.3.2 Download Application Package

Download the application package and instructions. In order to view application package and instructions, you will also need to download and install the PureEdge Viewer (http://www.grants.gov/DownloadViewer). This small, free program will allow you to access, complete, and submit applications electronically and securely.

Please review the system requirements for PureEdge Viewer on the Grants.gov website.

3.3.3 Complete Application

Complete the application using both the built-in instructions and the instructions provided in the program guidance. Ensure that you save a copy of the application on your local computer.

If you are applying for a competing continuation or a supplemental grant, ensure that you provide your 10-digit grant number (box 4b from NGA) in the Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R)

Please direct questions regarding PureEdge to Grants.gov. Contact the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

For assistance with program guidance related questions, please contact the program contact listed on the program guidance.

You can complete the application offline – you do not have to be connected to the Internet.

3.3.4 Submit Application

The "Submit" button on the application package cover page will become active after you have downloaded the application package, completed all required forms, attached all required documents, and saved your application package. Click on the "Submit" button once you have done all these things and you are ready to send your completed application to Grants.gov.

Review the provided application summary to confirm that the application will be submitted to the program you wish to apply for. To submit, you will be asked to Log into Grants.gov. Once you have logged in, your application package will automatically be uploaded to Grants.gov. A confirmation screen will appear once the upload is complete. Note that a Grants.gov Tracking number will be provided on this screen. Please record this number so that you may refer to it for all subsequent help.

Please direct questions regarding application submission to the Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time, excluding Federal holidays.

You must be connected to the Internet and must have a Grants.gov username and password to submit the application package.

3.3.5 Verify Status of Application

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system (“Received”), and the second will indicate that the application has either been successfully validated (“Validated”) by the system prior to transmission to the grantor agency or has been rejected due to errors (“Rejected with Errors”).

In case of any errors, you must correct the application and resubmit it to Grants.gov. If you are unable to resubmit because the opportunity has since closed, contact the Director of the Division of Grants Policy via email at
DGPClearances@hrsa.gov and thoroughly explain the situation; include a copy of the “Rejected with Errors” notification.

You can check the status of your application(s) anytime after submission, by logging into Grants.gov using the black 'Applicants' link at the top of any page, and clicking on the 'Check Application Status' link.

If there are no errors, the application will be downloaded by HRSA. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive an additional email from Grants.gov.

Once your application is received by HRSA, it will be processed to ensure that the application is submitted for the correct funding announcement, with the correct grant number (if applicable), and applicant/grantee organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to the Grants.gov and the status of your application will be changed to “Agency Tracking Number Assigned”. Note the HRSA tracking number and use it for all correspondence with HRSA.

3.4 Submit Signed Face Page

After successful submission in Grants.gov, the AO must print the face page of the application from Grants.gov, write the Grants.gov Tracking Number in Federal Award Identifier field (box 5b in SF424 or box 4 in SF424 R&R), sign it and mail it to HRSA at the address listed below:

HRSA Grants Application Center
Reference: Announcement Number: <Provide HRSA Announcement Number>
Reference: Grants.gov Tracking Number: <Provide Your Grants.gov Tracking Number>
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879

The face page must be received by HRSA within 5 business days from the date of submission in Grants.gov.

Once your signed face page is received by HRSA and saved with the application, you will receive an email receipt of application from HRSA.

4. General Instructions for Application Submission

Failure to follow the instructions may make your application non-compliant. Non-compliant applications will not be given any consideration and the particular applicants will be notified.

4.1 Narrative Attachment Guidelines

The following guidelines are applicable to both electronic and paper submissions (when allowed) unless otherwise noted.

4.1.1 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. Do not use colored, oversized or folded materials. For charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Please do not include organizational brochures or other promotional materials, slides, films, clips, etc.
4.1.2 Paper Size and Margins
For duplication and scanning purposes, please ensure that the application can be printed on 8½” 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.

4.1.3 Names
Please include the name of the applicant and 10-digit grant number (if competing continuation, supplemental or noncompeting continuation) on each page.

4.1.4 Section Headings
Please put all section headings flush left in bold type.

4.1.5 Page Numbering
Electronic Submissions
For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment.

Do not number the standard OMB approved form pages.

Paper Submissions (When allowed)
Do not number the standard OMB approved forms. Please number each attachment page sequentially. Reset the numbering for each attachment. (Treat each attachment/document as a separate section.)

4.1.6 Allowable Attachment or Document Types
Electronic Submissions
The following attachment types are supported in HRSA EHBs. Even though grants.gov may allow you to upload any type of attachment, it is important to note that HRSA only accepts the following types of attachments:

`.DOC - Microsoft Word
`RTF - Rich Text Format
`.TXT - Text
`.WPD - Word Perfect Document
`.PDF - Adobe Portable Document Format
`.XLS - Microsoft Excel
`.XFD – PureEdge Form

4.2 Application Content Order (Table of Contents)
When applications were submitted in paper, it was easy to direct the applicants to prepare a table of contents and make it as a part of the application. Applicants did not have any problem in preparing the package that included standard forms as well as attachments. All the pages were numbered sequentially. Preparation instructions were given in the program guidance. With the transition to electronic application receipt, this process has changed significantly. HRSA is using an approach that will ensure that regardless of the mode of submission (electronic or paper when exemptions are granted), all applications will look the same when printed for objective review.

HRSA uses two standard packages from Grants.gov.

SF 424 (otherwise known as 5161) – For service delivery programs
SF 424 R&R – For research and training programs (programs previously using the 398 or the 6025 and 2590 application packages)
For each package HRSA has defined a standard order of forms and that order is available within the program guidance. The program guidance may also provide applicants with explicit instructions on where to upload specific documents.

If you are applying on paper (when allowed), you must use the program guidance for the order of the forms and all other applicable guidelines.

4.3 **Page Limit**

HRSA prints your application for review regardless of whether it is submitted electronically or by paper (when allowed).

When your application is printed, the narrative documents may not exceed 80 pages in length unless otherwise stated in the program guidance. These narrative documents include the abstract, project and budget narratives, and any other attachments such as appendices, letters of support required as a part of the guidance. This 80 page limit does not include the OMB approved forms. Note that some program guidances may require submission of OMB approved program specific forms as attachments. These attachments will not be included in the 80 page limit.

Applicants must follow the instructions provided in this section and ensure that they print out all attachments on paper and count the number of pages before submission.

> **Applications, whether submitted electronically or on paper, that exceed the specified limits will be deemed non-compliant. Non-compliant competing applications will not be given any consideration and the particular applicants will be notified. Non-compliant noncompeting applications will have to be resubmitted to comply with the page limits.**

5. **Customer Support Information**

5.1.1 **Grants.gov Customer Support**

Please direct ALL questions regarding Grants.gov to Grants.gov Contact Center at Tel.: 1-800-518-4726. Contact Center hours of operation are Monday-Friday from 7:00 a.m. to 9:00 p.m. Eastern Time.

Please visit the following support URL for additional material on Grants.gov website.

http://www.grants.gov/CustomerSupport

5.1.2 **HRSA Call Center**

For assistance with or using HRSA EHBs, call 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

Please visit HRSA EHBs for online help. Go to:

https://grants.hrsa.gov/webexternal/home.asp and click on ‘Help’

5.1.3 **HRSA Program Support**

For assistance with program guidance related questions, please contact the program contact listed on the program guidance. Do not call the program contact for technical questions related to either Grants.gov or HRSA EHBs.
6. FAQs

6.1 Software

6.1.1 What are the software requirements for using Grants.gov?
Applicants will need to download the PureEdge viewer. Grants.gov website provides the following information:

System Requirements:
For PureEdge Viewer to function properly, your computer must meet the following system requirements:

Windows 98, ME, NT 4.0, 2000, XP
500 Mhz processor
128 MB of RAM
40 MB disk space
Web browser: Internet Explorer 5.01 or higher, Netscape Communicator 4.5 - 4.8, Netscape 6.1, 6.2, or 7

If you do not have a Windows operating system, you will need to use a Windows Emulation program.

Please visit [http://www.grants.gov/DownloadViewer](http://www.grants.gov/DownloadViewer) for all details and any updates.

6.1.2 Why can’t I download PureEdge Viewer onto my machine?
Depending on your organization’s computer network and security protocols you may not have the necessary permissions to download software onto your workstation. Contact your IT department or system administrator to download the software for you or give you access to this function.

6.1.3 I have heard that Grants.gov is not Macintosh compatible. What do I do if I use only a Macintosh?
Grants.gov is aware of the issues facing Macintosh users who apply for Federal grants electronically. Grants.gov has provided the following response regarding this issue on its website at [http://www.grants.gov/MacSupport](http://www.grants.gov/MacSupport):

Grants.gov recognizes that support to users of Non-Windows operating systems and the PureEdge Viewer is often required across a distinct segment of the grant applicant community. Although at this time, the PureEdge Viewer is only available for Windows based installs, Grants.gov offers support for Non-Windows platforms.

Grants.gov is working with PureEdge in the development of a Non-Windows compatible viewer. PureEdge has committed to providing a platform independent viewer by November 2006. Information related to the Non-Windows compatible viewer will be posted to this webpage ([http://www.grants.gov/MacSupport](http://www.grants.gov/MacSupport)). Please bookmark this page and return at your convenience for more details.

Grants.gov and NIH have partnered to provide free access to Citrix servers for Macintosh Users who are looking for an alternative to using PC emulation software with the PureEdge forms. A Citrix server connection allows Macintosh users to remotely launch a Windows session on their own machines by using the free Citrix client application. Applicants will need to download and install the free Citrix client application in order to work. This service is now available for use.

Grants.gov website states:
Beginning December 20, 2005, non-Windows users will be able to download and complete the PureEdge forms by taking advantage of the free Citrix server. Non-Windows users are also able to submit completed grant applications via the Citrix environment.

For details, please visit [http://www.grants.gov/MacSupport](http://www.grants.gov/MacSupport)

6.1.4 What are the software requirements for HRSA EHBs?
HRSA EHBs can be accessed over the Internet using Internet Explorer (IE) v5.0 and above and Netscape 4.72 and above. HRSA EHBs are 508 compliant.

IE 6.0 and above is the recommended browser.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.1.5 What are the system requirements for using HRSA EHBs on a Macintosh computer?
Mac users are requested to download the latest version of Netscape for their OS version. It is recommended that Safari v1.2.4 and above or Netscape v7.2 and above be used.

Note that Internet Explorer (IE) for Mac has known issues with SSL and Microsoft is no longer supporting IE for Mac. HRSA EHBs do not work on IE for Mac.

In addition, to view attachments such as Word and PDF, you will need appropriate viewers.

6.2 Application Receipt

6.2.1 What will be the receipt date--the date the application is stamped as received by Grants.gov or the date the data is received by HRSA?

**Competing Submissions:**
The submission/receipt date will be the date the application is received by Grants.gov.

**Noncompeting Submissions:**
The submission/receipt date will be the date the application is submitted in HRSA EHBs.

6.2.2 When do I need to submit my application?

**Competing Submissions:**
Applications must be submitted to Grants.gov by 8 PM ET on the due date.

**Noncompeting Submissions:**
Applications must be submitted to Grants.gov by 8 PM ET on the due date.

Applications must be verified and submitted in HRSA EHBs by 5:00 PM ET on the due date. (2 weeks after the due date in Grants.gov) Refer to the program guidance for specific dates.
6.2.3 What emails can I expect once I submit my application? Is email reliable?

**Competing Submissions:**
When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

The first will confirm receipt of your application by the Grants.gov system (“Received”), and the second will indicate that the application has either been successfully validated (“Validated”) by the system prior to transmission to the grantor agency or has been rejected due to errors (“Rejected with Errors”).

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive another email from Grants.gov.

You will receive an additional email from HRSA once your signed face page is received and processed. This email serves as the official receipt for your application.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.

**Noncompeting Submissions:**
When you submit your noncompeting application in Grants.gov, it is first received and validated by Grants.gov. Typically, this takes a few hours but it may take up to 48 hours during peak volumes. You should receive two emails from Grants.gov.

Subsequently, the application will be downloaded by HRSA. This happens within minutes of when your application is successfully validated by Grants.gov and made available for HRSA to download. On successful download at HRSA, the status of the application will change to “Received by Agency” and you will receive another email from Grants.gov.

Subsequently, it is processed by HRSA to ensure that the application is submitted for the correct funding announcement, with the correct grant number and grantee organization. This may take up to 3 business days. At this point you will receive an email from HRSA confirming the successful receipt of your application and asking the PD and AO to review and resubmit the application in HRSA EHBs.

You will receive an additional email from HRSA once your signed face page is received and processed. This email serves as the official receipt for your application.

Because email is not reliable, you must check the respective systems if you do not receive any emails within the specified timeframes.

⚠️ For more information refer to sections 2.4 and 2.5 in this guide

6.2.4 If a resubmission is required because of Grants.gov system problems, will these be considered "late"?

**Competing Submissions:**
No. But you must contact the Director of the Division of Grants Policy via email at DGPClearances@hrsa.gov and thoroughly explain the situation. Include a copy of the “Rejected with Errors” notification you received from Grants.gov.

**Noncompeting Submissions:**
No. But you must contact the HRSA Call Center at 877-GO4-HRSA (877-464-4772) between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov. You may be asked to provide a copy of the “Rejected with Errors” notification you received from Grants.gov.

### 6.3 Application Submission

#### 6.3.1 How can I make sure that my electronic application is presented in the right order for objective review?

Follow the instructions provided in section 4.2 to ensure that your application is presented in the right order and is compliant with all the requirements.

#### 6.4 Grants.gov

For a list of frequently asked questions and answers maintained by Grants.gov please visit the following URL:

Appendix B – Registering and Applying Through Grants.gov

Prepare to Apply through Grants.gov:
HRSA, in providing the grant community a single site to Find and Apply for grant funding opportunities, is requiring applicants for this funding opportunity to apply electronically through Grants.gov. By using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site. You may not e-mail an electronic copy of a grant application to us.

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.

Note: Except in rare cases, paper applications will NOT be accepted for this grant opportunity. If you believe you are technologically unable to submit an on-line application you MUST contact the Director of the Division of Grants Policy, at DGPClearances@hrsa.gov and explain why you are technologically unable to submit on-line. Make sure you specify the announcement number you are requesting relief for. HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.

In order to apply through Grants.gov the Applicant must register with Grants.gov. This is a three step process that must be completed by any organization wishing to apply for a grant opportunity. The registration process will require some time. Therefore, applicants or those considering applying at some point in the future should register immediately. Registration in Grants.gov does not require the organization to apply for a grant; it simply provides the organization the required credentials so that the organization may apply for a grant in the future. Registration is required only once.

REGISTRATION:
GET STARTED NOW AND COMPLETE THE ONE-TIME REGISTRATION PROCESS TO BEGIN SUBMITTING GRANT APPLICATIONS AS SOON AS YOU READ THIS.

You don’t need to be registered to search or to begin selecting, downloading and completing grant applications. Registration is required to submit applications. Therefore, it is essential that your organization be registered prior to attempting to submit a grant application or your organization will not be able to do so. Be sure to complete the process early as the registration process may take some time (anywhere from 5 days to 1 month).

There are three steps to the registration process:
Step 1: Register your organization
Step 2: Register yourself as an Authorized Organization Representative
Step 3: Get authorized by your organization to submit grants

These instructions will walk you through the three basic registration steps. Additional assistance is available at Grants.gov at www.grants.gov. Individual assistance is available at http://www.grants.gov/Support or 1-800-447-8477. Grants.gov also provides a variety of support options through online Help including Context-Sensitive Help, Online Tutorials, FAQs, Training Demonstration, User Guide, and Quick Reference Guides.

Follow this checklist to complete your registration—

1. Register Your Organization

   - Obtain your organization’s Data Universal Number System (DUNS) number
   - Register your organization with Central Contractor Registry (CCR)
   - Identify your organization’s E-Business POC (Point of Contact)
- Confirm your organization’s CCR “Marketing Partner ID Number (M-PIN)” password

2. Register Yourself as an Authorized Organization Representative (AOR)
   - Obtain your username and password
   - Register your username and password with Grants.gov

3. Get Yourself Authorized as an AOR
   - Contact your E-Business POC to ensure your AOR status
   - Log in to Grants.gov to check your AOR status

The Grants.gov/Apply feature includes a simple, unified application process to enable applicants to apply for grants online. The information applicants need to understand and execute the steps is at http://www.grants.gov/GetStarted. Applicants should read the Get Started steps carefully. The site also contains registration checklists to help you walk through the process. HRSA recommends that you download the checklists and prepare the information requested before beginning the registration process. Reviewing information required and assembling it before beginning the registration process will save you time and make the process faster and smoother.

REGISTER YOUR ORGANIZATION
Before you can apply for a grant via Grants.gov, your organization must obtain a Data Universal Number System (DUNS) number and register early with the Central Contractor Registry (CCR).

Obtain your organization’s DUNS number
A DUNS number is a unique number that identifies an organization. It has been adopted by the Federal government to help track how Federal grant money is distributed. Ask your grant administrator or chief financial officer to provide your organization’s DUNS number.

- How do you do it? If your organization does not have a DUNS number, call the special Dun & Bradstreet hotline at 1-866-705-5711 to receive one free of charge.

- How long will this take? You will receive a DUNS number at the conclusion of the phone call.

Register your organization with CCR
The CCR is the central government repository for organizations working with the Federal government. Check to see if your organization is already registered at the CCR website. If your organization is not already registered, identify the primary contact who should register your organization.

When your organization registers with CCR, it will be required to designate an E-Business Point of Contact (E-Business POC). The designee authorizes individuals to submit grant applications on behalf of the organization and creates a special password called a Marketing Partner ID Number (M-PIN) to verify individuals authorized to submit grant applications for the organization.

- How do you do it? Visit the CCR website at http://www.ccr.gov. Check whether your organization is already registered or register your organization right online. Be certain to enter an MPIN number during this process as this is an optional field for the CCR registration but mandatory for Grants.gov.

- How long will this take? It may take a few days for you to collect the information needed for your organization’s registration, but once you finish the registration process, you can move on to Step 2 the very next business day. Note it will take up to a month for the total registration – therefore this should be done as soon as possible.

GET AUTHORIZED as an AOR by Your Organization
The registration process is almost complete. All that remains is the final step — getting authorized. Even though you have registered, your E-Business POC must authorize you so Grants.gov will know that you are verified to submit applications.

- **Obtain your E-Business POC authorization**
  After your Authorized Organizational Representative (AOR) profile is completed, your organization’s E-Business POC will receive an email regarding your requested AOR registration, with links and instructions to authorize you as an AOR.

- **How do you do it?** Instruct your E-Business POC to login to Grants.gov at http://www.grants.gov/ForEbiz and enter your organization’s DUNS number and M-PIN. They will select you as an AOR they wish to authorize and you will be verified to submit grant applications.

- **How long will this take?** It depends on how long it takes your E-Business POC to log in and authorize your AOR status. You can check your AOR status by logging in to Grants.gov at http://www.grants.gov/ForApplicants.

**REGISTER YOURSELF as an Authorized Organization Representative (AOR)**
Once the CCR Registration is complete, your organization is finished registering. You must now register yourself with Grants.gov and establish yourself as an AOR, an individual authorized to submit grant applications on behalf of your organization. There are two elements required to complete this step — both must be completed to move onto Step 3.

1. **Obtain your username and password**
   In order to safeguard the security of your electronic information, and to submit a Federal grant application via Grants.gov, you must first obtain a username and password from the Grants.gov Credential Provider.

   - **How do you do it?** Just register with Grants.gov’s Credential Provider at http://www.grants.gov/Register1. You will need to enter your organization’s DUNS number to access the registration form. Once you complete the registration form you will be given your username and you will create your own password.

   - **How long will this take?** Same day. When you submit your information you will receive your username and be able to create your password.

2. **Register with Grants.gov**
   Now that you have your username and password, allow about 30 minutes for your data to transfer from the Credential Provider, then you must register with Grants.gov to set up a short profile.

   > **How do you do it?** Simply visit http://www.grants.gov/Register2 to register your username and password and set up your profile. Remember, you will only be authorized for the DUNS number which you register in your Grants.gov profile.

   > **How long will this take?** Same day. Your AOR profile will be complete after you finish filling in the profile information and save the information at Grants.gov.

You have now completed the registration process for Grants.gov. If you are applying for a new or competing continuation you may find the application package through Grants.gov FIND. If you are filling out a non-competing continuation application you must obtain the announcement number through your program office, and enter this announcement number in the search field to pull up the application form and related program guidance. Download the required forms and enter your current grant number in the appropriate field to begin the non-competing continuation application which you will then upload for electronic submittal through Grants.gov. For continuation applications which require submittal of performance measures electronically, instructions are provided in the program guidance on how to enter the HRSA electronic handbooks to provide this information.
How to submit an electronic application to HRSA via Grants.gov/Apply

a. Applying using Grants.gov. Grants.gov has a full set of instructions on how to apply for funds on its website at [http://www.grants.gov/CompleteApplication](http://www.grants.gov/CompleteApplication). The following provides simple guidance on what you will find on the Grants.gov/Apply site. Applicants are encouraged to read through the page entitled, “Complete Application Package” before getting started. See Appendix A for specific information.

b. Customer Support. The grants.gov website provides customer support via (800) 518-GRANTS (this is a toll-free number) or through e-mail at support@grants.gov. The customer support center is open from 7:00 a.m. to 9:00 p.m. Eastern time, Monday through Friday, except federal holidays, to address grants.gov technology issues. For technical assistance to program related questions, contact the number listed in the Program Section of the program you are applying for.

Timely Receipt Requirements and Proof of Timely Submission

a. Electronic Submission. All applications must be received by www.grants.gov/Apply by 8:00 P.M. Eastern Time on the due date established for each program.

Proof of timely submission is automatically recorded by Grants.gov. An electronic time stamp is generated within the system when the application is successfully received by Grants.gov. The applicant will receive an acknowledgement of receipt and a tracking number from Grants.gov with the successful transmission of their application. Applicants should print this receipt and save it, along with facsimile receipts for information provided by facsimile, as proof of timely submission. When HRSA successfully retrieves the application from Grants.gov, Grants.gov will provide an electronic acknowledgment of receipt to the e-mail address of the AOR. Proof of timely submission shall be the date and time that Grants.gov receives your application.

Applications received by grants.gov, after the established due date and time for the program, will be considered late and will not be considered for funding by HRSA. HRSA suggests that applicants submit their applications during the operating hours of the Grants.gov Support Desk, so that if there are questions concerning transmission, operators will be available to walk you through the process. Submitting your application during the Support Desk hours will also ensure that you have sufficient time for the application to complete its transmission prior to the application deadline. Applicants using dial-up connections should be aware that transmission should take some time before Grants.gov receives it. Grants.gov will provide either an error or a successfully received transmission message. The Grants.gov Support desk reports that some applicants abort the transmission because they think that nothing is occurring during the transmission process. Please be patient and give the system time to process the application. Uploading and transmitting many files, particularly electronic forms with associated XML schemas, will take some time to be processed.

Note the following additional information regarding submission of all HRSA applications through Grants.gov:

- You must submit all documents electronically, including all information typically included on the SF424 and all necessary assurances and certifications.
- Your application must comply with any page limitation requirements described in this program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. HRSA will retrieve your application from Grants.gov.

Online applications are required to submit ONLY one form in signed hard copy: the SF-424/5161 Face Sheet, since all other elements of the application have been captured and transmitted electronically. This face page should be sent to HRSA’s Grants Application Center at:
The HRSA Grants Application Center
The Legin Group, Inc.
Attn: [provide Grants.gov Tracking Number]
Program Announcement No. [provide HRSA announcement number]
CFDA No. [provide the CFDA number]
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
Telephone: 877-477-2123

Formal Submission of the Electronic Application
Applications completed online are considered formally submitted when the Authorizing Official electronically submits the application to HRSA through Grants.gov. However, to complete the submission requirements, a hard-copy of the SF-424/5161 Face Sheet must be printed, signed, and submitted to the HRSA Grants Application Center. For competitive applications, the SF-424/5161 must be printed from Grants.gov.

For an online application, the signed SF-424/5161 must be sent to the HRSA GRANTS APPLICATION CENTER at the above address and received by HRSA by no later than five days after the date of submission in Grants.gov.

Competitive applications will be considered as having met the deadline if: (1) the application has been successfully transmitted electronically by your organization’s Authorizing Official through Grants.gov on or before the deadline date and time, and (2) the signed SF-424/5161 Face Sheet is received by HRSA no later than five days after submission in Grants.gov.

Performance Measures for Competitive Applications
Many HRSA guidances include specific data forms and require performance measure reporting. If the completion of performance measure information is indicated in this guidance, successful applicants receiving grant funds will be required, within 30 days of the Notice of Grant Award (NGA), to register in HRSA’s Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in this guidance. This requires the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data, and objectives for the performance measures.

Performance Measures for Non-Competing Continuation Applications
For applications which require submittal of performance measures electronically through the completion of program specific data forms, instructions will be provided both in the program guidance and through an e-mail, notifying grantees of their responsibility to provide this information, and providing instructions on how to do so.
Instructions for the SF424 R&R (Research and Related)

This application form is replacing the 6025 training application form and the 398 application form. The 424 R&R will be used for all HRSA training and research programs.

INSTRUCTIONS FOR THE APPLICATION FACE PAGES

Below are detailed instructions for the completion of the 424 R&R form:

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Select Type of Submission:</strong> Check the appropriate type from the submission options. Select <strong>Application</strong> for all HRSA grant programs.</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Date Submitted:</strong> Enter the date the application is submitted to the Federal agency.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Date Received by State:</strong> State Use Only (if applicable)</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Federal Identifier:</strong> New Project Applications should leave this field blank. If this is a Continuation application (competing or non-competing) or a Supplement, enter your grant number located on your Notice of Grant Award (NGA).</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Applicant Information:</strong> All items in bold are required fields and must be completed. Enter your Organization’s DUNS Number (received from Dun and Bradstreet), Enter the Legal Name, Applicant Department (if applicable) and Division (if applicable) who will undertake the assistance activity. In <strong>Street1</strong> enter the first line of the street address of your organization. In <strong>Street2</strong> enter the second line of your organization, if applicable. Enter the <strong>City, County and State, Zip Code and Country</strong> where your organization is located. Enter the <strong>Person to be Contacted on Matters Involving the Application:</strong> This is the <strong>POINT OF CONTACT</strong>, the person to be contacted for the matters pertaining to this specific application (i.e. principle investigator, project director, other). Enter the Prefix, First Name, Middle Name and Last Name and Suffix (if applicable) of the person to be contacted on matters relating to this application. Enter the <strong>Phone and Fax number</strong> as well as the <strong>E-MAIL address</strong> of this person. <strong>These are all required fields.</strong></td>
</tr>
<tr>
<td>6.</td>
<td><strong>Employer Identification (EIN)/ (TIN)</strong> Enter the 9 Digit Employer Identification Number as Assigned by the Internal Revenue Services.</td>
</tr>
</tbody>
</table>
| 7.    | **Type of Applicant:** Select the appropriate letter from one of the following:  
  A. State Government  
  B. County Government  
  C. City or Township Government  
  D. Special District Government  
  E. Regional Organization  
  F. U.S. Territory or Possession  
  G. Independent School District  
  H. Public/State Controlled Institution of Higher Education  
  I. Indian/Native American Tribal Government (Federally Recognized)  
  J. Indian/Native American Tribal Government (Other than Federally Recognized)  
  K. Indian/Native American Tribally Designated Organization  
  L. Public/Indian Housing Authority  
  M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)  
  N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)  
  O. Private Institution of Higher Education  
  P. Individual  
  Q. For-Profit Organization (Other than Small Business)  
  R. Small Business  
  S. Hispanic-serving Institution  
  T. Historically Black Colleges and Universities (HBCUs)  
  U. Tribally Controlled Colleges and Universities (TCCUs)  
  V. Alaska Native and Native Hawaiian Serving Institutions  
  W. Non-domestic (non-US) Entity  
  X. Other (specify) |
| **Women Owned:** Check if you are a woman owned small business( 51% owned/controlled and operated by a woman/women) |
| **Socially and Economically Disadvantaged:** Check if you are a socially and economically disadvantaged small business, as determined by the U.S. SBA pursuant to Section 8(a) of the SBA U.S.C.637(a). |

8. **Type of Application:** Select the Type from the following list :
- **New:** A new assistance award
- **Resubmission** (not applicable to HRSA)
- **Renewal** – An application for a competing continuation – this is a request for an extension for an additional funding/budget period for a project with a projected completion.
- **Continuation:** A non-competing application for an additional funding/budget period for a project within a previously approved projected period
- **Revision:** Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. Indicate the **Type of Revision** by checking the appropriate box:
  A. Increase in Award (supplement, competing supplement)
  B. Decrease Award
  C. Increase Duration
  D. Decrease Duration
  E. Other (Enter text to Explain)

**Is Application being submitted to Other Agencies:** Indicate by checking **YES** or **NO** if the application is being submitted to HRSA only.

**What other Agencies:** Enter Agency Name (if applicable)

9. **Name of Federal Agency:** Enter the Name of the Federal Agency from which assistance is being requested

10. **Catalogue of Federal Domestic Assistance Number (CFDA):** Use the CFDA Number found on the front page of the program guidance and associated Title of the CFDA (if available).

11. **Descriptive Title of Applicant’s Project:** Enter a brief descriptive title of the project. A continuation or revision must use the same title as the currently funded project.

12. **Areas Affected by Project:** List only the largest political Entities affected by the project (ex. states, counties, cities)

13. **Proposed Project:** Enter the project **Start Date** of the project in the Start Date Field and the project **Ending Date** in the Ending Date Field. (ex. 11/01/2005 to 10/31/2008)

14. **Congressional District Applicant and Congressional District Project:** Enter your Congressional District(s) in Applicant Field. Enter the Congressional District(s) of Project, the primary site where the project will be performed. ([http://www.gpoaccess.gov/cdirectory/browse-cd-05.html](http://www.gpoaccess.gov/cdirectory/browse-cd-05.html))

15. **Project Director/Principal Investigator Contact Information:** All items in bold are required fields and must be completed
   Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable) of the Project Director/Principal Investigator (PD/PI) for the project. Enter the **Title** of the PD/PI and the **name of the organization** of the PD/PI. Enter the name of the primary organization **Department** and **Division** of the PD/PI. In **Street 1** enter the first line of the street address of the PD/PI for the project. In **Street 2** enter the second line of the street address for the PD/PI, if applicable. Enter the **City, County** and **State, Zip Code and Country** of the PD/PI. Enter the **Phone** and **Fax** number as well as the **E-MAIL** address of this person. **These are all required fields.**

16. **Estimated Project Funding:**
   a. **Total Estimated Project Funding** Enter the total **Federal Funds** requested for the **BUDGET PERIOD** for which you are applying. **Enter only the amount for the year you are applying, NOT the amount for the entire project period.**
   b. **Total Federal and Non-Federal Funds:** Enter the total Federal and non-Federal funds for the **BUDGET PERIOD** for which you are applying.
   c. **Estimated Program Income:** Identify any Program Income for the **BUDGET PERIOD.**

17. **Is Application Subject to Review by State Executive Order 12372 Process:**
   If **YES:** Check the YES box if the announcement indicates that the program is covered under State Executive Order 12372. If **NO:** Place a check in the NO box.

18. **Complete Certification**
Check the “I agree” box to attest to acceptance of required certifications and assurances listed at the end of the Application.

19. **Authorized Representative** (Authorizing Official - This is the person who has the authority to sign the application for the organization.) All items in bold are required fields and must be completed

Enter the name of Authorized Representative/Authorizing Official. Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable) of the Authorized Representative (AR) or Authorizing Official (AO). Enter the **Title** of the Authorized Representative and the **organization** of the AR/AO. Enter the name of the primary organization **Department** and **Division** of the AO. In **Street1** enter the first line of the street address of the AR/AO for the project. In **Street2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County and State, Zip Code** and **Country** of the AR/AO. Enter the **Phone** and **Fax** number as well as the **E-MAIL** address of AR/AO this person. **These are all required fields**.

**Date Signed:** If you are submitting this electronically please print off a copy of the face/cover pages of the application, sign and send them to HRSA’s Grants Application Center (GAC) –(See the program guidance for the GAC’s address)

Note: Applicant applying in paper must send their entire grant application with the signed face/cover pages to the GAC

20. **Pre-Application**

This is **Not applicable** to HRSA. A limited number of HRSA programs require a Letter of Intent which is different from a preapplication. Information required and the process for submitting such a Letter of Intent is outlined in the funding opportunity announcements for those programs with such a requirement.

**INSTRUCTIONS FOR 5161 CHECKLIST (This is used for the 424 R&R as well)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| Type of Application                    | Check one of the boxes corresponding to one of the following types:  
- **New**: A new application is a request for financial assistance for a project or program not currently receiving DHHS support.  
- **Non competing Continuation**: A non-competing application for an additional funding/budget period for a project within a previously approved project period  
- **Competing Continuation** (same as Renewal from 424R&R face page)  
- **Supplemental** (same as Revision from 424 R&R face page) An application requesting a change in the Federal Government's financial obligation or contingent liability from an existing obligation. |
| Part A                                 | Leave this Section Blank                                                                                                                                                                                   |
| Part B                                 | Leave this Section Blank                                                                                                                                                                                   |
| Part C                                 | In the Space Provided below, please provide the requested information                                                                                                                                 |
| Business Official to be notified if an award is to be made | Enter the name of Business Official to be notified if an award is to be made. Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable) of the Business Official and the **organization**. Enter the **Address** **Street1** enter the first line of the street address of the Business Official. In **Street2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County and State, Zip Code and Country** of the business official. Enter the **Telephone** and **Fax** number as well as the **E-MAIL** address of Business Official. Enter the Applicant Organizations 12 Digit DHHS EIN (if already assigned) – This should be the same information as supplied in file number 5 of the 424 R&R face page. |
| Project Director/Principle Investigator designated | Enter the name of Project Director/Principle Investigator (PD/PI) – this should be the same information as supplied on the 424 R & R face page field number 15. Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if... |
to direct the proposed project. Enter the name of the primary organization and Address: **Street1** enter the first line of the street address of the AR/AO for the project. In **Street2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County and State, Zip Code and Country** of the PD/PI. Enter the **Telephone Number, E-Mail and Fax number**. **DO NOT** enter the social security number. Enter the highest degree earned for the PD/PI.

### INSTRUCTIONS FOR R&R SENIOR/KEY PERSON PROFILE

Starting with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement senior key personnel are defined as all individuals who contribute in a substantive, measurable way to the execution of the project or activity whether or not salaries are requested. Consultants should be included if they meet this definition. For each of these individuals a Biosketch should be attached which lists the individual’s credentials/degrees.

<table>
<thead>
<tr>
<th>Field</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix</td>
<td>Ex. Mr., Ms. Mrs. Rev. Enter the Prefix for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>First Name</td>
<td>This is the first (given) name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Middle Name</td>
<td>This is the middle name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Last Name</td>
<td>This is the last name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the last name of the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Suffix</td>
<td>Enter the Suffix (Ex. Jr., Sr., PhD.,) for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Position/Title</td>
<td>Enter the Title for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Title for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Department</td>
<td>This is the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Department for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Organization Name</td>
<td>This is the name of the organizational for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Organization Name for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Division</td>
<td>This is the primary organizational division, office, or major subdivision of the individual. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Division for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Street1</td>
<td>This is the first line of the street address for the individual identified as a key/senior person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Street address for the project director identified on the face page of the 424 R&amp;R.</td>
</tr>
<tr>
<td>Street 2</td>
<td>This is the second line of the street address (if applicable) for the individual identified. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the second line of the Street address (if applicable) for the project director</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Enter the city where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Enter the County where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>Enter the state where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td><strong>ZIP Code</strong></td>
<td>Enter the Zip Code where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.</td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
<td>Enter the daytime phone number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this filed will be prepopulated.</td>
</tr>
<tr>
<td><strong>Fax Number</strong></td>
<td>Enter the fax number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this filed will be prepopulated.</td>
</tr>
<tr>
<td><strong>Email address</strong></td>
<td>Enter the email address for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this filed will be prepopulated.</td>
</tr>
<tr>
<td><strong>Credential e.g. agency login</strong></td>
<td>Leave this field blank</td>
</tr>
<tr>
<td><strong>Project Role</strong></td>
<td>Enter the project role from the list below</td>
</tr>
<tr>
<td>1. <strong>Project Director (PD)/Principle Investigator(PI)</strong></td>
<td></td>
</tr>
<tr>
<td>2. Co- <strong>PD/Co- PI</strong></td>
<td></td>
</tr>
<tr>
<td>3. <strong>Faculty</strong></td>
<td></td>
</tr>
<tr>
<td>4. <strong>Post Doctoral</strong></td>
<td></td>
</tr>
<tr>
<td>5. <strong>Post Doctoral Associate</strong></td>
<td></td>
</tr>
<tr>
<td>6. <strong>Other Professional</strong></td>
<td></td>
</tr>
<tr>
<td>7. <strong>Graduate Student</strong></td>
<td></td>
</tr>
<tr>
<td>8. <strong>Undergraduate Student</strong></td>
<td></td>
</tr>
<tr>
<td>9. <strong>Technician</strong></td>
<td></td>
</tr>
<tr>
<td>10. <strong>Consultant</strong></td>
<td></td>
</tr>
<tr>
<td>11. <strong>Other (Specify)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other Project Role Category</strong></td>
<td>Complete if you selected “Other “as a project role. For example, Engineer, social worker.</td>
</tr>
<tr>
<td><strong>Attach Biographical Sketch</strong></td>
<td>Provide a biographical sketch for the PD/PI or Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual’s credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Save the information in a single file and attach by clicking Add attachment –if applying electronically</td>
</tr>
<tr>
<td><strong>Attach Current &amp; Pending Support</strong></td>
<td>Follow the individual program guidance pertaining to this issue. If current and pending support on level of effort documentation is required, please attach accordingly.</td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR R&R PROJECT PERFORMANCE SITE LOCATION(S) FORM

Indicate the primary site/sites where the work or activity will occur. If a portion of the project is at any other location(s), identify it in the section provided. If more than eight project/performance site locations are proposed, provide the information in a separate file and attach these in a file in the space provided at the bottom of the form. If applying in paper add this information as part of the appendix.

Enter the Primary Performance Site first. Add all other performance sites in the space provided.

<table>
<thead>
<tr>
<th>Field name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Enter the Name of the Performance Site/Organization</td>
</tr>
<tr>
<td>Street 1</td>
<td>Enter the first line of the street address of the performance site location</td>
</tr>
<tr>
<td>Street 2</td>
<td>Enter the second line of the street address of the performance site location, if applicable</td>
</tr>
<tr>
<td>City</td>
<td>Enter the city of the performance site.</td>
</tr>
<tr>
<td>County</td>
<td>Enter the county where the performance site is located.</td>
</tr>
<tr>
<td>State</td>
<td>Select from the list of States or enter the State/province in which the performance site is located</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Enter the zip code of the performance site location</td>
</tr>
<tr>
<td>Country</td>
<td>Enter the country of the performance site from the list</td>
</tr>
</tbody>
</table>
## INSTRUCTIONS FOR R&R BUDGET

### Section A & B

#### SECTION A

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational DUNS</td>
<td>Enter the DUNS or DUNS +4 number of your organization. For applicants applying electronically, this field is pre-populated from the R&amp;R SF424 Cover Page.</td>
</tr>
<tr>
<td>Budget Type</td>
<td>Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&amp;R Subaward Budget Attachment and attach as a separate file on the R&amp;R Budget Attachment(s) form.</td>
</tr>
<tr>
<td>Enter Name of Organization</td>
<td>Enter the name of your organization</td>
</tr>
<tr>
<td>Start Date</td>
<td>Enter the requested Start Date of Budget Period (these should cover 1 full year/12 months)</td>
</tr>
<tr>
<td>End Date</td>
<td>Enter the requested End Date of the Budget Period (these should cover 1 full year/12 months)</td>
</tr>
<tr>
<td>Budget Period</td>
<td>Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)</td>
</tr>
<tr>
<td>A. Senior/Key Person</td>
<td>Enter the <strong>Prefix</strong>, First/(Given) name, Middle name (if applicable), Last Name and Suffix of the senior/key person</td>
</tr>
<tr>
<td>Project Role</td>
<td>Enter the project role of the Senior/Key person.</td>
</tr>
<tr>
<td>Base Salary ($)</td>
<td>Enter the annual compensation paid by the employer for each Senior/Key person. This includes all activities such as research, teaching, patient care. etc.</td>
</tr>
<tr>
<td>Cal. Months</td>
<td>Enter the number of Calendar months devoted to the project in the applicable box for each project role category</td>
</tr>
<tr>
<td>Acad. Months</td>
<td>Enter the number of academic year months devoted to the project in the applicable box for each project role category (If your institution does not use a 9 month academic period, indicate your institution’s definition of academic year in the budget justification)</td>
</tr>
<tr>
<td>Sum. Months</td>
<td>Enter the number of summer months devoted to the project in the applicable box for each project role category (If your institution does not use a 3 month summer period, indicate your institution’s definition of summer period in the budget justification)</td>
</tr>
<tr>
<td>Requested Salary ($)</td>
<td>Regardless of the number of months being devoted to the project, indicate only the funds being requested to cover the amount of salary/wages for each senior/key person for this budget period</td>
</tr>
<tr>
<td>Fringe Benefits ($)</td>
<td>Enter applicable fringe benefits, if any, for each senior/key person</td>
</tr>
<tr>
<td>Funds Requested ($)</td>
<td>Enter federal funds requested for salary/wages &amp; fringe benefits for each senior/key person for this budget period for this project.</td>
</tr>
<tr>
<td>Line 9. Total Funds Requested</td>
<td>Enter the total federal funds requested for all senior/key persons listed in the attached file (these requested funds would be for key persons over and above those listed in the preceding rows/fields of section A). If applicants are applying in hardcopy please attach a table listing the key personnel over and above the 8 persons listed on the budget page using the same format appearing in the budget table and enter the total funds requested for these additional people in row 9.</td>
</tr>
<tr>
<td>Additional Senior Key Persons</td>
<td>If applying electronically attach a file here detailing the funds requested for key personnel over and above the 8 senior/key persons already listed in this section; include all pertinent budget information. The total funds requested in this file should be entered in <strong>the total funds requested for all additional senior/key persons in line 9 of Section A</strong>. If applying in hardcopy please be certain to provide detailed information on the key personnel as well as funds requested in the same format appearing in the budget table. Be certain to include the total funds for these additional key persons in <strong>the total funds requested for all additional senior/key persons in</strong></td>
</tr>
</tbody>
</table>

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**SECTION B. Other Personnel**

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Personnel</td>
<td>For each project role/category identify the number of personnel proposed.</td>
</tr>
<tr>
<td>Project Role</td>
<td>If project role is other than Post-Doctoral Associates, Graduate Students, Undergraduate students, or Secretarial/Clerical, enter the appropriate project role (for example, Engineer, Statistician, IT Professional etc.) in the blanks.</td>
</tr>
<tr>
<td>Cal. Months</td>
<td>Enter the number of Calendar months devoted to the project in the applicable box for each project role category/stipend category</td>
</tr>
<tr>
<td>Acad. Months</td>
<td>Enter the number of academic year months devoted to the project in the applicable box for each project role category (If your institute does not use a 9 month academic period, indicate your institution’s definition of academic year in the budget justification)</td>
</tr>
<tr>
<td>Sum. Months</td>
<td>Enter the number of summer months devoted to the project in the applicable box for each project role category (If your institute does not use a 3 month summer period, indicate your institution’s definition of summer period in the budget justification)</td>
</tr>
<tr>
<td>Requested Salary ($)</td>
<td>Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages/stipend amount being requested for each project role</td>
</tr>
<tr>
<td>Fringe Benefits ($)</td>
<td>Enter applicable fringe benefits, if any, for each project role category</td>
</tr>
<tr>
<td>Funds Requested ($)</td>
<td>Enter requested salary/wages &amp; fringe benefits for each project role category</td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
<td>Enter the total number of other personnel and related funds requested for this project</td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe</td>
<td>Enter the total funds requested for all senior key persons, stipends and all other personnel - If applying electronically this will be computed based on detailed information provided. If applying through hard copy please enter this number, ensuring that the total is equal to the detailed information provided</td>
</tr>
<tr>
<td>Benefits (A &amp; B)</td>
<td></td>
</tr>
</tbody>
</table>
**RESEARCH AND RELATED BUDGET**

**SECTION C, D, E,**

*Section C, D & E*

### SECTION C: Equipment Description

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational DUNS</td>
<td>Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&amp;R SF424 Cover Page.</td>
</tr>
<tr>
<td>Budget Type</td>
<td>Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&amp;R Subaward Budget Attachment and attach as a separate file on the R&amp;R Budget Attachment(s) form</td>
</tr>
<tr>
<td>Enter Name of Organization</td>
<td>Enter the name of your organization</td>
</tr>
<tr>
<td>Start Date</td>
<td>Enter the requested Start Date of Budget Period</td>
</tr>
<tr>
<td>End Date</td>
<td>Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months)</td>
</tr>
<tr>
<td>Budget Period</td>
<td>Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)</td>
</tr>
<tr>
<td>Equipment Item</td>
<td>Equipment is identified as an item of property that has an acquisition cost of $5,000 or more (unless the organization has established lower levels) and an expected service life of more than 1 year. List each item of equipment separately and justify each in the budget justification section. Ordinarily allowable items are limited to those which will be used primarily or exclusively in the actual conduct or performance of grant activities.</td>
</tr>
<tr>
<td>Funds Requested</td>
<td>Enter the estimated cost of each item of equipment, including shipping and any maintenance costs and agreements.</td>
</tr>
<tr>
<td>Total Funds Requested for all equipment listed in the attached files</td>
<td>Enter the estimated cost of all equipment listed in any attached documents/files.</td>
</tr>
<tr>
<td>Additional Equipment</td>
<td>If the space provided can not accommodate all the equipment proposed, attach a file or document delineating the equipment proposed. If applying in hardcopy please provide this information on a separate/attached sheet. List the total funds requested on line 11 of this section.</td>
</tr>
</tbody>
</table>

### SECTION D. Travel

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Travel Costs (Incl. Canada, Mexico, and US Possessions)</td>
<td>Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US possessions. In the budget justifications section, include the purpose, destinations, dates of travel (if known), and number of individuals for each trip. If the dates of travel are known, specify estimated length of trip (for example, 3 days)</td>
</tr>
<tr>
<td>Foreign Travel Costs</td>
<td>Enter the total funds to be used for foreign travel. Foreign travel includes any travel outside of the United States, Canada, Mexico and or the U.S. Possessions. In the budget justification section, include the purpose, destination, travel dates (if known),</td>
</tr>
</tbody>
</table>
and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (ex. 3 days)

| Total Travel Costs | The total funds requested for all travel related to this project—this should equal the total of all domestic and foreign and may be computed if applying electronically. If applying in hardcopy please enter this amount |
SECTION C, D, E,

SECTION E: Participant/Trainee Support Costs

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees/Health</td>
<td>Enter the total amount of funds requested for participant/trainee tuition, fees,</td>
</tr>
<tr>
<td>Insurance</td>
<td>and/or health insurance. (if applicable)</td>
</tr>
<tr>
<td>Stipends</td>
<td>Enter the total amount of funds requested for participant/trainee stipends.</td>
</tr>
<tr>
<td>Travel</td>
<td>Enter the total funds requested for participant/trainee travel associated with this</td>
</tr>
<tr>
<td></td>
<td>project (if applicable)</td>
</tr>
<tr>
<td>Subsistence</td>
<td>Enter the total funds requested for participant/trainee subsistence (if applicable)</td>
</tr>
<tr>
<td>Other</td>
<td>Describe and enter the total funds requested for any other participant/trainee</td>
</tr>
<tr>
<td></td>
<td>costs/institutional allowances, scholarships etc. Please identify these in the</td>
</tr>
<tr>
<td></td>
<td>space provided.</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>Enter the total number of proposed participants/trainees (those receiving</td>
</tr>
<tr>
<td></td>
<td>stipends, scholarships, etc.)</td>
</tr>
<tr>
<td>Trainee Costs</td>
<td>Enter the total costs associated with the above categories (i.e. participants/trainees- items 1-5). If applying electronically this total will be calculated for you.</td>
</tr>
</tbody>
</table>
### RESEARCH AND RELATED BUDGET - SECTION F-K Budget Period

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational DUNS</td>
<td>Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&amp;R SF424 Cover Page.</td>
</tr>
<tr>
<td>Budget Type</td>
<td>Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&amp;R Subaward Budget Attachment and attach as a separate file on the R&amp;R Budget Attachment(s) form.</td>
</tr>
<tr>
<td>Enter Name of Organization</td>
<td>Enter the name of your organization</td>
</tr>
<tr>
<td>Start Date</td>
<td>Enter the requested Start Date of the Budget Period</td>
</tr>
<tr>
<td>End Date</td>
<td>Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months)</td>
</tr>
<tr>
<td>Budget Period</td>
<td>Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)</td>
</tr>
</tbody>
</table>

#### SECTION F. Other Direct Cost

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td>Enter the total funds requested for materials and supplies. In the budget justification attachment please itemize all categories for which costs exceed $1,000. Categories less than $1,000 do not have to be itemized.</td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td>Enter the total publication funds requested. The budget may request funds for the cost of documenting, preparing, publishing or otherwise disseminating the findings of this project to others. In the budget justification include supporting information.</td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td>Enter the total funds requested for consultant services. In the budget justification identify each consultant, the services to be performed, travel related to this project and the total estimated costs.</td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td>Enter total funds requested for ADP/computer services. In the budget justification include the established computer service rates at the proposed organization (if applicable)</td>
</tr>
<tr>
<td>5. Subawards/Consortia/Contractual Costs</td>
<td>Enter total funds requested for subaward, consortium and/or contractual costs proposed for this project.</td>
</tr>
<tr>
<td>6. Equipment/Facility Rental/User Fees</td>
<td>Enter total funds requested for equipment or facility rental or users fees. In the budget justification please identify and justify these fees.</td>
</tr>
<tr>
<td>7. Alterations and Renovations (not applicable to training program grants)</td>
<td>Enter the total funds requested for alterations and renovations. In the budget justification itemize by category and justify the costs including repairs, painting, removal or installation of partitions. Where applicable provide square footage and costs.</td>
</tr>
<tr>
<td>Items 8-10</td>
<td>In items 8-10 please describe any “other” direct costs not requested above. Use the Budget Justification attachment to further itemize and justify these costs. If line space is inadequate please use line 10 to combine all remaining “other direct costs” and include details of these costs in the budget justification.</td>
</tr>
<tr>
<td>Total Other Costs</td>
<td>The total funds requested for all Other Direct Costs</td>
</tr>
</tbody>
</table>
SECTION G: Direct Costs

If applying electronically, this item will be computed as the sum of sections A-F. If applying in paper please enter the sum of sections A-F in this field.

SECTION H: Indirect Costs

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect Cost Type</td>
<td>Indicate the type of indirect cost. Also indicate if this is off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect cost rate (s) approved by a Federal Agency indicate “None—will negotiate” and include information for proposed rate. Use the budget justification if additional space is needed.</td>
</tr>
<tr>
<td>Indirect Cost Rate (%)</td>
<td>Indicate the most recent indirect cost rate(s), also known as Facilities and Administrative Costs {F&amp;A} established with a cognizant Federal office or, in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you do not have a cognizant oversight agency and are selected for an award, you must submit your requested indirect cost rate documentation to the awarding department. For HHS this would be the Division of Cost Allocation in DHHS.</td>
</tr>
<tr>
<td>Indirect Cost Base ($)</td>
<td>Enter amount of the base for each indirect cost type.</td>
</tr>
<tr>
<td>Funds Requested</td>
<td>Enter the total funds requested for each indirect cost type.</td>
</tr>
<tr>
<td>Cognizant Federal Agency</td>
<td>Enter the name of the cognizant Federal Agency, name and telephone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter None.</td>
</tr>
</tbody>
</table>

SECTION I: Total Direct and Indirect Institutional Costs (Section G+ Section H)
Enter the total funds requested for direct and indirect costs. If applying electronically this field will be calculated for you.

SECTION J: Fee
Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a fee. If a fee is allowable, enter the fee requested in this field.

SECTION K: Budget Justification
Detailed instructions for information to include in this section will be provided in the program application guidance. Use the budget justification to provide the additional information in each budget category and any other information necessary to support your budget request. Please use this attachment/section to provide the information requested/required in the program guidance. Please refer to the guidance to determine the need for and placement of (ex. in Appendix section) any other required budget tables stipulated in the guidance.

RESEARCH AND RELATED BUDGET – CUMULATIVE BUDGET

If applying electronically, all of the values on this form will be calculated based on the amounts that were entered previously under sections A through K for each of the individual budget periods. Therefore, if this application is being submitted electronically no data entry is allowed or required in order to complete this Cumulative Budget section.

If any amounts displayed on this form appear to be incorrect you may correct the value by adjusting one or more of the values that contributed to the total from the previous sections. To make such an adjustment you will need to revisit the appropriate budget period form(s) to enter corrected values.
If applying in paper form please ensure that entries in the cumulative budget are consistent with those entered in Sections A-K.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section A: Senior/Key Person</strong></td>
<td>The cumulative total funds requested for all Senior/Key personnel.</td>
</tr>
<tr>
<td><strong>Section B: Other Personnel</strong></td>
<td>The cumulative total funds requested for all other personnel.</td>
</tr>
<tr>
<td><strong>Total Number Other Personnel</strong></td>
<td>The cumulative total number of other personnel.</td>
</tr>
<tr>
<td><strong>Total Salary, Wages, and Fringe Benefits</strong></td>
<td>The cumulative total funds requested for all Senior/Key personnel and all other personnel.</td>
</tr>
<tr>
<td><strong>Section C: Equipment</strong></td>
<td>The cumulative total funds requested for all equipment.</td>
</tr>
<tr>
<td><strong>Section D: Travel</strong></td>
<td>The cumulative total funds requested for all travel.</td>
</tr>
<tr>
<td>1. Domestic</td>
<td>The cumulative total funds requested for all domestic travel.</td>
</tr>
<tr>
<td>2. Foreign</td>
<td>The cumulative total funds requested for all foreign travel.</td>
</tr>
<tr>
<td><strong>Section E: Participant/Trainee Support Costs</strong></td>
<td>The cumulative total funds requested for all participant/trainee costs.</td>
</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
<td>Enter the number of Calendar months devoted to the project in the applicable box for each project role category.</td>
</tr>
<tr>
<td>2. Stipends</td>
<td>Enter the cumulative total funds requested for participants/trainee stipends.</td>
</tr>
<tr>
<td>3. Travel</td>
<td>The cumulative total funds requested for Trainee/Participant travel.</td>
</tr>
<tr>
<td>4. Subsistence</td>
<td>The cumulative total funds requested for Trainee/Participant subsistence.</td>
</tr>
<tr>
<td>5. Other</td>
<td>The cumulative total funds requested for any Other participant trainee costs including scholarships.</td>
</tr>
<tr>
<td>6. Number of participants/trainees</td>
<td>The cumulative total number of proposed participants/trainees.</td>
</tr>
<tr>
<td><strong>Section F: Other Direct Costs</strong></td>
<td>The cumulative total funds requested for all other direct costs.</td>
</tr>
<tr>
<td>1. Materials and Supplies</td>
<td>The cumulative total funds requested for Materials and Supplies.</td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td>The cumulative total funds requested for Publications.</td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td>The cumulative total funds requested for Consultant Services.</td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td>The cumulative total funds requested for ADP/Computer Services.</td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td>The cumulative total funds requested for 1) all subaward/consortium organization(s) proposed for the project, and 2) any other contractual costs proposed for the project.</td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td>The cumulative total funds requested for Equipment or Facility Rental/User Fees.</td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td>The cumulative total funds requested for Alterations and Renovations.</td>
</tr>
<tr>
<td>8. Other 1</td>
<td>The cumulative total funds requested in line 8 or the first Other Direct Costs category.</td>
</tr>
<tr>
<td>9. Other 2</td>
<td>The cumulative total funds requested in line 9 or the second Other Direct Costs category.</td>
</tr>
<tr>
<td>10. Other 3</td>
<td>The cumulative total funds requested in line 10 or the third Other Direct Costs category.</td>
</tr>
<tr>
<td><strong>Section G: Direct Costs A-F</strong></td>
<td>The cumulative total funds requested for all direct costs.</td>
</tr>
<tr>
<td><strong>Section H: Indirect Costs</strong></td>
<td>The cumulative total funds requested for all indirect costs.</td>
</tr>
<tr>
<td><strong>Section I: Total Direct</strong></td>
<td>The cumulative total funds requested for direct and indirect costs.</td>
</tr>
</tbody>
</table>
and Indirect Costs

Section J: Fee

The cumulative funds requested for Fees (if applicable).

INSTRUCTIONS FOR R&R SUBAWARD BUDGET ATTACHMENT(s) FORM

Subawards are not allowed by HRSA unless legislatively authorized or requested in the Program Application Guidance. Please click on the subaward budget attachment to obtain the required budget forms. Attach all budget information by attaching the files in line items 1-10. Please do not attach any files to the subaward documents as they will not be transferred to HRSA. All justification for expenditures should be added to the budget justification for the project in section K of the project budget.

SF 424 R&R ASSURANCES

Read the 424 R&R Assurances in the program guidance. Signing of the application FACE Page and sending the signed face page to the Grants Application Center (see guidance) indicates acceptance of these Assurances listed.

SF 424 R&R OTHER PROJECT INFORMATION COMPONENT

SF 424 R&R Other Project Information:

If this is an application for a Research Grant Please Respond to All of the Questions on this page.

If this is an application for a Training Grant Please Respond to Items 1 and Items 6-11.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are Human Subjects Involved</td>
<td>If activities involving human subjects are planned at any time during proposed project check YES. Check this box even if the proposed project is exempt from Regulations for the protection of Human Subjects. Check NO if this is a training grant or if no activities involving human subjects are planned and skip to step 2.</td>
</tr>
<tr>
<td>1.a If YES to Human Subjects Involved</td>
<td>Skip this section if the answer to the previous question was NO. If the answer was YES, indicate if the IRB review is pending. If IRB has been approved enter the approval date. If exempt from IRB approval enter the exemption numbers corresponding to one or more of the exemption categories. See: <a href="http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm">http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm</a> for a list of the six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects. For Human Subject Assurance Number enter the IRB approval number OR the approved Federal Wide Assurance (FWA), multiple project assurance (MPA), Single Project Assurance(SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research Protections, if available.</td>
</tr>
<tr>
<td>2. Are Vertebrates Animals Used</td>
<td>If activities using vertebras animals are planned at any time during the proposed project at any performance site check the YES box; otherwise check NO and proceed to step 3.</td>
</tr>
<tr>
<td>2 a. If YES to Vertebrates animals</td>
<td>Indicate if the IACUC review is pending by checking YES in this field otherwise check NO. Enter the IACUC approval Date in the approval date field leave blank if approval is pending. For Animal Welfare Assurance Number, enter the Federally approved assurance number if available.</td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3. Is Proprietary /Privileged Information Included in the Application</td>
<td>Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in the application only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check the YES box and clearly mark each line or paragraph of the pages containing proprietary/privileged information with a legend similar to: “the following contains proprietary /privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation.</td>
</tr>
<tr>
<td>4a. Does this project have an actual or potential impact on the environment?</td>
<td>If your project will have an actual or potential impact on the environment check the YES box and explain in the box provided in 4b. Otherwise check NO and proceed to question 5a.</td>
</tr>
</tbody>
</table>
appear in the publication), the article and journal title, book title, volume number, page numbers and year of publication. Include only bibliographic citations. Be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of this application. If applying electronically – attach the bibliography by clicking “Add Attachment” on line 8.

| 9. Facilities and Other Resources | This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their pertinent capabilities, relative proximity and extent of availability to the project (e.g. machine shop, electronic shop), and the extent to which they would be available to the project.

To attach a Facilities and Other Resources file, click Add Attachment, browse to where you saved the file, select the file and then click open. |

| 10. Equipment | List major items of equipment already available for this project and if appropriate identify location pertinent capabilities. To attach an Equipment file click “Add Attachment “ and select the file to be attached. |

| 11. Other Attachments | Attach a file to provide any program specific forms or requirements not provided elsewhere in the application in accordance with the agency or program specific guidance. Click “Add Attachment” and select the file for attachment from where you saved the file. |

ATTACHMENTS FORM

Use this form to add files/attachments required in the program guidance whose location has not been specified elsewhere in the application package. Use the first line item to attach the file with information on your organization’s Business Official. Name this file BUSINESS OFFICIAL INFORMATION. Attach other files as required in the program guidance.
ASSURANCES, CERTIFICATIONS AND OTHER REQUIREMENTS

If the applicant has met the requirements of each of the following assurances, certification and other requirements, please complete item number 3 and 4 under PART A of form PHS 5161-1 (Checklist) included in the application package. The appropriate form may be downloaded with SF 424 R&R and 424B (see page 8). If one or more of the following assurances, certifications and other requirements are not met, explain. If you need assistance, please call the Division of Grants Management Operations at (301) 443-6960.

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 HHS 441 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 grounds 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.

Handicapped Individuals: Before an award is made, the applicant organization must have submitted, and had accepted by the DHHS Office for Civil Rights, and Assurance of Compliance Form HHS 641, 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.

Age Discrimination: In accordance with Title III of the Age Discrimination Act of 1975, as amended, P. L. 94-135, and 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 benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Sex Discrimination: Before an award is made, the applicant education organization must have submitted and had accepted by the DHHS Office for Civil Rights an Assurance of Compliance Form HHS 639 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 any education program or activity receiving Federal financial assistance. Pertinent DHHS regulations are found in 45 CFR Part 86. In accordance with Sections 794 and 810 of the Public Health Service Act and 45 CFR Part 83, no grant, cooperative agreement, loan guarantee or interest subsidy payment under Title VII and VIII of the PHS Act shall be made to or for the benefit or any entity, and no contract under Titles VII or VIII of the PHS Act shall be made with 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.
Drug Free Workplace Act of 1988, Title V, Subtitle D of P. L. 100-690: The applicant must comply with the requirements of 45 CFR Part 82, which require certification that grantees will provide and maintain a drug-free workplace.

Certification Regarding Lobbying and Disclosure of Lobbying Activities: A certification regarding lobbying is required for each Federal contract, grant, loan, or cooperative agreement award action exceeding $100,000, before such action can be taken. Restrictions on lobbying are found at 45 CFR Part 93. In addition, government-wide guidance for restrictions on lobbying was published by the Office of Management and Budget (54 FR 52306, December 20, 1989).

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, 54 FR 32449, August 8, 1989.

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 (ORI), acceptable assurances for dealing with and reporting possible misconduct in science. The respective Division of Grants Management Operations will determine the status of an institution by contacting ORI.

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. Sub-awardees, 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.

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.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHS 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.

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. 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.

**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 HHS 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 bloodborne diseases.

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