

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Bureau of Health Workforce

***Behavioral Health Workforce Education and Training (BHWET)
Program***

Funding Opportunity Number: HRSA-17-070

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) No. 93.243

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2017

Application Due Date: June 12, 2017

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

Issuance Date: April 12, 2017

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Authority: Title V, Sections 501(d)(5), 509, and 520A of the Public Health Service Act

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW), Division of Nursing and Public Health (DNPH) is accepting applications for fiscal year (FY) 2017 on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Behavioral Health Workforce Education and Training (BHWET) Program.

The purpose of the BHWET Program is to develop and expand the behavioral health workforce serving populations across the lifespan, including in rural and medically underserved areas. The BHWET Program places special emphasis on establishing or expanding internships or field placement programs in behavioral health that include interdisciplinary training for: 1) students/interns, 2) faculty, and 3) field supervisors to provide quality behavioral health services to communities in need.

Applicants must emphasize: (a) training in prevention and clinical interventions for those at risk of developing or who have a recognized behavioral health disorder; (b) strategies for incorporating the involvement of families and community partnerships in the prevention and treatment of behavioral health conditions; (c) curricula enhancement and interprofessional training for students/interns, faculty, and field placement supervisors; and (d) career development in behavioral health for paraprofessionals and peer support specialists.

There are two tracks for this Notice of Funding Opportunity (NOFO): 1) BHWET Professional Track and 2) BHWET Paraprofessional Certificate Track.

Applicants may submit up to two applications—one under the Professional Track and one under the Paraprofessional Certificate Track. Applicants may not submit two applications for either the Professional Track or Paraprofessional Track.

For example, an institution may submit an application for a master's level professional counseling program (Professional Track) and an application for a community health worker program (Paraprofessional Certificate Track).

Specifically indicate in your Abstract the discipline(s) and track(s) you are applying for when you submit your application and whether you are submitting one or two applications.

Funding Opportunity Title:	Behavioral Health Workforce Education and Training (BHWET) Program
Funding Opportunity Number:	HRSA-17-070
Due Date for Applications:	June 12, 2017
Anticipated Total Annual Available Funding:	\$44,000,000
Estimated Number and Type of Award(s):	Up to 150 awards
Estimated Award Amount:	Up to \$480,000 per year for the Professional Track. Up to \$300,000 per year for the Paraprofessional Certificate Track
Cost Sharing/Match Required:	Match is only required for doctoral-level Psychology, Psychiatry, Behavioral Pediatrics and Psychiatric Nursing Internships, where applicable, to cover any student stipend costs beyond \$28,352 per geographic reimbursement requirements set by the applicable association.
Project Period/Period of Performance:	September 1, 2017 through August 31, 2021 (4 years)

<p>Eligible Applicants—General:</p>	<p>Individuals are not eligible to apply under this NOFO.</p> <p>All current grant recipients funded under the FY 2014 and FY 2016 BHWET Program for Professionals and Paraprofessionals NOFOs are eligible to apply.</p> <p>[See Section III-1 of this NOFO for complete eligibility information.]</p>
<p>Eligible Applicants Professional Track:</p>	<ul style="list-style-type: none"> • Accredited institutions of higher education or accredited behavioral health professional training programs in psychiatry, behavioral pediatrics, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling. Programs must require a pre-degree clinical field placement in behavioral health as part of the training and a prerequisite for graduation • Accredited schools of masters or doctoral-level training in psychiatric nursing programs • American Psychological Association (APA)-accredited doctoral level schools and programs of health service psychology or school psychology

Eligible Applicants Paraprofessional Certificate Track:	Behavioral paraprofessional certificate training programs and peer paraprofessional certificate training programs offered by States, political subdivisions of states, Indian tribes and tribal organizations, public or nonprofit private health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities as determined appropriate by the Secretary.
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To ensure funding to both professional and paraprofessional applicants, a separate rank order list will be used for each track. HRSA will aim for a proportionate distribution of awards across the disciplines based on the number of eligible applications received and recommended for funding by the objective review committee for each discipline.

Application Guide

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

Technical Assistance

Two technical assistance calls are scheduled for applicants.

Professional Track Applicants:

Wednesday, May 10, 2017, 2:00 pm (ET)

Call-in Number: 888-593-8430

Participant Code: 3083287

Adobe Connect Link: <https://hrsa.connectsolutions.com/fy17bhwetprofsfoa/>

For replay information (The recording will be available until 11:59 pm (ET) July 10, 2017): 800-867-1934, Passcode: 4225

Paraprofessional Certificate Track Applicants:

Thursday, May 11, 2017, 2:00 pm (ET)

Call-in Number: 888-593-8430

Participant Code: 3083287

Adobe Connect Link: <https://hrsa.connectsolutions.com/fy17bhwetparaprofsfoa/>

For replay information (The recording will be available until 11:59 pm (ET) July 11, 2017): 866-442-2153, Passcode: 4225

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Fiscal Year (FY) 2017 Behavioral Health Workforce Education and Training (BHWET) Program.

The BHWET Program aims to develop and expand the behavioral health workforce serving populations across the lifespan, including rural and medically underserved areas. The BHWET Program places special emphasis on establishing or expanding meaningful, longitudinal internships or field placement programs in behavioral health that include interprofessional training for students/interns, faculty, and field supervisors to provide quality behavioral health services.

Grant recipients will help close the gap in access to behavioral health care services by establishing partnerships with a broad range of organizations and community partners to ensure a wide recruitment of students, opportunities for field placements, career development, and provide job placement services. Students will be trained in effective behavioral health treatment modalities at interprofessional and team-based care field placement sites or through internships that are working toward or have instituted the integration of behavioral health and primary care. These efforts will aid to increase the number of adequately prepared behavioral health providers serving populations across the lifespan, including persons in rural, vulnerable, and/or medically-underserved communities.

Program Requirements for the Professional Track

You must:

- Provide stipend support to graduate-level students for no less than six consecutive months and no more than 12 consecutive months who will be completing their final field placement (internship or field placement) prior to graduation;
 - Part-time students and interns are allowed to receive a stipend prorated at one half of the fixed amount for no more than 24 consecutive months;
- Implement interdisciplinary training with two or more disciplines and integration of behavioral health with primary care;
- Increase the number of field placements and internships with a focus on working with persons in rural, vulnerable, and/or medically-underserved communities; and
- Provide interprofessional training for faculty and field placement supervisors.

Program Requirements for the Paraprofessional Certificate Track

You must:

- Support students through provision of tuition, fees, and supplies to complete a certificate program in a behavioral health-related field for no more than 12 consecutive months;
 - Part-time student support is allowed for tuition, fees and supplies prorated at one-half of the fixed amount for no more than 24 consecutive months.
- Include an experiential field placement or internship in the certificate program;
- Create additional slots beyond current program capacity in a paraprofessional certificate program(s) to increase the number of students trained with a focus on working with persons in rural, vulnerable, and/or medically underserved communities; and
- Support career development in behavioral health for paraprofessionals to encourage career progression.

Additional Program Requirements for Both Tracks

You must:

- Implement innovative strategies to expand the recruitment, retention, and training of a broad group of students who commit to provide behavioral health services for rural, vulnerable, and/or medically underserved communities;
- Demonstrate enhanced didactic and experiential training activities to develop competencies of students/interns in integrated and team-based care (in collaboration with two or more health disciplines);
- Establish partnerships with other organizations and community partners to provide field placements, career development, and job placement services that assist students in obtaining employment following graduation or the completion of the certificate program;
- Incorporate Rapid Cycle Quality Improvement to continuously monitor program objectives and make adjustments as needed to improve program outputs and outcomes over the four-year project period;
- Evaluate the program, collect specified program and performance data, and disseminate findings to appropriate audiences; and
- Collaborate regularly during the project period with other BHWET Program grant recipients, and participate in program evaluations during and upon completion of the project period.

2. Background

The BHWET Program is authorized by Title V, Sections 501(d)(5), 509, and 520A of the Public Health Service Act.

Behavioral health disorders are among the most common causes of disability in the United States. In 2014, an estimated 43.6 million (18.1 percent) adults aged 18 years and over had experienced some form of mental illness.¹ Further impacting these

¹ Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from: <http://www.samhsa.gov/data/>

behavioral health issues is the fact that significant behavioral health disparities persist in underserved communities across the United States. Over 15 million rural Americans face some kind of behavioral health issue—substance use disorders, mental illness, or medical-psychiatric co-morbid conditions.² Historically, these populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. Rural areas experience obstacles to obtaining behavioral health services including availability, accessibility, affordability, and acceptability, which result in distinct mental health disparities.³

To meet the nation’s growing need and rapidly changing health care environment requires a sufficient supply of well-trained, competent behavioral health workforce. According to HRSA and SAMHSA’s *National Projections of Supply and Demand for Behavioral Health Practitioners*, by 2025 shortages are projected for: psychiatrists; clinical, counseling, and school psychologists; mental health and substance abuse social workers; school counselors; and marriage and family therapists. Mental health and substance abuse social workers and school counselors are projected to have shortages of more than 10,000 FTEs.⁴ Additionally, demand for health care services is expected to grow, in large measure, to the aging and growth of the U.S. population.⁵

The BHWET Program enhances the behavioral health workforce by supporting education and training to increase students’ knowledge, while also training the faculty and field placement supervisors in integration of behavioral health care and service with primary care. This program also supports career development for paraprofessionals, improves the distribution of a behavioral health workforce ready to practice in interdisciplinary teams, and provides high quality mental and behavioral health care, including substance use disorder prevention and treatment services, across the lifespan and in rural and underserved settings.

Program Definitions

A full listing of definitions of key terms relevant to this notice can be found in [Section VIII. Other Information](#).

II. Award Information

1. Type of Application and Award

Types of applications sought: New

HRSA will provide funding in the form of a grant.

² Roberts LW, Battaglia J, Epstein RS. Frontier ethics: mental health care needs and ethical dilemmas in rural communities. *Psychiatr Serv.* 1999;50(4):497-503.

³National Rural Health Association Policy Brief. (2015). *The Future of Rural Behavioral Health*

⁴ Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. 2015. *National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025*. Rockville, Maryland

⁵ *ibid*

2. Summary of Funding

Approximately \$44,000,000 is available to fund approximately 150 awards for a four-year project period. You may apply for a ceiling amount of up to \$480,000 total cost (includes both direct and indirect/facilities and administrative costs) per year for the Professional Track and up to \$300,000 total cost (includes both direct and indirect/facilities and administrative costs) per year for the Paraprofessional Certificate Track. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is four (4) years from September 1, 2017 through August 31, 2021. Funding beyond the first year is dependent on the availability of appropriated funds for the BHWET Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Professional Track

- **Stipend Support Activity.** At least 60 percent of a grant recipient's overall requested budget (direct and indirect costs) must be used for stipends to students in field placement or internships, according to the following guidelines:
 - \$10,000 per masters-level student (including Advanced Standing⁶) and
 - \$28,352 per doctoral-level psychiatry, psychology or school psychology, psychiatric nursing and behavioral pediatrics intern per year

Stipends are subsistence allowance for students/interns to help defray living expenses during the training experience, and are not provided as a condition of employment, or for tuition, fees, health insurance, or other costs associated with the training program.

The stipend amounts that can be charged to the award are fixed. Grant recipients may not provide stipends lower than the amounts specified above; however, grant recipients may choose to provide higher stipend amounts by including funds from other non-federal sources.

Stipend support is only available for:

- Students in master's-level social work and social work students in their Advanced Standing field placement or in the final field placement⁷ for other social work programs;
- Students in master's-level school counseling, professional counseling, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, psychiatry, psychology programs, or psychiatric nursing programs;
- Doctoral psychiatry, psychiatric nursing or behavioral pediatrics internships; and

⁶ Advanced Standing students hold a baccalaureate degree from a program accredited by Council on Social Work Education www.cswe.org/About/FAQ/StudentQuestions.asp.

⁷ Final field placement is experiential training in 6 to 12-months of program preceding graduation.

- Doctoral-level psychology, school psychology internships and practicums in APA-accredited doctoral schools and programs in health service psychology in practica for ten or more hours per week, per academic semester.

In the event that a student terminates his or her participation from the program prior to the specified end date, the stipend must be prorated according to the amount of time spent in training and the grant recipient must contact HRSA to discuss options for the remaining stipend funds.

No more than one year or 12 consecutive months of stipend support is allowed per full-time student or intern. Part-time students and interns are allowed to receive a stipend prorated at one-half of the fixed amount for no more than 24 consecutive months.

If you are applying for funding for doctoral-level psychiatry, psychology or school psychology internships you must document your intent to leverage other resources and related ongoing efforts to align with the Association of Psychology Postdoctoral and Internship Centers' (APPIC) stipend level requirements, if appropriate. The doctoral-level psychiatry, psychology, school psychology, students will receive \$28,352 per year in stipend support. This is a fixed amount. The APPIC requires APA-accredited internships provide a stipend per psychology intern that is consistent with regional standards, equal among all trainees, and stated clearly in advance (e.g., through promotional materials, the APPIC Directory).⁸ Where applicable, the difference between the doctoral-level psychiatry, psychology, school psychology intern fixed amount of \$28,352 and any regional standard above the stipend must be covered by the grant recipient using non-federal funding and must include a written statement in the budget narrative justification.

- **Administration and Management of the Program.** No more than 40 percent of funding may be dedicated to grant recipient activities for (1) development of interprofessional training for students/interns, faculty, and field supervisors; (2) development of field placements/internships in integrated behavioral health into primary care; (3) financial support for the supervision of students and interns in field placement/internship; (4) Student/intern support costs including health insurance, travel, attendance at professional conferences, preparation for licensing exams, licensees, and other allowable trainee-related expenses; (5) program administration and management; and (6) data collection.

⁸ Association of Psychology Postdoctoral and Internship Centers.<http://www.appic.org/About-APPIC/APPIC-Policies/FAQ-Stipend-Req-for-Interns-and-Postdoc-Fellows>

Paraprofessional Certificate Track

- **Student Support Activity.** At least 70 percent of a grant recipient's overall requested budget (direct and indirect costs) must be used for student support activities (i.e., tuition, fees, and supplies). You may request a maximum of \$3,000 per student to cover student support activities for the 12-month period for full-time students. Part-time student support is allowed for tuition, fees and supplies prorated at one-half of the fixed amount for no more than 24 consecutive months.
- **Administration and Management of the Program.** Up to 30 percent of your overall requested budget may be dedicated to grant recipient activities for (1) development of experiential field placement; (2) creation of additional slots beyond current program capacity in a paraprofessional certificate program(s) to expand the number of students trained with a focus on working with persons in rural, vulnerable, and/or underserved communities; (3) career development in behavioral health for paraprofessionals to encourage career progression; (4) financial support for the supervision of students in experiential field placement; (5) administration and management; and (6) data collection.

Both Tracks

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

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

III. Eligibility Information

1. Eligible Applicants

Professional Track

- Accredited institutions of higher education or accredited behavioral health professional training programs in behavioral pediatrics, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling. Programs must require a pre-degree clinical field placement in behavioral health as part of the training and a prerequisite for graduation.
- Accredited schools of masters or doctoral-level training in psychiatry, psychiatric-nursing programs.
- APA-accredited doctoral level schools and programs in health service psychology or school psychology programs with a practicum of ten or more hours per week for two semesters, and APA-accredited doctoral internship programs in

professional psychology.

Paraprofessional Certificate Track

- Behavioral paraprofessional certificate training programs and peer paraprofessional certificate training programs offered by states, political subdivisions of states, Indian tribes and tribal organizations, public or nonprofit private health professions schools, academic health centers, state or local governments, or other appropriate public or private nonprofit entities as determined appropriate by the Secretary.
- Entities must offer a certificate to the trainees upon completion of a program in a paraprofessional behavioral health related field (i.e., peer support counselor, community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions worker, youth worker, promotora), and must include an experiential field placement component.
- The certificate should prepare students to apply for state licensure or certification. Students may be new to the field or may be paraprofessionals who are already practicing and want additional credentials to advance their employability.

All behavioral health education and training by grant recipients must prepare students for work in health care, social service and/or behavioral health organizations with focus on working with persons in rural, vulnerable, and/or medically-underserved communities. The didactic and experiential training should prepare students to perform a broad range of functions.

Tribes and Tribal Organizations may apply for these funds, if otherwise eligible.

Eligible applicants must be located in the United States, District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Foreign entities are not eligible for HRSA awards, unless the authorizing legislation specifically authorizes awards to foreign entities or the award is for research. This exception does not extend to research training awards or construction of research facilities.

For the purposes of this competition, all applicants must apply as “NEW.” Current BHWET award recipients whose grants are scheduled to end on September 29, 2017, are eligible to apply for this funding opportunity and should apply as “NEW.”

Accreditation/Approval Documentation

Professional Track – Each entity must be accredited by a nationally recognized accrediting body, as specified by the U.S. Department of Education. Applicants must provide a copy of their accreditation documentation as Attachment 6.

Applicants applying for doctoral-level internships in health service psychology or school psychology must provide documentation of their institution's APA accreditation letter as Attachment 6.

Paraprofessional Certificate Track – Eligible applicants that are not an accredited community or technical college must be approved by the state government to provide a paraprofessional certificate program; provide state government documentation as Attachment 6). For the Paraprofessional Certificate Track, applicants must already offer at least one certificate program in a behavioral health-related paraprofessional field, including, but not limited to: community health worker, outreach worker, social services aide, mental health worker, substance abuse/addictions counselor, promotor/a, youth worker, and peer counselor. The certificate program must provide both didactic and hands-on, experiential training in the form of a field placement in a primary care setting.

The eligible state government entities include the 50 states, and the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, America Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

2. Cost Sharing/Matching

Match is required for only doctoral-level psychiatry, psychology, school psychology, psychiatric nursing or behavioral pediatrics internships, where applicable, to cover any student stipend costs beyond \$28,352 per geographic reimbursement requirements set by association requirements.

3. Other

Ceiling Amount

Applications that request amounts that exceed the ceiling amount of \$480,000 for the Professional Track or \$300,000 for the Paraprofessional Certificate Track will be considered non-responsive and deemed ineligible for review.

Deadline

Any application that fails to satisfy the deadline requirements referenced in Section IV.4 will be considered non-responsive and will not be considered for funding under this notice.

Maintenance of Effort

The recipient must agree to maintain non-federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award. Complete the Maintenance of Effort document and submit it as Attachment 5 in your application.

Multiple Applications

Applicants may submit up to two applications—one under the Professional Track and one under the Paraprofessional Certificate Track. Applicants may not submit two applications for either the Professional Track or Paraprofessional Track.

For example, an institution may submit an application for a master's level professional counseling program (Professional Track) and an application for a community health worker program (Paraprofessional Certificate Track).

Specifically indicate in your Abstract the discipline(s) and track(s) you are applying for when you submit your application and whether you are submitting one or two applications.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

You are reminded that failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

Student Eligibility

In both the Professional and Paraprofessional Certificate Tracks, students must be enrolled in the school or program receiving the grant award in order to receive stipend and tuition support in the BHWET Program. In addition, students/interns must be U.S. citizens, U.S. nationals, or foreign nationals who possess a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible to participate.

Pre-Award Costs

Pre-award costs are costs incurred prior to the effective date of the federal award, where those costs are necessary for efficient and timely performance of the scope of work. The costs are allowable only to the extent that they would have been allowable if incurred after the date of the federal award and only with the written approval of the HHS awarding agency (Source: 45 CFR 75.458). Upon request, HRSA may consider up to 90 days in pre-award costs for applicants that can demonstrate the requested costs are necessary for the efficient and timely performance of the proposed scope of work, see section i.v –Budget Justification Narrative.

All costs incurred before HRSA issues the Notice of Award (NoA) are at the recipient's risk. HRSA is under no obligation to reimburse such costs if for any reason the recipient does not receive an award or if the dollar amount of the award is less than anticipated and inadequate to cover such costs.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must download the SF-424 R&R application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page, and when downloading the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 70 pages when printed by HRSA. The page limit includes the abstract, project and budget narrative, attachments, and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA’s [SF-424 R&R Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. (Biographical Sketches **do** count in the page limitation). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included. Attachment #12: Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

Please use FY 2017 BHWET Competition as the Project Title. See Section 4.1.ix of HRSA's [SF-424 R&R Application Guide](#). In addition to the requirements listed in the SF-424 R&R Application Guide, you must include the following information in the abstract:

- Indicate the discipline(s) and track(s) for which you are applying and whether you are submitting one or two applications;
- Notice of Funding Opportunity number of the BHWET Program;
- Name of your organization;
- Name of certificate program or discipline seeking support or training;
- The funding amount requested;
- A summary of the proposed projects that will expand the number of Paraprofessional or Professionals working with persons in rural, vulnerable, and/or medically-underserved communities; and
- Goals and specific measurable objectives of the proposed project.

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

ii. Project Narrative

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

Successful applications will contain the information below and use the following section headers for the Narrative:

PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1

This section must describe the purpose and need for the proposed project. You must:

- Discuss why your local community and/or organization is in need of these funds, the existing system capacity to meet these needs, and how the proposed project activities will strengthen organizational interventions to improve health outcomes;
- Describe the unmet need for the service area of focus;
- Discuss any relevant barriers in the service area that the application intends to address;
- Identify and describe the target population(s) and the unmet health needs of those that will benefit from this funding;
- Include the number of students graduating from the program over each of the last five years, and your post-graduation job placement rate in rural and medically underserved communities over each of the last five year; and,
- Describe the current level of behavioral health integration into primary care, including current innovative models that deliver behavioral and primary care services.

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

(a) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2(a)

In this section, you must propose the methods that will be used to address the community and system needs (identified in the Purpose and Need section above) and meet the program requirements (described in the Program Purpose section above).

Specifically, applicants must describe the following:

- The number of new training slots that will be established to accommodate more students with a focus on the population(s) of interest and to increase the training capacity of the institution;
- Recruitment of students who are in training and interested in pursuing behavioral health practice;
- A plan for how the school or program will work with the field placement or internship to increase the number of experiential training opportunities in behavioral health and primary care integration;
- A plan to provide a meaningful, longitudinal field placement or internship in behavioral health care settings;
- A plan to expand/enhance clinical training that will impact the number of students trained with a focus on behavioral health and persons in rural, vulnerable, and/or medically underserved communities;
- A disbursement plan for the provision of stipend support for professional students/interns for the required field placement/internship. Paraprofessional programs focus on provision of tuition, supplies, and support activities for students;

- A plan to develop and/or expand learning experiences focusing on prevention and clinical intervention and treatment; and
- A description of how the project and training are connected to the public systems of health and behavioral health care in the communities or areas of the program, including how the grant recipient will collaborate with these public organizations during the project.

You must also submit a logic model for designing and managing your project as Attachment 9. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice the logic model must contain the aforementioned activities and processes and must summarize the connections between the:

- Goals of the project (i.e., objectives, reasons for proposing the intervention, if applicable);
- Approaches to increase the number of longitudinal experiential training opportunities in behavioral health and primary care integration;
- Assumptions based on research, best practices and experience (i.e., evidence to support how the program will work and its supporting resources);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (i.e., the individuals to be served, or students that are trained and are serving communities in need);
- Activities (i.e., approach, listing key intervention);
- Outputs (i.e., process outcome such as the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing systems).

(b) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (b).

You must provide a detailed work plan that demonstrates your experience implementing a project of the proposed scope as Attachment 11. A sample work plan can be found here: <http://bhw.hrsa.gov/grants/technicalassistance/workplantemplate.docx>.

The work plan must include:

- Goals of the project (including objectives and sub-objectives);
- Responsible entity/entities (i.e., key staff and partners);
- Activities;
- Timeline;
- Deliverables and/or products; and
- Proposed Outcomes.

You must clearly explain how the proposed objectives and sub-objectives will be implemented. You must state objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed.

(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2)

Discuss challenges that you are likely to encounter designing and implementing the activities described in the Work Plan, and approaches that you will use to resolve such challenges. Describe how you monitor progress towards program objectives, and plans strategies to address challenges or obstacles.

Challenges discussed should be specific to the proposed project and relate to either the overall goal(s) or objective(s) proposed within the Work Plan.

IMPACT -- This section includes two sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).

(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)

You must describe your evaluation plan for program performance. This plan must monitor ongoing processes and progress toward meeting program goals and objectives. The evaluation plan must, at a minimum, assess the success of the award-funded efforts and include a continuous quality improvement component for the funded activities. The evaluation plan must include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. The application must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project.

You also must describe the systems and processes that will support the organization's collection of HRSA's performance measurement requirements for this program. The following link includes examples of the required program performance measures for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Include a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software, and data security and encryption) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. You must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, as well as how those obstacles will be addressed.

You must include a plan for Rapid Cycle Quality Improvement (RCQI) for the continuous monitoring of ongoing project processes, outcomes of implemented activities, and progress toward meeting grant goals and objectives and the implementation of necessary adjustments to planned activities to effect course corrections. Additional information on RCQI is available at the following website: <http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>.

You must describe the data collection system and the method(s) used to collect and monitor the outcomes of the proposed project in the Work Plan. Discuss the mechanisms to be used for tracking and monitoring the number of Professional level and Paraprofessional level behavioral health providers working with communities in need.

You must describe your capacity to collect, validate, and report required data measures such as, but not limited to:

- Number and types of field placements, internships, or certificate programs offered in a behavioral health field serving persons in rural, vulnerable, and/or medically underserved communities;
- Number of new students trained and the number who graduate during the implementation period of the project;
- Number of graduates who pursue behavioral health careers serving persons in vulnerable, and/or medically underserved communities;
- Employment settings of graduates; and
- Number and types of organizations partnered with for field placements and job placements.

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

You must include a plan to describe the project's sustainability after the period of federal funding ends. Recipients are expected to sustain key elements of their grant projects (e.g., training methods or strategies, which have been effective in improving practices). You must, at a minimum:

- Identify other resources or future funding initiatives, and describe how the program will become self-sufficient within a defined period of time, including evaluation of the program, collection of needed program information, and dissemination of findings to appropriate audiences; and
- Forecast challenges that are likely to be encountered in sustaining the program, and outline approaches that will be used to resolve such challenges.

ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES -- Corresponds to Section V's Review Criterion #4

Provide information on your organization's current mission and structure, scope of current activities, leadership and personnel, quality and availability of facilities, and an organizational chart. Describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the organizational resources and capabilities to address the identified need and support proposed projects.

Provide evidence of your organization's experience administering grant programs of similar size and scope. You must provide evidence of successfully meeting all performance indicators and reporting requirements.

The staffing plan and job descriptions for key faculty/staff must be included in Attachment 1 (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, that can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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

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

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

iii. Budget

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

Professional Track applicants are required to provide a budget with at least 60 percent of a recipient’s overall requested budget (direct and indirect costs) dedicated and distributed **ONLY** as stipends to trainees in internships/field placements, practicums and fellowships.

Paraprofessional Certificate Track applicants are required to provide a budget with at least 70 percent of a recipient’s overall requested budget (direct and indirect costs) dedicated and distributed **ONLY** as tuition, fees and supplies to students in a paraprofessional worker certificate program. These costs must be reflected under Section E, participant trainee support costs. Stipends are not allowed for the Paraprofessional Certificate Track.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award

and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 R&R Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA’s [SF-424 R&R Application Guide](#). In addition, the BHWET Program requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled “total Participant/Trainee Support Costs” which includes the summation of all trainee costs. Reminder: Stipends are not allowed for the Paraprofessional Certificate Track.

Consultant Services: For applicants that are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

Pre-Award Costs: For applicants that are requesting pre-award costs, clearly identify what costs in the budget are pre-award. Provide a clear narrative description demonstrating that the requested costs are necessary for the efficient and timely performance of the proposed scope of work.

Recipients are reminded that all costs incurred before the issuance of a NoA, are at the recipient's risk (i.e., HRSA is under no obligation to reimburse such costs if for any reason the recipient does not receive an award or if the dollar amount of the award is less than anticipated and inadequate to cover such costs).

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Required)

See Section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#) for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (As applicable)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 3: Project Organizational Chart (Required)

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

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

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 5: Maintenance of Effort (MoE) Documentation (Required)

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

NON-FEDERAL EXPENDITURES	
FY 2016 (Actual) Actual FY 2016 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	FY 2017 (Estimated) Estimated FY 2017 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: \$ _____

Attachment 6: (Professional Track) Documentation of Accreditation (Required)

Provide documentation of accreditation. The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body (as defined in “**Accreditation/Approval Documentation**”) and are not on probation, (2) name of the accrediting body, (3) a web link to the accreditation document (if available), and (4) the accreditation start and expiration dates.

Attachment 6: (Paraprofessional Certificate Track): Documentation of the certificate training curriculum, courses, and prerequisites (Required)

Prerequisites for certificate programs for Paraprofessionals must be at a minimum a high school diploma or GED, and the certificate must be able to lead to an associate’s and/or bachelor’s degree in the future, as applicable. For example, the certificate program may be part of a career pathway with stackable credentials that leads to the attainment of the knowledge and skills required at different stages of a career. Include information about certificate curricula and prerequisites. Training programs specific to

the Paraprofessional Certificate Track must be recognized by the state government(s) within the proposed geographic coverage of the training program, and information regarding state certification or licensure for the individuals completing these training programs must be included.

Attachment 7: Documentation of Field Placement/Internship prerequisite for graduation from school or program (Required for Professional Track)

Eligible schools and programs of psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master's and doctoral level programs), social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, school counseling, or professional counseling must require a pre-degree clinical field placement or internship as part of the training and as a requirement for graduation. You must provide documentation of the pre-degree clinical field placement or internship requirement.

Attachment 8: Student Commitment Letter (Required)

You must provide a copy of a student commitment letter template, through which students will commit to complete a field placement or internship, and their plan to pursue employment working with persons in rural, vulnerable, and/or medically underserved communities. The student commitment letter must also inform students of the consequences should they neglect to meet the obligation of the program. Additionally, the commitment letter should address the potential impact of stipend support on the student's financial aid award.

Students receiving support through the BHWET Program should be informed in advance of the institution's financial aid policies.

Attachment 9: Logic Model (Required)

You must provide a Logic Model that presents the conceptual framework for your project.

Attachment 10: Letters of Support (As applicable)

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

Attachment 11: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Response to Program Purpose.

Attachment 12: Other Relevant Documents (As applicable)

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *June 12, 2017 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

BHWET is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

6. Funding Restrictions

You may request funding for a project period of four years at no more than \$480,000 per year for the Professional Track and \$300,000 per year for the Paraprofessional Certificate Track, in total costs (direct and indirect). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the federal government.

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

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

Professional Track applicants are required to provide a budget, with narrative, that includes at least 60 percent of a recipient's overall requested budget dedicated for stipends to students in field placements or internships. Up to 40 percent of funding is for the administration and management of the program and may be dedicated to grantee activities other than stipend support.

Paraprofessional Certificate Track applicants are required to provide a budget, with narrative, that includes at least 70 percent of a recipient's overall requested budget dedicated to tuition, fees and supplies to students in paraprofessional certificate or licensure programs. You may request a maximum of \$3,000 per student to cover all student support activities (tuition fees and supplies) for the 12-month period for full-time students. Up to 30 percent of your overall requested budget may be dedicated to the administration and management of the program other than student tuition, fees, and supplies. **Stipends are not allowed for the Paraprofessional Certificate Track.**

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The BHWET Program has five review criteria:

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV’s Purpose and Need

Reviewers will consider whether you have presented a clear purpose and evidence of a compelling need for behavioral health services within their service area with a specific focus on working with persons in vulnerable and/or underserved communities.

Reviewers will consider the extent to which you demonstrate:

- Global understanding of the behavioral health needs and risk factors for persons in rural, vulnerable, and/or medically underserved communities;
- Significant incidence and prevalence of behavioral health conditions within a clearly defined target population;
- Measurable gaps in the delivery of behavioral health services for the defined population and specific to the purview of the Professional or Paraprofessional Certificate Tracks described in the proposal;
- Health status indicators related to the behavioral health problems of persons in vulnerable, and/or underserved communities;
- Significant increase in the number of students graduating from the program over the last five years and the success of the applicant placing graduates into rural and underserved areas;
- High rate for placing graduates in practice settings having the principal focus of serving residents of underserved communities; and
- Identification of a level of behavioral health and primary care integration that is sufficient to build on to support innovative models.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (45 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

(a): METHODOLOGY/APPROACH (20 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach

Reviewers will consider the extent to which you demonstrate:

- Enhancement of the quality (e.g., structure, setting, duration, frequency) of meaningful, longitudinal experiential training opportunities in behavioral health settings;
- Approaches to increase the number of experiential training opportunities in behavioral health and primary care integration;
- Innovative strategies to target the behavioral health population;
- Expanded/enhanced clinical training that will measurably impact the number of students trained with a focus on behavioral health and persons in rural, vulnerable, and/or underserved communities;
- Ability to administer the program and provide meaningful financial support to students including:
 - Stipends for masters and doctoral-level students in the Professional Track or
 - Tuition, fees, and supplies for participants in the Paraprofessional Certificate Track;
- Strong, pre-existing relationships with external partners, such as non-profit and public organizations focused on health care, social services, and behavioral health needs of these at-risk populations, and how these organizations will host student field placements and assist with career placements for graduates of the program;
- Meaningful partnerships with organizations/institutions in the community that will result in support and leveraged resources to recruit and train students;
- If applicable, programs that have demonstrated the ability to train psychology, psychiatry, and social work professionals to work in integrated care settings;
- For Paraprofessional Certificate Track applicants:
 - Direct connection between the degree or certificate offered and the support needed within the population served, including future career ladder opportunities stemming from the proposed program (i.e., how the certificate can lead to an associate's or bachelor's degree); and
 - Successful, innovative strategies to provide career development and job placement services to assist students in obtaining employment following the certificate program, including specific development activities designed to help participants gain employability skills and work experience, and assist participants in finding employment; and
- Innovative recruitment strategies.

(b): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (b) Work Plan

Reviewers will consider the extent to which you:

- Outline a clear, comprehensive and specific set of activities, timeframes, deliverables and key partners to ensure successful implementation of the project;
- Develop a work plan that accounts for all functions or activities identified in the application;
- Describe the activities, timeframes, deliverables, and key partners required during the grant period of performance to address the needs described in the Purpose and Need section;
- Explain how the work plan is appropriate for the program design and how the targets fit into the overall timeline of grant implementation; and
- Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including how you will establish or expand internships or field placement programs as well as interprofessional and team-based care sites that are working toward or have instituted the integration of behavioral health and primary care.

(c): RESOLUTION OF CHALLENGES (10 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges

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

- Describe the full breadth of potential obstacles and challenges likely to be encountered during the design and implementation of the activities described in the Work Plan;
- Outline a reasonable and actionable plan and innovative approaches to address the challenges identified above; and
- Describe working on a collaborative program evaluation.

Reviewers will also consider whether you have a process in place to ensure early problem identification and a strong method to ensure quick and effective resolutions.

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

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

Reviewers will consider the extent to which you are able to effectively report on the measurable outcomes being requested. This includes both your internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact sub-section (a).

Specific criteria include:

- The overall quality of the evaluation plan;
- Demonstrated expertise, experience, and the technical capacity to incorporate collected data into program operations to ensure continuous quality improvement. The extent to which the evaluation plan includes necessary

components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported), as well as a description of how the organization will collect data in such a way that allows for accurate and timely reporting, and program needs/gaps to be filled;

- The quality of the methods and proposed approach for using results, and how performance outcomes will inform program development and service delivery; and
- The strength of your plan to utilize both quantitative and qualitative data to inform RCQI efforts to periodically review program progress and make adjustments in order to optimize program output.

(b): PROJECT SUSTAINIBILITY (10 points) – Corresponds to Section IV’s Impact Sub-section (b) Project Sustainability

Reviewers will consider the extent to which you describe a reasonable and feasible plan for project sustainability after the period of federal funding ends. The extent to which you clearly articulate likely challenges to be encountered in sustaining the program, and describe logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES, AND CAPABILITIES (10 points) – Corresponds to Section IV’s Organizational Information, Resources and Capabilities

Reviewers will consider the extent to which project personnel are qualified by training and/or experience to implement and carry out the project. This will be evaluated both through your project narrative as well as through your attachments. The extent to which the following are articulated: the capabilities of the applicant organization, and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- The percentage of time, including in-kind, dedicated to the project by the Project Director;
- The activities, timeline, and responsible staff to achieve each of the objectives proposed during the project period;
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities;
- Evidence of support and commitment by nonprofit and public organizations serving persons in rural, vulnerable, and/or medically-underserved communities; and job placement for these students. This may be demonstrated by resources and/or letters of agreement (i.e., commitment to provide financial or in-kind resources); and
- Evidence of your organization’s successful experience administering grant programs of similar size and scope including meeting all performance indicators and reporting requirements.

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

Reviewers will consider the reasonableness of the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives;
- The extent to which doctoral-level psychiatry, psychology, school psychology, psychiatric-mental health nurse practitioner or behavioral pediatrics internships leverage other resources to align with stipend level requirements, if needed;
- The extent to which the proposal follows the budget guidelines specified in the NOFO and the [SF-424 R&R Application Guide](#); and
- The number of students and the cost per student must be clear and concisely described. For the Professional Track, the budget must include 60 percent for stipends. For the Paraprofessional Track, the budget must include 70 percent for tuition and fees and supplies.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

To ensure funding to both paraprofessional and professional applicants, a separate rank order list will be used for each track. We will aim for a proportionate distribution of awards across the disciplines based on the number of eligible applications received and recommended for funding by the objective review committee for each discipline.

3. Assessment of Risk and Other Pre-Award Activities

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

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those

requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organizations that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any of your comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s [SF-424 R&R Application Guide](#).

3. Reporting

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

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

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

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

Further information will be provided in the NoA.

- 2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the Electronic Handbook system on an annual basis. All recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NoA.

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

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

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

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

Further information will be provided in the NoA.

4) Federal Financial Report. A Federal Financial Report (SF-425 is required according to the schedule in the [SF-424 R&R Application Guide](#). The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through the EHB system. More specific information will be included in the NoA.

5) **Attribution.** You are required to use the following acknowledgement and disclaimer on all products produced by HRSA/SAMHSA grant funds:

“This project is/was supported by the Health Resources and Services Administration (HRSA) on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, SAMHSA, HHS or the U.S. Government.”

Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding, including websites. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

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

VII. Agency Contacts

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

Nandini Assar, Grants Management Specialist
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4920
Email: nassar@hrsa.gov

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

Nicole Wilkerson
Project Officer
Behavioral and Public Health Branch, Division of Nursing and Public Health
Attn: BHWET Program
Bureau of Health Workforce, HRSA
5600 Fishers Lane, 11N94A
Rockville, MD 20857
Email: BHWET@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays, at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

Two technical assistance calls are scheduled to help you understand, prepare, and submit a grant application for the BHWET Program.

Professional Track Applicants:

Wednesday, May 10, 2017, 2:00 pm (ET)

Call-in Number: 888-593-8430

Participant Code: 3083287

Adobe Connect Link: <https://hrsa.connectsolutions.com/fy17bhwetprofsfoa/>

For replay information (The recording will be available until 11:59 pm (ET) July 10, 2017): 800-867-1934, Passcode: 4225

Paraprofessional Certificate Track Applicants:

Thursday, May 11, 2017, 2:00 pm (ET)

Call-in Number: 888-593-8430

Participant Code: 3083287

Adobe Connect Link: <https://hrsa.connectsolutions.com/fy17bhwetparaprofsfoa/>

For replay information (The recording will be available until 11:59 pm (ET) July 11, 2017): 866-442-2153, Passcode: 4225

Program Definitions:

The following definitions apply to the BHWET Program for FY 2017.

Access – identifies the ability to utilize needed health services by a patient or population in terms of the following: health services delivery system characteristics such as availability, organization, and financing of services; characteristics of the population such as demographics, income, care-seeking behavior; and whether or not the care sought adequately met the individual or group's basic medical needs

Accredited – a program accredited by a nationally recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education, and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency approved for such purpose by the Secretary of Education. There are two forms of accreditation: (1) professional or specialized accreditation, and (2) institutional accreditation. Professional or specialized accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program's mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation.

APA-Accredited Programs – listing can be found at <http://www.apa.org/ed/accreditation/programs/>.

APA-Accredited Doctoral Internships – listing can be found at <http://www.apa.org/ed/accreditation/programs/>.

Behavioral Health – encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders.

Didactic training – the process of instruction between a designated faculty and an individual or group of individuals.

Experiential training – the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience. For internships and practica, experiential refers to clinical practice-based experiences. For doctoral psychology or school psychology internships, experiential training refers to an accredited 12-month supervised experience in health care settings (source: APA).

Full-time – the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Health Service Psychology – includes clinical psychology, counseling, and school psychology, or a combination thereof (source: APA).

Integrated Care – the systematic coordination of general and behavioral health care. Integrating mental health, substance use disorder, and primary care services produces the best outcomes and proves to be the most effective approach to caring for people with multiple healthcare needs.⁹

Internship – for doctoral psychology or school psychology internships, experiential training through an accredited 12-month supervised experience in health care settings (source: APA).

Interprofessional education – occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010).

Medically Underserved Communities (MUCs) – a geographic location or population of individuals that is eligible for designation by the Federal Government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

⁹ <http://www.integration.samhsa.gov/about-us/what-is-integrated-care>
<http://www.apa.org/pi/about/publications/caregivers/practice-settings/direct-service/>

Medically Underserved Populations (MUPs) – federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services. MUPs are designated based on the Index of Medical Underservice. See <http://www.hrsa.gov/shortage/mua/> or <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> for additional information.

Part-time – the number of days per week and/or months per year representing part-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled part-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Practice Psychology – per the APA, refers to the breadth of training and a blend of skills that a psychologist uses to provide a wide range of diagnostic, therapeutic, and consultative services.

Practicum – a type of experiential training activity. (See "Experiential training.")

Primary Care – the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. The term clinician refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients. A clinician has direct contact with patients and may be a physician, nurse practitioner, or physician assistant.

Professional counseling – includes accredited master's-level programs in counseling or a related clinical behavioral health field that includes a supervised clinical experience and leads to (state) licensure for independent practice.

Program Completer – an individual who has completed all the requirements for a degree-bearing training program at an educational institution.

Program income – gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed; charges for the use or rental of real property, equipment, or supplies acquired under the grant; the sale of commodities or items fabricated under an award; charges for research resources; and license fees and royalties on patents and copyrights.

Project – all proposed activities, including educational programs, specified or described in an application as approved for funding.

Rapid Cycle Quality Improvement (RCQI) – a tool, based on three questions, used to achieve improved outcomes by health care professionals and educators: (1) What are

we trying to accomplish? (2) How will we know if a change is an improvement? and (3) What changes can we make that will result in improvement? By allowing the application of several tests over time, the RCQI model can identify the most successful ideas: those that have the largest impact on the overall program outcomes. Additional information on RCQI is available at the following website:

<http://www.healthworkforceta.org/resources/rapid-cycle-quality-improvement-resource-guide/>

Rural Area –the Federal Office of Rural Health Policy (FORHP) defines rural to include all non-metro counties, as designated by the White House Office of Management and Budget (OMB), and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes. These are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 70,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, FORHP has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people. More information can be found at: http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

State – any of the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the U.S. Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

Vulnerable – refers to populations including the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness.

IX. Tips for Writing a Strong Application

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

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

In addition, BHW has developed a number of recorded webcasts with information that may assist you in preparing a competitive application. These webcasts can be accessed at: at <http://www.hrsa.gov/grants/apply/writestrong/>.