

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

Bureau of Health Professions
Division of Public Health and Interdisciplinary Education

**Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

Behavioral Health Workforce Education and Training for Professionals

Announcement Type: New
Announcement Number: HRSA-14-077

Catalog of Federal Domestic Assistance (CFDA) No. 93.243

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: June 3, 2014

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: April 3, 2014

Issuance Date: April 3, 2014

CAPT Norma Hatot
Health Resources and Services Administration
Bureau of Health Professions
Division of Public Health and Interdisciplinary Education
nhatot@hrsa.gov
301-443-2681
Fax: (301) 443-0157

Authority: Sections 501(d)(5), 509, and 520A of the Public Health Service Act; Consolidated Appropriations Act, 2014, Division H, Title II (Health Surveillance and Program Support)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) Bureau of Health Professions (BHP), is accepting applications for the Substance Abuse and Mental Health Services Administration (SAMHSA) *Behavioral Health Workforce Education and Training (BHWET) for Professionals* grant program. The purpose of this program is to develop and expand the substance abuse and mental health workforce who, following their training, will focus on children, adolescents, and transitional-age youth at risk for developing or who have developed a recognized behavioral health disorder. Special emphasis is on training to meet the needs of transitional-age persons 16 to 25 years old who are at risk for mental illness, substance abuse, and suicide, and among the least likely to seek continuous help. Applicants must emphasize prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence, and the involvement of families in the prevention and treatment of behavioral health conditions.

HRSA and SAMHSA are seeking to train a total of 1,800 additional behavioral health professionals per year through this grant program. The funding is to support pre-degree clinical internships and field placements for master's-level social workers, psychologists, professional counselors, psychiatric-mental health nurse practitioners, and marriage and family therapists; and, doctoral-level psychologists.

Funding Opportunity Title:	Behavioral Health Workforce Education and Training (BHWET) for Professionals
Funding Opportunity Number:	HRSA-14-077
Due Date for Applications:	June 3, 2014
Anticipated Total Annual Available Funding:	\$26,700,000 in FY 2014; subsequent years based on the availability of funds
Estimated Number and Type of Awards:	Approximately 60-130 grants
Estimated Award Amount Per Grantee:	Up to \$480,000 for each one year budget period
Cost Sharing/Match Required:	Match is required for Doctoral Level Internships where applicable to cover any student stipend costs beyond \$20,000 per geographic reimbursement requirements set by the Association of Psychology Postdoctoral and Internship Centers' (APPIC). No match is required for training for Master's level students.
Length of Project Period:	3 years
Project Start Date:	September 30, 2014

Eligible Applicants:	<p>Eligible applicants are accredited master’s-level schools and programs of social work, psychology, marriage and family therapy, psychiatric-mental health nurse practitioners and professional counseling (including the areas of mental health and addiction/substance use disorder counseling) that require a pre-degree clinical field placement in behavioral health as part of the training and a prerequisite for graduation; and doctoral-level health service psychology internships and schools and programs. Doctoral psychology disciplines include health services psychology, clinical psychology and counseling psychology.</p> <p>[See Section III-1 of this FOA for complete eligibility information.]</p>
----------------------	---

All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>. A brief video which provides some general information about this program can be found at www.hrsa.gov/grants/apply/assistance/behavioralhealth/.

Two technical assistance calls are scheduled for applicants:

Wednesday, April 9 at 3:00 pm (ET)

Call-in Number: 1-888-972-6714

Participant Code: 3548921

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta040914>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014): 800-695-2487; Passcode: 6914

Thursday, April 24, 2014 at 3:00 pm (ET)

Call-in Number: 1-888-972-6714

Participant Code: 3548921

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta042414>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014): 866-566-0619; Passcode: 6414

Table of Contents

I. FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE.....	1
2. BACKGROUND	3
II. AWARD INFORMATION	4
1. TYPE OF AWARD	4
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION.....	5
1. ELIGIBLE APPLICANTS.....	5
2. COST SHARING/MATCHING	6
3. OTHER	7
IV. APPLICATION AND SUBMISSION INFORMATION.....	7
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	7
2. CONTENT AND FORM OF APPLICATION SUBMISSION.....	8
<i>i. Project Abstract</i>	<i>8</i>
<i>ii. Project Narrative</i>	<i>8</i>
<i>iii. Budget and Budget Justification Narrative.....</i>	<i>13</i>
<i>iv. Attachments</i>	<i>13</i>
3. SUBMISSION DATES AND TIMES.....	15
4. INTERGOVERNMENTAL REVIEW	15
5. FUNDING RESTRICTIONS.....	15
V. APPLICATION REVIEW INFORMATION	16
1. REVIEW CRITERIA.....	16
2. REVIEW AND SELECTION PROCESS.....	20
3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	21
VI. AWARD ADMINISTRATION INFORMATION.....	21
1. AWARD NOTICES	21
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS.....	21
3. REPORTING	21
VII. AGENCY CONTACTS	23
VIII. OTHER INFORMATION.....	24
IX. TIPS FOR WRITING A STRONG APPLICATION.....	24

I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the FY 2014 Behavioral Health Workforce Education and Training (BHWET) for Professionals grant program. In support of the White House's *Now is the Time* initiative, the grant program aims to expand the mental health and substance abuse (jointly referred to as behavioral health throughout the funding opportunity announcement) workforce serving children, adolescents, and transitional-age youth at risk for developing or who have developed a recognized behavioral health disorder.

Grantees will be expected to expand the behavioral health workforce by supporting pre-degree clinical internships and field placements for students at accredited master's-level schools and programs of social work, psychology, marriage and family therapy, psychiatric-mental health nurse practitioner, and professional counseling that require a pre-degree clinical field placement in behavioral health; as well as, supporting doctoral-level health service psychology internship programs (including health services psychology, clinical psychology and counseling psychology) and/or doctoral-level health service psychology schools and programs. All internships and field placements need to focus on working with at-risk children, adolescents, and transitional-age youth, and involve experiential training that offers participation in established interprofessional and integrated teams.

Program Requirements:

BHWET grantees will help to close the gap in access to behavioral health care services by increasing the numbers of adequately prepared behavioral health providers entering and continuing practice with at-risk children, adolescents, and transitional-age youth. Grantee activities will place special emphasis on prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence, and the involvement of families in the prevention and treatment of behavioral health conditions.

Grantees will be expected to use funds for the following activities:

1. Provide stipend support to master's or doctoral-level students for no more than 12-month experiential training (internship or field placement);
2. Recruit students interested in pursuing behavioral health practice;
3. Develop and implement interprofessional training and integration with primary care (including professional, paraprofessional and peer support workers);
4. Develop and implement field placements and internships focused on serving at-risk children, adolescents, and transitional-age youth in an integrated primary care setting; and,
5. Evaluate the program, collect needed program information, and disseminate findings to appropriate audiences.

Stipend Support Activity (grantee activity 1 above)

No less than seventy percent of a grantee's overall requested budget (direct costs only) must be dedicated and distributed as stipends to students in field placement or internships of \$10,000 per master's-level student per year and \$20,000 per doctoral-level psychology internship per year. The amounts that can be charged to HRSA are fixed. Grantees may choose to provide higher

stipends by including funds from other sources. Grantees may not provide stipends lower than the amounts specified above.

Stipend support is only for:

- Psychology interns in APA-accredited doctoral internship programs;
- Social work students in their Advanced Standing¹ field placement or in the final field placement² for other social work programs; and,
- Master's-level professional counseling, marriage and family therapy, psychology, and psychiatric-mental health nurse practitioner students in their final field placement prior to graduation and practice.

No more than one year or 12 consecutive months of stipend support is allowed per student/intern. In the event that a student terminates early from the grant program, the stipend must be prorated according to the amount of time spent in training, and HRSA will reduce the stipend amount to the institution and issue a revised Notice of Award.

Doctoral-level internship applicants must submit a proposal that illustrates intent to leverage other resources and related ongoing efforts to align with the Association of Psychology Postdoctoral and Internship Centers' (APPIC) stipend level requirements. The doctoral-level internship awardees will receive \$20,000 of stipend support for one year from HRSA-funds per intern. This is a fixed amount. The APPIC requires APA-accredited internships provide a stipend per intern that is consistent with regional standards, equal among all trainees, and stated clearly in advance (through promotional materials, the APPIC Directory, etc.).³ The difference between the doctoral-level intern stipend maximum of \$20,000 and any regional standard above the stipend must be covered by the grantee using documented non-federal funding.

Applicants 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 a career working with children, adolescents, and/or transitional age youth at risk for developing or who have developed a recognized behavioral health disorder. Applicants are to include a copy of the student commitment letter template as **Attachment 9**.

Administrative and Management Activities (see grantee activities 2, 3, 4, and 5 above)

Up to thirty-percent of funding may be dedicated to grantee activities other than stipend support.

All internships and field placements, regardless of the behavioral health discipline, must focus on clinical work with children, adolescents, and transitional-age youth and families, with a particular emphasis on those who are at risk, as well as experiential training that offers participation on effective interprofessional and integrated teams (including professional, paraprofessional and peer support workers). The use of existing evidence-based practices and programs are strongly encouraged.

¹ Advanced Standing students hold a baccalaureate degree from a program accredited by Council on Social Work Education www.cswe.org/About/FAQ/StudentQuestions.asp.

² Final field placement is experiential training in 6 to 12-month of program preceding graduation.

³ <http://www.appic.org/About-APPIC/APPIC-Policies/FAQ-Stipend-Req-for-Interns-and-Postdoc-Fellows>

Applicants must describe their capacity to provide training and supervision in working with children, adolescents and transitional age youth. This expertise should be reflected in the organizational information description of the project narrative, and in biographical sketches of key staff associated with the project.

Applicants should describe how their organization and training are connected to the public systems of health and behavioral health care in the communities or area of the program, including how the applicant collaborates with these public organizations and the nature of the training offered.

If an applicant wishes to fund student/intern support costs in addition to the stipend, these need to be included in the thirty-percent of funding available for administrative and management of the program. Student/intern supports costs include health insurance, travel and training related expenses, such as attendance at professional conferences.

Applicants should be committed to increasing diversity in health professions programs and the health workforce. This commitment extends to ensuring that the workforce reflects the diversity of the nation; training programs develop the competencies and skills needed for intercultural understanding and expand cultural fluency; and recognizing that bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people.

2. Background

The BHWET grant program is authorized in Sections 501(d)(5), 509, and 520A of the Public Health Service Act; Consolidated Appropriations Act, 2014, Division H, Title II (Health Surveillance and Program Support). The focus of these authorities is on prevention and treatment mental health and substance abuse with special consideration for integration of these services with primary care. There is special consideration under 520A for information and education dissemination to rural and medically underserved areas.

As proposed by the White House in the January 2013 *Now is the Time* initiative, one of the Nation's goals is improve behavioral health services for at-risk children, adolescents, and transitional-age youth by training more behavioral health professionals to serve these populations⁴. Although three-quarters of mental illnesses appear by the age of 24, less than half of children with diagnosable mental health problems receive treatment.⁴ Transitional-age individuals, referring to those persons ages 16 to 25 years old, are at high risk for mental illness, substance abuse, and suicide, but they are among the least likely to seek help. Experts often cite the need for additional behavioral health service providers as one reason it can be challenging for this population to access treatment.⁴

To help address this issue, the Administration proposed funding to train social workers, counselors, psychologists, and other behavioral health professionals who plan to serve young people and their families. The BHWET for Professionals grant program will enhance the clinical service capacity of the behavioral health workforce by supporting up to twelve (12) months of training for master's-level social workers, psychologists, professional counseling, psychiatric-

⁴ Now is the Time Initiative: http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf

mental health nurse practitioners, and marriage and family therapists, and doctoral-level psychologists. HRSA and SAMHSA are seeking to train a total of 1,800 additional behavioral health professionals per year through this grant program.

Helpful terms and their definitions in relation to this announcement, include:

- “Behavioral health” refers to both mental health and substance abuse and may be used interchangeably with “mental and substance use disorders.”
- “Interprofessional education” refers to the process of learning among a group of individuals from two (2) or more professions.
- “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.
- “Experiential training” refers to clinical practice based experiences. For doctoral psychology internships, experiential training refers to an accredited 12-month supervised experience in health care settings (source: APA). For master’s-level social work, marriage and family therapy, psychiatric mental health nurse practitioner, psychology, and professional counseling, experiential training refers to 6 to 12-month supervised experience in health care settings.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

Contingent on appropriations, this program aims to provide funding during Federal fiscal years 2014 – 2016. Approximately \$26,700,000 is expected to be available annually to fund approximately 60 to 130 grantees (45 to 115 awards to master’s-level schools or programs, and 5 to 15 awards to doctoral level school or programs). The project period is three (3) years. Applicants may apply for a ceiling amount of up to \$480,000 per year (and a total of \$1,440,000 over the three-year period). In Fiscal Year 2014, \$26,700,000 in funding is available. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, grantee satisfactory performance, compliance with all terms and conditions of award, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are:

- accredited master's-level schools and programs of:
 - social work;
 - health services psychology (clinical and counseling);
 - marriage and family therapy;
 - psychiatric-mental health nurse practitioner;
 - professional counseling (including the areas of mental health and addiction/substance use disorder counseling)
- accredited doctoral-level psychology schools, programs, and internships of:
 - health services psychology;
 - clinical psychology; and,
 - counseling psychology.

Applicants must provide a copy of their accreditation letter as **Attachment 6**. Applicants who fail to attach a copy of their accreditation letter will be considered non-responsive and will not be considered for this funding opportunity.

Applicants for the social work program **must** be accredited by the Council on Social Work Education (CSWE).⁵ Master's-level psychology, marriage and family therapy and professional counseling or other related clinical behavioral health programs **must** be accredited by an appropriate accrediting body such as but not limited to The Southern Association of Colleges and Schools (SACS),⁶ Council for Accreditation of Counseling and Related Educational Programs (CACREP),⁷ National Council for Accreditation of Teacher Education (NCATE),⁸ Master's in Psychology and Counseling Accreditation Council (MPCAC),⁹ Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE),¹⁰ Council for Higher Education Accreditation (CHEA)¹¹, and National Association for Addiction Professionals (NAADAC).¹² Applicants for the doctoral psychology school, program, or internships must be accredited by the American Psychological Association.¹³ Masters psychiatric mental health nurse practitioner programs (PMHNP), are accredited by either the Accreditation Commission for Education in Nursing (ACEN) formerly the National League for Nursing-Accreditation Commission (NLNAC) ([www.http://acenursing.org/](http://www.acenursing.org/)) or by the Commission on Collegiate Nursing Education (CCNE) (<https://www.aacn.nche.edu/ccne-accreditation>).

⁵ Council on Social Work Education. Retrieved on May 28, 2013 from <http://www.cswe.org/>.

⁶ The Southern Association of Colleges and Schools. Retrieved on May 28, 2013 from <http://sacs.org/>

⁷ Council for Accreditation of Counseling and Related Educational Programs. Retrieved on May 28, 2013 from <http://cacrep.org/template/index.cfm>.

⁸ National Council for Accreditation of Teacher Education. Retrieved on May 28, 2013 from <http://ncate.org/>.

⁹ Master's in Psychology and Counseling Accreditation Council. Retrieved on May 28, 2012 from <http://www.mpcacsite.org/>

¹⁰ Commission on Accreditation for Marriage and Family Therapy Education, Retrieved on May 28, 2013 from http://www.aamft.org/iMIS15/AAMFT/Education_and_Training/Accreditation/Content/COAMFTE/Accreditation.aspx

¹¹ Council for Higher Education Accreditation. Retrieved on May 28, 2013 from <http://www.chea.org/>

¹² National Association for Addiction Professionals. Retrieved on May 28, 2013 from <http://naadac.org/>.

¹³ American Psychological Association. Retrieved on May 28, 2013 from <http://www.apa.org/>.

Eligible schools and programs of social work, psychology, marriage and family therapy, psychiatric mental health nurse practitioner, and professional counseling must require a pre-degree clinical field placement or internship as part of the training and as a requirement for graduation. Applicants must provide documentation of the pre-degree clinical field placement or internship requirement as **Attachment 7**. Applicants who fail to provide documentation of the school's curriculum or fail to meet the field placement or internship requirement will be considered non-responsive and will not be considered for this funding opportunity.

Administrative and fiscal entities can apply on behalf of accredited entities. The applicant organization is responsible for all of the proposed grantee activities.

Doctoral schools and programs that are accredited as psychology programs, may apply for development or enhancement of a doctoral psychology internship program, provided that the interns are placed in an APA-accredited internship site and would otherwise meet the eligibility criteria for the grant. For example, an accredited doctoral program can apply via partnership or subaward/contract with an accredited internship site(s) for the student's 12-month clinical training.

Faith-based and community-based organizations are eligible to apply for these funds if they are otherwise eligible and are an accredited Masters school or program, or an accredited doctoral psychology internship.

Tribes and Tribal Organizations are eligible to apply for these funds if they are accredited psychology doctoral internships or accredited doctoral or master's schools or programs.

Eligible applicant institutions/organizations 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, and the Republic of Palau.

2. Cost Sharing/Matching

Cost Sharing/Matching is required for this program. Doctoral-level internship applicants must submit a proposal that illustrates intent to leverage other resources and related ongoing efforts to align with the Association of Psychology Postdoctoral and Internship Centers' (APPIC) stipend level requirements. The doctoral-level internship awardees will receive \$20,000 of stipend support for one year from HRSA-funds per intern. This is a fixed amount. The APPIC requires APA-accredited internships provide a stipend per intern that is consistent with regional standards, equal among all trainees, and stated clearly in advance (through promotional materials, the APPIC Directory, etc.). The difference between the doctoral-levels intern stipend maximum amount of \$20,000 and any regional standard above the stipend maximum must be covered by the grantee using documented non-federal funding. No match is required for training for Master's level students.

3. Other

Applications that exceed the ceiling amount of \$480,000 per year will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are allowable, as follows:

Under this FOA, an institution is allowed to submit up to two applications; however, the applications cannot be for the same type of school or program. For example, if an institution submits two applications for its school of social work program, the last application will be accepted as the valid submission. An institution is allowed, for example, to submit one application for its master's-level marriage and family therapy and one application for its master's-level professional counseling program.

Consortium/Collaborative Projects

Applicants shall follow the guidance outlined below for constructing a collaborative project. The applicant organization is responsible for completion of the grantee activities. Note, all certifications and applicable grants management requirements 'flow down' to all consortium members. The awarded funding is limited to the single discipline of the accredited applicant organization.

For purposes of this funding opportunity, doctoral-level internship programs may apply as a consortium if it has been APA accredited. The APA accreditation document for the consortium is required to be submitted in **Attachment 6** and the consortium must indicate that their project competencies are within the scope of their accreditation in **Attachment 8**. Within a consortium, there can only be one applicant organization and Project Director (PD) and the PD must be employed by the awarded applicant organization. The PD is the individual designated by the consortium, and is responsible for the scientific, technical, or programmatic aspects of the grant and for day-to-day management of the project or program. The agencies can pool their resources to provide training and other resources.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the Research and Related (R&R) application package associated with this funding opportunity following the directions provided at [Grants.gov](https://www.grants.gov).

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. Applicants must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application and count the pages to ensure it does not exceed the 80-page limit.**

Applications must be complete, within the 80-page limit, and submitted prior to the deadline to be considered under this announcement.

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

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

In addition to the instructions in the guide, please provide the Project Title at the top of the abstract. Format the body of the abstract as follows:

- Name of discipline seeking stipend support and if it is master's- or doctoral-level
- Brief overview of the proposed project and innovation statement
- Goals and specific, measurable objectives of the proposed project
- Statement of funding preference and/or funding priority (if applicable)

Do not include personal identifying information in the abstract.

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.

Use the following section headers for the Narrative:

▪ *INTRODUCTION – Corresponds to Section V’s Review Criterion #1*

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

▪ *NEEDS ASSESSMENT– Corresponds to Section V’s Review Criterion #1*

This section should define the geographic area (e.g. community, city, state, region, etc.) that will benefit from the proposed activities. Describe the behavioral health needs of the population within the defined area, and the existing behavioral health system capacity to meet these needs. Demographic data should be used and cited whenever possible to support the information provided. Discuss any relevant gaps or barriers in the defined area, including unmet needs of the population and limitations of the current behavioral health system, and how the proposed project plans to ameliorate or overcome them.

As appropriate, this section should include but not be limited to a discussion of:

- State and local health status indicators related to behavioral health particularly related to at-risk children, adolescents and transitional age youth in the defined area;
- Demographics of the population(s) to be served;
- The needs of the behavioral health workforce in the local community, and a description of the training the institution(s) provides to address these needs;
- The project’s purpose(s) and identified needs and problems;
- The field placement/internship to student ratio. Explain if there are shortages or an excess of students for internships or field placements, and the needs that this program will address in the community served by the school or program;
- Current training activities focusing on the needs of children, adolescents, and transitional age youth, and their families. Special emphases are on populations who are at risk of developing or who have developed a behavioral health disorder. Other areas of focus include prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence, the integration of behavioral health and primary care, focus on primary care, interprofessional training and education (including professional, paraprofessional and peer support workers), and dissemination of information and education to rural and underserved areas; and,
- Provide information on the number of master’s-level students or doctoral-level psychology students/interns trained over the last 5 years, and the number of these students who worked in field placements/internships with at-risk children, adolescents, transitional age youth, and their families.

▪ *METHODOLOGY – Corresponds to Section V’s Review Criteria #2 and #7*

Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements and expectations in this funding opportunity announcement. As appropriate, include details about the development and implementation of any new effective tools and strategies that will be pursued to meet these needs.

▪ *WORK PLAN – Corresponds to Section V’s Review Criteria #2, #4,#5, #6, and #7*

Describe the actions or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all

activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, gender, sexual preference, linguistic and geographic diversity of the populations and communities served.

The Work plan should include:

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

The applicant should clearly explain how the proposed objectives and sub-objectives will be implemented. State objectives and sub-objectives that are specific, measurable, achievable, realistic, and time-framed. The objectives and sub-objectives should address:

- A plan and strategy for:
 - recruitment of master's-level students or doctoral-level psychology students/interns dedicated to serving at-risk children, adolescents, and transitional age youth;
 - placement of students into pre-degree clinical field placements/internships serving children, adolescents and transitional age youth at risk of developing or who have developed a behavioral health disorder, as well as provide interprofessional learning experiences, and include a focus on prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence, and the involvement of families;
 - placement into career positions in the behavioral health field that increase services capacity for children, adolescents and transitional age youth particularly those who are at risk of developing or who have developed a behavioral health disorder.
- The projected annual increase in the number of students/interns to be trained during each year of the project and projected number of students who will graduate during each year of the project.
- The addition or expansion of field placement/internships for master's-level social work, psychology, marriage and family therapy, psychiatric mental health nurse practitioner and professional counseling programs and doctoral-level psychology internship programs. A plan for development of new training slots to accommodate more students with a focus on the population(s) of interest and to increase the training capacity of the institution;
- The provision of stipend support for students/interns for the required field placement/internship.
- A plan for how the school or program will work with the field placement or internship to integrate experiential and didactic training. Psychology doctoral internship organizations who apply should discuss how they plan to work with the psychology schools/programs to integrate practice into the academic environment;
- How the project and training are connected to the public systems of health and behavioral health care in the communities or area of the program, including how

the grantee currently and/or will collaborate with these public organizations during the project.

- A high quality interprofessional curriculum that provides an educational experience consistent with the proposed project;
- Innovation in interprofessional and integrated training on output measures;
- Training experiences where the trainee is a part of a primary care team and facilitates the transition of the patient across care settings and levels of care;
- A plan to develop and/or expand interprofessional learning experiences with a focus on children, adolescents and transitional age youth particularly those who are at risk of developing or who have developed a behavioral health disorder;
- An understanding of the need for diversity within the behavioral health professions to improving health equity in the communities;
- Strategies to 1) incorporate families into the prevention and treatment of behavioral health conditions among children and adolescents, 2) strategies for prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence; and, 3) integrate behavioral health with primary care; and,
- HRSA's Cultural and Linguistic Competence, Healthy People 2020, National HIV/AIDS Strategy, Institution Diversity Statement, and Health IT, as appropriate (see section 2 of HRSA's [SF-424 R&R Application Guide](#) for descriptions).

Sustainability plan: The applicant must include plans for sustainability by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined period of time. The documentation should specify other sources of income, future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

Dissemination of Outcomes: Develop a plan for dissemination of all products in venues such as conferences, presentations, publications, electronic recordings, web-based publishing, and teleconferences. The applicant should plan to report on dissemination activities in the annual progress report.

- **RESOLUTION OF CHALLENGES** – *Corresponds to Section V's Review Criterion #2*
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V’s Review Criteria #3 & #5*

Applicants must describe the plan for monitoring and evaluating program performance that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives, sub-objectives, activities and timelines of the project. Include descriptions of the inputs (e.g., organizational profile, interprofessional or consortium partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Applicants must describe the systems and processes that will support the organization's performance management through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language, and tradition) and explain how the data will be used to inform program development and service delivery. Applicants must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Applicants must describe their capacity to collect and report data such as, but not limited to, the following on a semi-annual basis:

- the number and types of field placements/internships serving children, adolescents, and transitional age youth;
- the number and demographics of new students trained and the number who graduate during each year of the project;
- the number of graduates who pursue careers serving at risk children and adolescents;
- the employment locations of graduates;
- the number of interprofessional teams that were trained and the members of these teams, and
- the impact the training has had on the population and community served.

- *ORGANIZATIONAL INFORMATION – Corresponds to Section V’s Review Criterion #5*
Provide information on the applicant organization’s current mission and structure, scope of current activities, 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 program’s resources and capabilities to support provision of culturally and linguistically competent, interprofessional education, consortium, and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The applicant should also provide the following information:

- Evidence of the capacity to provide training and supervision in working with children, adolescents and transitional age youth.
- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- Evidence of support and commitment by field placement and internship organizations that serve at risk children, adolescents, and transitional age youth such as resources and letters of support (commitment to provide financial or in-kind resources, create new or additional slots for students); and
- Innovative strategies to address family involvement, interprofessional training, consortium partnership and resources, the prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence, and the integration of behavioral health with primary care.

iii. Budget and Budget Justification Narrative

Refer to the instructions in Section 4.1.iv and v. of HRSA’s [SF-424 R&R Application Guide](#).

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

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, Pub. L. 113-76 signed into law on January 17, 2014 includes a provision that 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.

iv. Attachments

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see section 4.1.vi. of HRSA’s [SF-424 R&R Application Guide](#)) (counted in page limit)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff, including the capacity to provide training and supervision in working with children, adolescents and transitional age youth.

Include biographical sketches for persons occupying the key positions not to exceed two pages in length per each position. 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. Bio Sketches should be uploaded in SF-424 R&R Senior/Key Person Profile form.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (counted in page limit)

Provide any documents that describe working relationships between the applicant 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 (counted in page limit)

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 4: Tables, Charts, etc. (counted in page limit)

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

Attachment 5: Maintenance of Effort Documentation (counted in page limit)

Applicants must provide a baseline aggregate expenditure for the prior fiscal year (unless otherwise noted in statute) and an estimate for the next fiscal year using a chart similar to the one below.

NON-FEDERAL EXPENDITURES	
<p style="text-align: center;">FY 2013 (Actual)</p> <p>Actual FY 2013 non-Federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.</p> <p style="text-align: right;">Amount: \$ _____</p>	<p style="text-align: center;">FY 2014 (Estimated)</p> <p>Estimated FY 2014 non-Federal funds, including in-kind, designated for activities proposed in this application.</p> <p style="text-align: right;">Amount: \$ _____</p>

Attachment 6: Documentation of Accreditation (counted in page limit)

Provide documentation of accreditation. Applicants for the social work program **must** be accredited by the Council on Social Work Education (CSWE). Master’s-level psychology, marriage and family therapy and professional counseling or other related clinical behavioral health programs **must** be accredited by an appropriate accrediting body such as but not limited to The Southern Association of Colleges and Schools (SACS), Council for Accreditation of Counseling and Related Educational Programs (CACREP), National Council for Accreditation of Teacher Education (NCATE), Master’s in Psychology and Counseling Accreditation Council (MPCAC), Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), and Council for Higher Education Accreditation (CHEA). Applicants for the doctoral psychology school, program, or internships must be accredited by the American Psychological Association. Masters psychiatric mental health nurse practitioner programs (PMHNP), are accredited by either the Accreditation Commission for Education in Nursing (ACEN) formerly the National

League for Nursing-Accreditation Commission (NLNAC) ([www.http://acenursing.org/](http://acenursing.org/)) or by the Commission on Collegiate Nursing Education (CCNE) (<https://www.aacn.nche.edu/ccne-accreditation>).

Attachment 7: Documentation of Field Placement/Internship is a training curriculum prerequisite for graduation from school or program (counted in page limit)

Eligible schools and programs of social work, psychology, marriage and family therapy, psychiatric mental health nurse practitioner, and professional counseling must require a pre-degree clinical field placement or internship as part of the training and as a requirement for graduation. Applicants must provide documentation of the pre-degree clinical field placement or internship requirement.

Attachment 8: Consortium Documentation (counted in page limit)

Consortium must indicate that their project competencies are within the scope of their accreditation.

Attachment 9: Template for Student Commitment Letter (counted in page limit)

Applicants must provide a copy of a student commitment letter template, through which students will commit to complete a field placement or internship working with children, adolescents, and/or transitional age youth at risk for developing or who have developed a recognized behavioral health disorder

Attachment 10-13: Other Relevant Documents (counted in page limit)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all other support letters on one page.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *June 3, 2014 at 11:59 P.M. Eastern Time.*

4. Intergovernmental Review

Behavioral Health Workforce Education and Training (BHWET) for Professionals 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.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$480,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in

meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P.L. 113-6), and the Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

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

Review Criteria are used to review and rank applications. The BHWET for Professionals Grant Program has seven (7) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction & Needs Assessment

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality of and extent to which the application addresses:

- The State, and local health status indicators related to behavioral health needs of children, adolescents, and transitional age youth particularly those at risk;
- Demographics and needs of the populations to be served;
- of the needs of the behavioral health workforce in the local community and how the institution addresses these needs;
- The project’s purpose(s) and identified needs and problems;
- The field placement/internship to student ratio. Explain if there are shortages or an excess of students for internships or field placements, and the needs that this program will address in the community served by the school or program;
- Current training activities focusing on the needs of children, adolescents, transitional age youth, and their families. Special emphases are on those populations who are at risk of developing or who have developed a behavioral health disorder.
- Include training activities focusing on prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence, the integration of behavioral health and primary care, focus on primary care, interprofessional training and education; and dissemination of information and education to rural and underserved populations.
- Over the last five years, the number of doctoral level psychology interns or master’s-level students trained and the number of interns/students who worked in pre-degree clinical internships/field placements with children, adolescents, and transitional age youth particularly those who are at risk of developing or who have developed a behavioral health disorder; and
- How the proposed activities will fill the gaps identified through the needs assessment.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan & Resolution of Challenges

The quality of and extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives. The feasibility, quality of, and extent to which the application addresses:

- A strategy for recruitment and placement of master’s-level students or doctoral-level psychology interns dedicated to serving at-risk children, adolescents and transitional age youth during their field placement/internship and at graduation;
- The projected annual increase in the number of students/interns to be trained during each year of the project and the projected number of trained students who graduate during each year of the project;
- The addition or expansion of field placement/internships for master’s-level social work, psychology, marriage and family therapy, psychiatric mental health nurse practitioner, and professional counseling programs and doctoral-level psychology schools, programs, and internships;
- A plan for how the school or program will work with the field placement or internship to integrate experiential and didactic training. Psychology doctoral internship organizations

adequately discuss how they plan to work with the psychology schools/programs to integrate practice into the academic environment;

- A plan to develop and/or expand interprofessional learning experiences (including professional, paraprofessional and peer support workers) with a focus on children and adolescents and transitional youth who are at risk of developing or who have developed a behavioral health disorder;
- An understanding of the need for diversity within the behavioral health professions to improving health equity in the communities;
- Strategies to: 1) incorporate families into the prevention and treatment of behavioral health conditions among children, adolescents and transitional age youth; 2) address prevention and clinical intervention and treatment for those at risk for engaging in harmful behaviors, including violence; and, 3) integrate behavioral health with primary care;
- HRSA's Cultural and Linguistic Competence, Healthy People 2020, National HIV/AIDS Strategy, Institution Diversity Statement, and Health IT, as appropriate;
- The quality of the approaches to resolve challenges likely to be encountered in designing and implementing proposed activities.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity)

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program goals and objectives have been met, and 2) to what extent these can be attributed to the project. Specific criteria include:

- The overall quality of the evaluation plan;
- The extent to which the applicant demonstrates expertise, experience, and the technical capacity to carry-out the evaluation plan and collect required performance measures;
- The extent to which the project narrative addresses goals, objectives, sub-objectives, activities, timeline to demonstrate project progress, outcomes, as well as determine the success of the interprofessional education in increasing the number of social workers, psychologists, marriage and family therapists, and professional counselors who pursue clinical work with children, adolescents, and transitional age youth particularly those who are at risk of developing or who have developed a behavioral health disorder;
- The degree to which the applicant's proposed evaluation plan specifies a valid data collection strategy and identifies proposed instruments/tools to be used, data sources, and projected timelines for data collection, analysis, and reporting;
- The quality of the methods and proposed approach for using results and outcomes to inform program development and service delivery; and
- The ability and experience of the applicant to collect and report data on a semi-annual basis and overcome obstacles to program evaluation.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan

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

- The sustainability of the program beyond the Federal funding;
 - The institution should outline a sustainability plan to specify other sources of income, future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.
- The feasibility and effectiveness of plans for dissemination of project result;
- The impact of interprofessional education and integrating behavioral health and primary care on the continuum of access to quality health care services; and
- A extent to which the work plan includes the development of new training slots to accommodate more students with a focus on the population(s) of interest
- The extent to which project results may be regional or national in scope, the degree to which the project activities are replicable.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. 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. Performance will be considered, along with:

- 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 each year of the entire three-year project period; and
- Evidence of support and commitment by field placement, internship organizations, interprofessional and consortium partners, e.g., resources and letters of support;
 - Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application; and
- Innovation in existing and/or proposed training methods.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Work Plan, Budget, and Budget Justification

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results, including:

- The extent to which costs, as outlined in the budget and work plan, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The degree to which the budget justification is reasonable including indirect costs fixed at 8% and describes the entire project costs and trainee expenses.

Criterion 7: INTEGRATION and INTERPROFESSIONAL EDUCATION (10 points) – Corresponds to Section IV’s Methodology & Work Plan

The quality of and extent to which the application addresses interprofessional education (including professional, paraprofessional and peer support workers) and integration of behavioral health and primary care and includes a description of:

- A high quality interprofessional curriculum that provides an educational experience consistent with the proposed project;
- Innovation in interprofessional and integrated training on output measures;
- Training experiences where the trainee is a part of a primary care team and facilitates the transition of the patient across care settings and levels of care;
- A plan that outlines communication and information sharing protocols, seamless referral processes and education for primary care providers to increase capacity to address behavioral health needs;
- How the project and training are connected to the public systems of health and behavioral health care in the communities or area of the program, including how the grantee currently and/or will collaborate(s) with public organizations
- A plan that integrates behavioral health into primary care practice; and,
- A plan to develop and implement pre-degree clinical learning experiences that integrate behavioral health and primary care competencies and interprofessional practice dedicated to serving at-risk children and adolescents.

2. Review and Selection Process

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

Applications that pass the initial HRSA completeness and eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Please see section 5.3 of the HRSA’s [*SF-424 R&R Application Guide*](#).

In making selections for awards, HRSA will consider the distribution of funding across the eligible professions. Approximately \$28,500,000 is expected to be available annually to fund 110 to 130 grantees (100 to 110 awards to master’s-level schools or programs, and 10 to 20 awards to doctoral level school or programs).

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 2014.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 30, 2014. 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

The successful applicant under this funding opportunity announcement 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 awardee must submit a progress report to HRSA on an annual basis. BHPPr will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project. Funded applicants will be required to consistently collect, analyze, and report on participation and outcome data in the form of performance reports.

The **BHPPr Progress Report has two parts**. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the Notice of Award. The applicant should plan to report on dissemination activities in the annual progress report. Copies of any materials disseminated should include the following acknowledgement and disclaimer:

“This project is/was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, and total award amount). 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 the SAMHSA, HRSA, HHS or the U.S. Government.”

2) **Performance Reports**. The awardee must submit a Performance Report to HRSA on a **semi-annual** basis. All Bureau of Health Professions (BHPPr) grantees are required to collect and report performance data so that HRSA can meet its obligations under the

Government Performance and Reporting Modernization Act of 2010 (GPRA). In addition, Section 5103 of the Patient Protection and Affordable Care Act requires that BHPPr grantees provide longitudinal data for individuals who receive training and financial assistance from BHPPr programs. The required performance measures for this program can be found at <http://bhpr.hrsa.gov/grants/reporting/index.html>. Further information will be provided in the Notice of Award.

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

The Final Report is designed to provide the Bureau of Health Professions (BHPPr) with information required to close out a grant after completion of project activities. As such, every awardee 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 Notice of Award.

VII. Agency Contacts

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

Nandini Assar, Ph.D., Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-55
Rockville, MD 20857
Telephone: (301) 443-4920
Email: nassar@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

CAPT Norma Hatot, Senior Advisor
HRSA Bureau of Health Professions
Division of Public Health and Interdisciplinary Education
Parklawn Building, Room 9C-26
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301-443-2681
Fax: 301-301-0157
Email: nhatot@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding Federal holidays at:

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

Successful applicants/awardees 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 Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

A brief video which provides some general information about this program can be found at www.hrsa.gov/grants/apply/assistance/behavioralhealth/.

Two technical assistance calls are scheduled for applicants:

Wednesday, April 9 at 3:00 pm (ET)

Call-in Number: 1-888-972-6714

Participant Code: 3548921

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta040914>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014): 800-695-2487; Passcode: 6914

Thursday, April 24, 2014 at 3:00 pm (ET)

Call-in Number: 1-888-972-6714

Participant Code: 3548921

Adobe Connect Link: <https://hrsa.connectsolutions.com/bhwta042414>

For replay information (The recording will be available until 11:59 pm (ET) June 24, 2014): 866-566-0619; Passcode: 6414

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's [SF-424 R&R Application Guide](#). In addition, BHPPr has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at:

<http://bhpr.hrsa.gov/grants/technicalassistance/index.html>.