

Revised May 3, 2010

American Recovery and Reinvestment Act (ARRA) GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY

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NOTE: Additional questions added March 19, March 25, or May 3 are denoted with the words “New – March 19 or 25 (or May 3), 2010”. Additional May 3 revisions are highlighted.

Purpose

What is The American Recovery and Reinvestment Act of 2009?

The American Recovery and Reinvestment Act of 2009 (ARRA or Recovery Act), was signed into law February 17, 2009, and provides \$500 million to address health professions workforce shortages. Through the Recovery Act, HRSA is making funds available to increase the Nation's ability to address the shortages of health care practitioners.

The Recovery Act was enacted to:

- preserve and create jobs;
- promote economic recovery;
- help people most impacted by the recession;
- increase economic efficiency by investing in technological advances in science and health;
- promote long-term economic benefits by investing in transportation, environmental protection and other infrastructure; and
- preserve essential services of State and local governments.

What is the American Recovery and Reinvestment Act of 2009 (ARRA)

On March 23, 2010 President Obama signed into law the Patient Protection and Affordable Care Act (PPACA; PL 111-148). Among its many provisions, the PPACA expands dental workforce training programs by authorizing new oral health workforce programs under Section 748, Title VII of the Public Health Service (PHS) Act. Previously, the dental and medical training programs were authorized in Section 747, Title VII PHS Act. The PPACA lengthened the project period, added a funding priority, and deleted the Medically Underserved preferences.

The expanded dental workforce training activities include:

- o the training of dental or dental hygiene students, practicing dentists and dental hygienists (as well as residents);
- o providing financial assistance to dental and dental hygienist students, dental residents or practicing dentists and dental hygienists;
- o providing financial assistance to dental students, residents, or dental hygiene students for a master's in public health from an accredited public health program;
- o advancing pre-doctoral training in primary care dentistry; and
- o expanding faculty capacity through traineeships and fellowships; grants for faculty development; and faculty loan repayment assistance

How many program areas are there in this competition?

There are four program areas. Applications may be submitted for any of the following six program areas:

- Pre-doctoral Training in General, Pediatric and Public Health Dentistry, and Dental Hygiene (HRSA-10-262);
- Post-doctoral Training in General, Pediatric or Public Health Dentistry (HRSA-10-261);
- Faculty Development Training in General, Pediatric or Public Health Dentistry and Dental Hygiene (HRSA-10-263); and
- Dental Faculty Loan Repayment (HRSA-10-260).

How can funds be expended in each of the four program areas?

Funds can be expended as follows for the following four program areas:

1) *Pre-doctoral Training in General, Pediatric or Public Health Dentistry, and Dental Hygiene (HRSA-10-262)*

- a. Funds may be used to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, or

public health dentistry for dental or dental hygiene students, dental hygienists, or other approved primary care dental trainees, that emphasizes training for general, pediatric, or public health dentistry.

- b. Funds may be used to provide financial assistance to dental or dental hygiene students, or practicing dental hygienists who are in need thereof, and who are participants in any such training program, and who plan to work in the practice of general, pediatric or public health dentistry or dental hygiene.
- c. Funds may be used in support of an accredited master's in public health program for dental and dental hygiene students in need of such support. Note that support is limited to students only.
- d. Funds may be used to meet the costs of projects to establish, maintain, or improve pre-doctoral training in primary care dentistry (general, pediatric, and public health dentistry and dental hygiene) programs.

2) *Post-doctoral Training in General, Pediatric and Public Health Dentistry (HRSA-10-261)*

- a. Funds may be used to plan, develop, and operate, or participate in, an approved professional training program in the fields of general dentistry, pediatric dentistry, or public health dentistry for dental residents, or practicing dentists or other approved primary care dental trainees that emphasizes training for general, pediatric and public health dentistry.
- b. Funds may be used to provide financial assistance to dental residents or practicing dentists who are in need thereof, and who are participants in any such training program, and who plan to work in the practice of general, pediatric or public health dentistry.
- c. Funds may be used in support of an accredited master's degree in public health program for dental residents in need of such support. Note that support is limited to residents only.
- d. Funds may be used to meet the costs of projects to establish, maintain, or improve post-doctoral training in primary care dentistry programs.

3) *Faculty Development Training in General, Pediatric and Public Health Dentistry and Dental Hygiene (HRSA-10-263)*

- a. Funds may be used to plan, develop, and operate a program for the training of oral health care providers who plan to teach in general, pediatric, public health dentistry, or dental hygiene.
- b. Funds may be used to provide financial assistance in the form of traineeships and fellowships to dentists who plan to teach or are teaching in general, pediatric, or public health dentistry.
- c. Funds may be used to meet the costs of projects to establish, maintain, or improve dental faculty development programs.

4) *Dental Faculty Loan Repayment (HRSA-10-260)*

- a. Funds may be used to plan, develop, and operate a dental faculty loan repayment program for faculty engaged in primary care dentistry to include general dentistry, pediatric dentistry, public health dentistry, and dental hygiene.
- b. Individuals participating in the program must agree to serve as full-time faculty members.
- c. The program must agree to pay the principal and interest on the outstanding student loans of the individuals. Upon completion by an individual of each of the first, second, third, fourth, and fifth years of service, the program shall pay an amount equal to 10, 15, 20, 25, and 30 percent, respectively, of the individual's student loan balance as calculated based on principal and interest owed at the initiation of the agreement.

Where can I learn more about the ARRA?

Additional information on the Recovery Act can be found at <http://www.recovery.gov>. Information on activities related to the Recovery Act at the U.S. Department of Health and Human Services (HHS) can be accessed at <http://www.hhs.gov/recovery>.

Summary of Funding

Who is eligible to apply for these dental funding opportunities?

Please refer to the appropriate funding opportunity announcement for more specific information.

Entities eligible for grants to support training in general, pediatric, or public health dentistry include entities that have programs in dental or dental hygiene schools; or have approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Therefore, for the purposes of this announcement, the use of “general, pediatric, and public health dentistry”, “primary care dentistry” and “dental faculty” shall include dental hygiene unless otherwise noted.

Grants may be made to accredited dental or dental hygiene schools, public or private not-for-profit hospitals, or other public or not for profit entities to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, public health dentistry, or dental hygiene for dental or dental hygiene students, dental residents, practicing dentists or dental hygienists, or other approved primary care dental trainees, that emphasizes training in general, pediatric, or public health dentistry.

Eligible entities may partner with schools of public health for the education of dental students, residents or dental hygiene students for a master’s in public health in an accredited program. Training activities must be conducted by an accredited entity; therefore, either the applicant or a partner organization responsible for the dental or dental hygiene training must be accredited.

New – May 3, 2010 - Under the faculty loan program, what kind of loans are eligible?

Educational loans that lead to the qualifying health professions degree are eligible.

New – May 3, 2010 - What is the eligibility requirement for collaborative applicants?

All applicants on a collaborative application must meet program eligibility requirements.

New – May 3, 2010 - Can we apply for an Academic Administrative Units (AAU) grant?

You can conduct activities for AAU as part of faculty development application. We are not saying you cannot do AAU activities. The statute does not establish a separate AAU activity, but combines those activities under Faculty Development.

New – May 3, 2010 - We are in the process of getting accreditation. Can we apply?

Yes, you can apply if you are in the process of receiving accreditation; however an applicant or partner organization must be accredited by the time of funding.

How do institutions apply for ARRA-Dentistry funds?

The application process is divided into two parts:

- **Part 1: Grants.gov:** Standard Form (SF) 424 R&R, SF-424B, and the HHS Application Checklist submitted via Grants.gov with a due date of **May 28, 2010** by 5:00 PM ET.
- **Part 2: HRSA Electronic Handbooks (EHBs):** Program Specific Data submitted via the HRSA Electronic Handbooks (EHBs) with a due date of **May 28, 2010** by 5:00 PM ET.

Applicants may submit application materials in both Grants.gov and the HRSA EHBs immediately. Applicants do not need to submit to Grants.gov and wait for notification prior to entering the HRSA EHBs. Discipline-specific information **must** be entered electronically via HRSA’s EHBs. Applicants are urged to enter the EHBs immediately to begin this process.

Those funding opportunities are as follows:

- Pre-doctoral Training in General, Pediatric and Public Health Dentistry, and Dental Hygiene (HRSA-10-262);
 - Post-doctoral Training in General, Pediatric or Public Health Dentistry (HRSA-10-261);
 - Faculty Development Training in General, Pediatric or Public Health Dentistry and Dental Hygiene (HRSA-10-263); and
 - Dental Faculty Loan Repayment (HRSA-10-260).
- **If an applicant misses the May 28, 2010 by 5:00 PM ET deadline in either Grants.gov or the EHBs, will they still be able to submit an application?**

No. Only applicants who have successfully submitted a grant application through both Grants.gov and the EHBs by the specified May 28, 2010 by 5:00 PM ET deadline will be considered. Applicants may submit application materials in both Grants.gov and the HRSA EHBs simultaneously. Applicants do not need to submit to Grants.gov and wait for notification prior to entering the HRSA EHBs. Discipline-specific information **must** be entered electronically via HRSA's EHBs. Applicants are urged to enter the EHBs immediately.

What information is submitted in Part 1 to Grants.gov?

Applicants must complete and submit the following by the May 28 Grants.gov deadline:

- SF-424 R&R Face Page;
- Assurances – Non-Construction Programs; and
- PHS-5161 Checklist.

What information is submitted in Part 2 to HRSA's EHBs?

Applicants must complete and submit the following by the May 28 HRSA EHB deadline:

- Project Summary/Abstract;
- SF-424 R&R – Budget Information (Non-Construction Programs);
- Program Narrative;
- Budget Justification
- SF-424 LLL Disclosure of Lobbying Activities (as applicable);
- Any Program specific forms; and
- All Attachments.

If institutions do not receive ARRA funds in this competition, will they have an opportunity to compete for ARRA funding in 2011?

No. There will not be an additional ARRA Fiscal Year 2011 funding competition.

Will competitive non-ARRA funds be available in Fiscal Year 2010?

Yes. Both ARRA and non-ARRA funds will be awarded through this funding competition.

Can I select either ARRA or non-ARRA funding?

No. Applying for funding under this funding opportunity requires that an applicant accept either ARRA or non-ARRA funding.

When will the grant be awarded? What is the date of the project period?

It is anticipated that grants will be awarded on or before the start date of August 1, 2010. The grants will have a 5-year project and budget period, from August 1, 2010 through July 31, 2015. Note that non-ARRA grants will also have a 5-year project period, with 1-year budget periods.

New – May 3, 2010 - Why is the project period five years instead of three?

The Patient Protection and Affordable Care Act (PPACA, Pub. L. 111-148) changed the project period to five years.

Must applications be for a 5-year project period?

Yes, because the law indicated that projects “shall be five years.”

Can ARRA funding be used to cover costs incurred prior to the award date?

In general, these grants are intended to support costs incurred after the ARRA project start date. ARRA funds cannot be used to support any costs incurred prior to February 17, 2009 (the date the Recovery Act was signed). Any costs incurred before receipt of the Notice of Grant Award (NGA) are at the recipient’s risk.

Is there any formal notification of an award from the Health Resources and Services Administration (HRSA)?

Yes. HRSA will electronically transmit a formal notification in the form of a Notice of Grant Award (NGA) that will be provided to the applicant organization/institution. The NGA specifies the effective date of the award, funding amount, budget and project periods, pertinent Terms and Conditions, and reporting requirements. It is anticipated that grants will be awarded on or before the start date of August 1, 2010.

What is the timeline for grantees to use the ARRA funds?

Recipients of ARRA funds should obligate (commit) the grant funds and complete the proposed projects by the end of the 5-year project/budget period.

Are institutions permitted to carryover unused ARRA funds?

This is a one-time funding opportunity. ARRA funds must be used within the specified project period. There is no expectation of ongoing support of grant activities after the end of the project period; we do not expect institutions to have unused funds. Any unexpended funds may be offset at the conclusion of the project period.

Are current grantees eligible to apply?

Yes; however, current grantees whose project periods extend beyond August 2010 may not submit a grant application in the same program area and the same discipline as the current grant. Supplemental applications will not be accepted for this announcement. .

Is there a limit to the number of grant applications that my institution can submit?

Institutions can only submit one application per program area, per discipline (e.g., one family medicine residency training application) unless the applicant institution/program has separate accreditations for multiple programs (e.g., two residency programs at one hospital or two predoctoral programs, one family medicine and one general internal medicine each with its own separate accreditation number).

What is the maximum amount that can be requested?

No maximum budget award amount has been set. Historically, grant awards have ranged from \$55,156 to \$676,145 for one year. The full amount of the grant award is often determined by the scope of the project, the number of objectives, and the timeframe for the proposed activities.

Trainee Support

New – May 3, 2010 - Who can be paid by the grant?

Only people on that grant who have a role on the grant can be paid by the grant. Faculty members or trainees on a grant cannot be paid for lost clinical production. The grant cannot pay another person to assume the duties of a faculty member or trainee who is participating on the grant (release time). The grant cannot pay another person to attend faculty development training activities at their own institution.

Are institutions permitted to provide both ARRA and non-ARRA financial support to the same trainee?

No. ARRA funds must be used to support trainees other than those that receive support through non-ARRA funding. The Notice of Grant Award will specify whether you have been awarded ARRA or non-ARRA funds.

New – May 3, 2010 - What is a stipend?

A stipend is provided as a subsistence allowance for fellows to help defray living expenses during the training experience. A stipend is not a salary. A stipend is not considered compensation (salary, fringe benefits, and/or tuition remission) for the services expected of an employee. More specific information on stipends can be found in the HHS Grants Policy Statement, located at <http://www.hhs.gov/asrt/oq/grantinformation/hhsqps107.pdf>, beginning on page II-113.

Where can I find information on the current stipend levels?

The most current stipend levels are provided in the funding opportunity announcement.

New – May 3, 2010 - Is tuition allowed?

Since tuition has traditionally been paid by the grant in the past, if applicants wish to include tuition requests with their applications, they should do so. You have to convince the peer reviewers that this is justifiable.

Are institutions permitted to provide ARRA- financial support to trainees for more than one year?

Yes. Trainee support charged to the ARRA grant funds must be for training within the **five**-year budget and project periods indicated on the Notice of Grant Award (NGA). Trainees may receive support for more than one year.

Are institutions permitted to provide ARRA- financial support to continuing and new students?

Yes. However, continuing students may not receive support from both ARRA and non-ARRA funds. **Generally speaking, the expectation is that a new grant should have new trainees.**

How long should the faculty development fellowship be?

Building a degree into a faculty development program would have to connect or integrate into a full 5-year project period. A series of disconnected 2-3 year fellowships outside of an integrated 5-year faculty development initiative would be hard to justify.

Eligible Use of Funds

Are there certain eligibility requirements for use of these funds?

Entities eligible for grants to support training in general, pediatric, or public health dentistry include entities that have programs in dental or dental hygiene schools; or have approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Therefore, for the purposes of this announcement, the use of “general, pediatric, and public health dentistry”, “primary care dentistry” and “dental faculty” shall include dental hygiene unless otherwise noted.

Grants may be made to accredited dental or dental hygiene schools, public or private not-for-profit hospitals, or other public or not for profit entities to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, public health dentistry, or dental hygiene for dental or dental hygiene students, dental residents, practicing dentists or dental hygienists, or other approved primary care dental trainees, that emphasizes training in general, pediatric, or public health dentistry.

Eligible entities may partner with schools of public health for the education of dental students, residents or dental hygiene students for a master’s in public health in an accredited program. Training activities must be conducted by an accredited entity; therefore, either the applicant or a partner organization responsible for the dental or dental hygiene training must be accredited.

ARRA funds cannot be used to support residency trainees who are already receiving non-ARRA-funds.

More specific information on program requirements can be found in the funding opportunity announcement.

How can I track and separate ARRA versus non-ARRA funds?

To facilitate monitoring and tracking of ARRA funds from any other funds, ARRA grants will be provided under a unique grant number and Payment Management System (PMS) sub-account.

How will ARRA funding be delivered to grantees?

Grantees will receive ARRA funds much in the same way grantees receive regular funding via the PMS; an NGA will be issued under a different grant number. For information regarding the drawdown of your awarded funds, contact your account representative at 1-877-614-5533 or <http://www.dpm.psc.gov/>. Grantees should draw down funds based on the needs of the ARRA project.

Application Specifics

How are applications submitted?

The competitive guidances for these funding opportunities have been posted, and can be accessed through the Grants.gov, HRSA.gov, and Recovery.gov websites. All applicants are required to apply electronically through Grants.gov by the established deadline, which is **May 28, 2010 5:00 PM ET**.

The application process is divided into two parts. Under Part 1, applicants will submit the Standard Form (SF) 424 R&R face page, Assurances, and 5161 checklist to Grants.gov by the required application due date. Under Part 2, supplemental information will then be submitted via the HRSA Electronic HandBooks (EHBs) by the same due date. Only applicants who have successfully submitted a grant application through both Grants.gov (Part 1) and the EHBs (Part 2) by the specified due date will be considered for review.

Are there page limits for the applications?

The page limit for each application is **65** pages. This limit does not include standard forms, the Assurances form and the Environmental Information and Documentation (EID) checklist form. It does include the abstract, project and budget narratives, attachments, and letters of commitment and support. Applications that exceed the specified limit will be deemed non-compliant and will not be considered.

Please keep in mind that all information presented in the submission is publishable, and may be used to provide information to the public and Congress.

Note that regardless of the amount of text on a page and the amount of white space, each page will be counted as a separate page. This means that a page, whether it contains one line or a full page of text, will be counted as a page.

How should attachments be formatted?

All attachments must be provided to HRSA in a computer-readable format (i.e., do not upload text as images). HRSA recommends PDF files but will accept Microsoft Word or Excel files as well. Please do not use spaces or special characters when naming files.

Should applicants upload additional attachments?

The page limit for the entire application is **65** pages. This limit does not include standard forms, the Assurances form and the Environmental Information and Documentation (EID) Checklist. If an applicant has not reached this limit with the other required attachments, it is free to submit attachments that it feels will respond to the review criteria and increase the competitiveness of the application. Applicants must ensure, however, that they do not exceed the total page limit.

Is there a specific order required for the assembly of the application?

Yes. All applications should follow the order described in the funding guidance.

What is the **new** deadline for this opportunity?

For this competitive funding opportunity, a deadline has been established for application submission. All applications **MUST** be submitted in both Grants.gov and the EHBs by **May 28, 2010 at 5:00 p.m. ET**.

Will there be any opportunities for technical assistance prior to the application deadline?

A Technical Assistance conference was held on April 29, 2010 for the four program areas and included a question and answer period. Taped replay is available through the closing date of these funding opportunities. Specific information is as follows:

Replay: 1-800-767-6745 (no passcode is needed for replay).

If I have any further questions before submitting a formal application, is there someone I can contact?

Yes. For additional information related to technical assistance, program, and grants management issues, please contact:

PROGRAM	PROGRAM OFFICER	GRANTS MANAGEMENT
Pre-doctoral Training in General, Pediatric or Public Health Dentistry or Dental Hygiene (HRSA-10-262)	Anne Patterson 301.443.6822 Anthony Anyanwu 301.443.8437	Denis Nikiema 301.443.8007
Post-doctoral Training in General, Pediatric and Public Health Dentistry (HRSA-10-261)	Cindy Eugene 301.443.3870	Denis Nikiema 301.443.8007
Faculty Development Training in General, Pediatric and Public Health Dentistry or Dental Hygiene (HRSA-10-263)	Martha Evans 301.443.3142 Thomas Vallin 301.443.1307	Denis Nikiema 301.443.8007
Dental Faculty Loan Repayment (HRSA-10-260)	Martha Evans 301.443.3142 Sylvia Joice 301.443.1084	Denis Nikiema 301.443.8007

New – May 3, 2010 - When we fill in SF 424 R&R Face Page on Grant.gov, what do we enter for estimate project funding?

The face page asks for an estimate of the expected amount of funding requested for one year. This question must be completed. It is understood that the actual budget which is submitted in the EHBs may not match the estimate, and that is fine. Reviewers will use the budget submitted in the EHBs for their reviews.

New – March 25, 2010 - Is white space in the application removed to achieve the page limit? Or is each page (including white space) included as 1 page in the final page limit?

Regardless of the amount of text on a page and the amount of white space, each page will be counted as a separate page. This means that a page, whether it contains one line or a full page of text, will be counted as a page.

New – March 19, 2010 - Is this grant required to have state review by the intergovernmental review procedures (Single Point of Contact)?

No. The dental funding opportunities are not subject to the provisions of Executive Order 12372, pertaining to Intergovernmental Review of Federal Programs, as implemented by 45 CFR 100.

New – March 19, 2010 - I see there is a page limit, but I cannot find anything about single or double spacing, or font size. Most grant guidances contain specific information about this.

The announcement points the applicant to Section 5 of HRSA's Electronic Submission User Guide, which can be found at <http://www.hrsa.gov/grants/userguide.htm>, for detailed application and submission instructions. In summary, applicants are required to use an easily readable typeface, such as Times Roman, Arial, Courier, or CG Times. The text and table portions of the application must be submitted in not less than 12- point and 1.0 line spacing. Charts, graphs, footnotes, and budget tables may use a different pitch or size font, not less than 10 pitch or size font. When printed, the application must fit on 8 ½" x 11" paper, with margins of at least one (1) inch at the top, bottom, left and right of the paper.

New – March 19, 2010 - What are the CLAS standards?

They are the National Standards on Culturally and Linguistically Appropriate Services in Health Care published by HHS, and available online at <http://www.omhrc.gov/CLAS>. The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. CLAS standards 4, 5, 6, and 7 are current Federal requirements for all recipients of Federal funds.

New – March 19, 2010 - What if I submit my application under Part 1 prior to the deadline, but it is rejected by Grants.gov and I am unable to resubmit before the deadline? Will I still be able to submit an application in HRSA's EHBs prior to the May 28, 2010 deadline?

Yes. Since these applications can be submitted simultaneously, you should continue to submit the required supplemental information in HRSA's EHBs prior to the deadline of May 28, 2010 at 5:00 PM ET.

New – March 19, 2010 - Since the application is in two parts, should Question #1 on the SF-424 R&R face page in Grants.gov be answered "Pre-application?"

No. In all cases this should be answered "Application." HRSA does not have pre-applications.

New – March 19, 2010 - Can you further explain the Maintenance of Effort Requirement?

Grant funds cannot be used to supplant current funding for proposed activities described in this application. That means activities currently funded by the applicant must be maintained at the same level using non-Federal funding. Grant funds cannot be used to take the place of current funding for those activities. The application must include a statement in this budget narrative indicating that Federal grant funds will not replace current sources of support for proposed grant activities.

New – March 19, 2010 - How should we complete Checklist Part B, Questions #5-#7 since the budget information is included in Part 2, and not in Grants.gov?

Mark "yes" to indicate that those documents will subsequently be submitted in the EHBs. However, if you already submitted in Grants.gov and marked "N/A" or left it blank, that is acceptable as well, and will have no affect on your overall application.

New – March 19, 2010 – Why can't I find the appropriate forms on the forms page?

Applicants to this initiative must go to Grants.gov in order to obtain the correct application package. Once you know the funding opportunity number and go into the Apply For Grants section in Grants.gov, you will have the opportunity to download both the application instructions (the program guidance) and the application package (the correct forms).

New – March 25, 2010 – Question 18 on the SF-424 R&R seems to require the SFLLL, a lobbying form. Do we leave this blank (no attachment) and wait to submit in EHB?

Yes, that is correct. Lobbying information will be requested in the EHBs (refer to Part 2 summary chart in the announcement). This form will not be included in the page limit.

Environmental Information and Review

What is NEPA and how does it relate to the other laws?

The National Environmental Policy Act (NEPA) requires that HRSA includes an environmental prospective in project planning by evaluating the potential environmental impacts of the proposed project and ensuring an appropriate level of public involvement takes place. The NEPA review process is the means HRSA uses for identifying and considering the requirements of the other environmental laws that apply to the project. A fundamental requirement of NEPA is that the review must be completed prior to starting the project. Funding may be jeopardized if this does not happen.

Can my project be exempt from NEPA?

Many actions, such as routine equipment purchases, may be exempt from the NEPA review and documentation process. Even so, you must be aware that the other environmental laws may still apply and must be addressed. For example, medical or dental equipment containing or using mercury, radioactive sources, or other hazardous materials require specific environmental review because of the potential to cause an environmental effect. Equipment falling within this category should be listed separately on the checklist.

Who needs to complete the Environmental Information and Documentation Checklist?

A completed Environmental Information and Documentation (EID) Checklist must be submitted with any application that proposes the purchase and/or installation of equipment, to indicate whether any potential extraordinary circumstances exist. In cases where there is a "Yes" response, a draft Environmental Assessment (EA) will be required; if needed, HRSA will work with applicants on this requirement.

How will I know if the other laws apply to my project?

A "Yes" response to any questions in the Environmental Information and Documentation Checklist is an indication that requirements of one or more of these laws might be triggered.

Application Review

Who will review the dental applications?

Applications will be subject to both an internal and external HRSA review. The internal review assesses completeness, eligibility, and environmental impact. These applications will also be reviewed by an Objective Review Committee. HRSA has established the method to assess the technical merit of applications to provide for an objective review of applications. The review criteria outlined in the guidance will be used to review and rank applications. The review criteria are designed to enable the review panel to assess the quality of an application and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

New – May 3, 2010 - Have the Review Criteria changed from the previous guidance?

Yes. The applications review criteria have changed. Special Consideration was deleted (Review Criterion 7) and in a modified version is now a priority.

The new score distribution is:

1. Criterion 1 (need) = 15 pts
2. Criterion 2 (response) = 30 pts
3. Criterion 3 (evaluative measures) = 15 pts
4. Criterion 4 (impact) = 10 pts
5. Criterion 5 (resources) = 20 pts
6. Criterion 6 (support requested) = 10 pts

How are applications ranked for funding?

Applications are ranked on several factors, including peer review score, funding priorities, and funding preferences, as follows:

Peer Review: Applications will be reviewed by an objective and independent review committee. Applications will be scored by the committee based on the program elements and review criteria. Specific program review criteria are presented in relevant sections of the funding opportunity announcement.

Funding priority: Is a numeric adjustment of an application's review score. A funding priority adds points to the review score. Each funding priority has a point value of five (5) points. Partial points will not be awarded for any funding priority. Applications may be submitted without requesting a funding priority; however, approval of a funding priority will enhance an applicant's competitive score.

New – May 3, 2010 - Have the Funding Priorities changed and what are the changes?

Answer: Yes. The Primary Care Priority and the Disadvantaged Priority are modified and new priorities have been added.

1. Partnering

There are 2 New Priorities Related to Partnering. The Collaborative Project Priority is Priority Number 1 in the Law, and the Formal Relationships Priority is Priority Number 4 in the Law.

- a. To meet the Collaborative Project Priority
 - i. Applicants must propose a collaborative project between
 1. a department of general, pediatric, or public health dentistry or dental hygiene *and*
 2. a department of primary care medicine. (see budget justification for additional instructions on applying for a collaborative project)
- b. To meet the Formal Relationships Priority
 - i. Applicants must establish formal relationships between
 1. federally qualified health centers
 2. rural health clinics *or*

3. accredited teaching facilities with onsite training of students, residents, fellows, or faculty.
4. To apply for this priority applicants should attach a copy of a *formal signed agreement* in Attachment 7.

2. Teaching Activities

There are 3 New Priorities Related to Teaching Activities. The Cultural Competency Priority is Priority Number 6 in the Law. The Special Population Priority is Priority Number 8 in the Law, and the Vulnerable Population Focus Priority is Priority Number 5 in the Law.

- a. To meet the Cultural Competency Priority
 - i. Applicants must conduct educational activities in *cultural competency and health literacy*.
- b. To meet the Special Population Priority
 - i. Applicants must propose the establishment of
 1. a special populations oral health care education center *or*
 2. a didactic and clinical education training program for dentists, dental health professionals, and dental hygienists who plan to teach oral health care for individuals with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.
- c. To meet the Vulnerable Population Focus Priority
 - i. Applicants must propose or conduct teaching programs targeting vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with disabilities, individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations.

3. Placement This is the Modified Primary Care Priority.

There are 2 New Priorities Related to Placement. The Discipline Retention Priority is Priority Number 2 in the Law and the Placement in Practice Settings Priority is Priority Number 7 in the Law.

- a. To meet the Discipline Retention Priority
 - i. Applicants must have a “record of training” the greatest percentage of providers *or* have significant improvements in the percentage of providers who enter and remain in general, pediatric, or public health dentistry or dental hygiene.
 1. For having “record of training” the greatest percentage of providers
 - a. an applicant must demonstrate that, after completing residency training, at least 90 percent of the 2005 or 2006 residency *program completers* remained in general, pediatric, or public health dentistry or dental hygiene practice as of July 2008 or July 2009 respectively.
 2. For having significant improvements in the percentage of providers who enter and remain in general, pediatric, or public health dentistry or dental hygiene.
 - a. an applicant must demonstrate that the number of 2006 program completers is at least 50 percent greater than the number of 2005 *program completers and*
 - b. a minimum of two, or 30 percent of the 2006 program completers, whichever is greater, are in general, pediatric, or public health dentistry or dental hygiene practice.
 - c. An applicant should consider including the total number of *program completers* and percentages for each year.
- b. To meet the Placement in Practice Settings Priority
 - i. Applicants must have a

1. high rate for placing graduates in practice settings serving underserved areas or health disparity populations or
 2. significant increases with the placement of graduates in practice settings serving underserved areas or health disparity populations.
- ii. Applicants are strongly encouraged to use the *Dental –HPSA or Health Professional Shortage Areas* as a measure supporting this request. The *HPSA* demonstrates a critical shortage of either primary care, dental or mental health providers, in accordance with Federally established guidelines. The *Dental HPSA* identifies an area's access to dental care by assigning a score to the *HPSA* and is therefore a valuable tool for applicants applying for this priority.

4. **Student Recruitment** This is the Modified Disadvantaged Priority. There is 1 New Priority Related to Student Recruitment. The Student Recruitment Priority is Priority Number 3 in the Law.

a. Student Recruitment Priority

i. Applicants must have a record of training individuals who are from a

1. *rural area or*

- a. which for the purposes of applying for this priority means either a jurisdiction that is not located in a metropolitan statistical area (MSA), as defined by the Office of Management and Budget http://www.whitehouse.gov/omb/inforeg_statpolicy/ or any jurisdiction located in an MSA, but in a county or tribal jurisdiction that has a population less than 50,000. Special rules apply for independent cities and townships.

2. *disadvantaged background or*

- a. HHS defines an individual from a *disadvantaged background* as one who comes from 1.) an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a graduate or undergraduate school or 2) a family with an annual income below established low-income thresholds. An individual must be certified by a school as having come from a *disadvantaged background* based on *environmental and/or economic factors*. See funding announcement for additional information. Applicants should include the criteria used by the school for this designation.
- b. To request this priority, an applicant must demonstrate that the number of current trainees (2009-2010) from disadvantaged backgrounds and the aggregated number of *program completers* from *disadvantaged backgrounds* from the past two years (2008 and 2009) each attain a rate of 30 percent. Each individual may only be counted once.
- c. See funding announcement for additional information on the definition of a *disadvantaged background*.

3. *underrepresented minority population.*

- a. *Underrepresented minority* is defined as *racial and ethnic populations* that are underrepresented in the health profession relative to their proportion of the population involved.
- b. *Minority* means an individual is either of the Hispanic or Latino ethnicity or is an American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander.

Applicants must provide the requested information in a Funding Priority Request section of the grant application and it **must be made clear that a priority is being requested**.

For detailed information on each funding priority please see the program guidance. There is also a definition section.

If I already have activities related to any of the priorities, such as, HIV/AIDs, teaching trainees' interprofessional skills, etc, can I receive the priority?

No, if you want to claim one of the priorities, then one of the activities of the grant should be to enhance or expand current curriculum activities in the priority area.

New – May 3, 2010 - How do I count my graduates/program completers in the case of collaborative applications?

Collaborative programs must account for all of the trainees when applying for a preference or priority. The trainees may either be counted by aggregating them for all the collaborative partners, or each collaborative partner may account for their own trainees. All collaborative partners, either individually or in the aggregate, must meet the preference or priority in order to qualify.

New – May 3, 2010 - Have any of the preferences in the previous guidance changed?

Yes. The MUC preference is no longer available for the dental programs. There are no preferences for the dental programs.

What are the relevant qualifications of the reviewers? Will the reviewers have significant experience as it relates to specific program areas?

HRSA maintains a large database of reviewers who are selected based on the type of grant that is being reviewed. Each reviewer will be screened to avoid conflicts of interest. Review committee members are responsible for providing an objective, unbiased evaluation based on the criteria that have been established for this funding opportunity.

In addition to the external review that will be conducted by the Objective Review Committee, all applications will be subject to an internal HRSA review. The internal review assesses completeness, eligibility, and environmental impact. HRSA has the appropriate resources in place to perform these reviews, and has made every attempt to ensure that individuals have the requisite skills, knowledge, and expertise needed to review these applications.

Can program directors who apply for funding also apply to serve as peer reviewers?

At this time the HRSA Division of Independent Review does not accept peer reviewers who are program directors applying for funding under that competition, nor any other individuals who have a financial interest in the application.

Will we receive the results of the peer review?

Each applicant will receive written notification. This notice will include the results of the peer review process and whether or not the application was selected for funding.

Reporting

What are the reporting requirements for Recovery Act funding?

Grantees must continue to comply with the usual and customary reporting requirements of the Dental Program, in addition to specific Recovery Act reporting. Recipients of Recovery Act funding will be required to provide periodic reports to ensure that funds are used for authorized purposes and instances of fraud, waste, error, and abuse are mitigated. Recovery Act funds can be used in conjunction with other funding as necessary to complete projects, but tracking and reporting must be separate to meet the reporting requirements of the Recovery Act. Additional information is available at http://www.whitehouse.gov/omb/recovery_default/.

Generally, as required by the Recovery Act, recipients are required to report the following information:

1. The total amount of Recovery Act funds.
2. The amount of Recovery Act funds received that were obligated and expended to projects or activities. This reporting will also include unobligated allotment balances to facilitate reconciliations.
3. A detailed list of all projects or activities for which Recovery Act funds were obligated and expended, including
 - a. The name of the project or activity;
 - b. A description of the project or activity;
 - c. An evaluation of the completion status of the project or activity;
 - d. An estimate of the number of jobs created and the number of jobs retained by the project or activity. . Note that there has been a significant change to the methodology for counting jobs. The policy is to no longer calculate jobs on a cumulative basis; jobs are now to be calculated on a quarterly basis.
4. Detailed information on any subcontracts or subgrants awarded by the recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.

Where can I find out more information about the ARRA reporting requirements?

The current Office of Management and Budget (OMB) guidance regarding ARRA reporting is available at http://www.whitehouse.gov/omb/assets/memoranda_2010/m10-14.pdf. Please note that future updates to recipient reporting guidance from OMB are likely, and recipients will be expected to follow the most current OMB guidance.

The OMB Section 1512 guidance for recipient reporting can be found at:

<http://www.recovery.gov/?q=node/579>

In addition, the Office of Management and Budget (OMB) prepared a series of webinars to train Federal Agencies and recipients of ARRA funding on how to comply with their reporting responsibilities. Links to the recorded webinars can be found at: <http://www.whitehouse.gov/Recovery/WebinarTrainingMaterials/>

Are institutions required to submit both the BHPr BPMS Performance Report and the ARRA quarterly reports?

Yes. The Performance Report is a standard annual reporting requirement for the regularly funded program. Similarly, the ARRA program has the requirement for an ARRA Performance Report in addition to the required ARRA specific reporting as described on the Recovery.gov web site. However, it is important to note that the Performance Report is an ANNUAL report while the additional ARRA reporting requirements are quarterly reporting.

Why is the ARRA required reporting scheduled quarterly rather than annually?

Quarterly reporting is stipulated for timely measure and transparency in reporting the use and impact of ARRA funds.

Will the ARRA quarterly report be completed and submitted through the HRSA EHB's?

No. ARRA reports will be completed and submitted via a centralized system on www.FederalReporting.gov by no later than 10 days from the end of each quarter. This information will then be migrated for public access to the Recovery.gov website upon data quality review by the funding agency.

Are dental programs expected to create new jobs as a result of receiving ARRA dental funds?

No. While it is true that ARRA funds are intended to improve the nation's access to well-trained primary care physicians, physician assistants and dentists, this activity does not meet the definition of creation or retention of jobs with ARRA funding. To meet the ARRA definition, a person's salary would need to be paid directly with ARRA funds. If that is the case, the FTE for that position would be calculated and reported following the most recent OMB guidelines.