

Revised May 3, 2010

**American Recovery and Reinvestment Act (ARRA)
PRIMARY CARE TRAINING AND ENHANCEMENT PROGRAM
(PCTE)
(previously known as the Training in Primary Care Medicine and Dentistry
Program (TPCM))**

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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) Primary Care Training and Enhancement Grant Program?

The ARRA Primary Care Training and Enhancement Grant Program is a grant program focused on improving the nation's access to well-trained primary care physicians, physician assistants.

This grant program, authorized by Title VII, section 747 of the Public Health Service Act and the American Recovery and Reinvestment Act of 2009 (ARRA), is administered by the Health Resources and Services Administration (HRSA). The program focuses on training in family medicine, general internal medicine, and general pediatric physicians; and primary care physician assistants as a means of improving access to care.

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA; Pub. L. 111-148). Among its many provisions, the PPACA reauthorized and amended the Training in Primary Care Medicine programs in Title VII, Section 747 of the Public Health Service Act. The PPACA made changes to the program authority, including lengthening the project period, increasing the program areas and scope of activities as well as the funding priority and preferences, and separating out dental training programs.

How many program areas are there in this competition?

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

- Residency Training in Primary Care (HRSA-10-235)
- Predoctoral Training in Primary Care (HRSA-10-233)
- Academic Administrative Units in Primary Care (HRSA-10-231)
- Physician Assistant Training in Primary Care (HRSA-10-234)
- Interdisciplinary and Interprofessional Joint Graduate Degree (HRSA-10-236)
- Physician Faculty Development in Primary Care (HRSA-10-232)

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

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

1) Residency Training in Primary Care (HRSA-10-235)

- a. Funds may be used to plan, develop, and operate or participate in an accredited professional training program, including an accredited residency or internship program in the field of family medicine, general internal medicine, and/or

- general pediatrics for medical students, interns, residents, or practicing physicians as defined by the Secretary.
- b. Funds may be used to provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel, who are participants in any such program, and who plan to specialize or practice in the fields of family medicine, general internal medicine, or general pediatrics.
- c. Funds may be used to plan, develop, and operate a program for the training of physicians teaching in community-based settings.

2) Predoctoral Training in Primary Care (HRSA-10-233)

- a. Funds may be used to plan, develop, and operate or participate in an accredited professional training program or internship program in the field of family medicine, general internal medicine, and/or general pediatrics for medical students, interns, residents, or practicing physicians as defined by the Secretary.
- b. Funds may be used to provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel, who are participants in any such program, and who plan to specialize or practice in the fields of family medicine, general internal medicine, or general pediatrics.
- c. Funds may be used to plan, develop, and operate a program for the training of physicians teaching in community-based settings.

3) Academic Administrative Units in Primary Care (HRSA-10-231)

- a. Accredited schools of medicine or osteopathic medicine are the only eligible entities.
- b. Funds may be used to establish, maintain or improve academic units (which may be departments, divisions, or other units) or programs that improve clinical teaching and research in the fields of family medicine, general internal medicine and/or general pediatrics.
- c. Funds may be used to establish, maintain or improve programs that integrate academic administrative units in the fields of family medicine, general internal medicine and or general pediatrics to enhance interdisciplinary recruitment, training, and faculty development.
- d. Funds may be used to plan, develop, and operate a program for the training of physicians teaching in community-based settings.
- e. There is a funding preference unique to the AAU program. Qualified applicants may request a preference if they agree to expend the funds for the purpose of establishing academic units or programs in the fields of family medicine, general internal medicine and/or general pediatrics; or substantially expanding such units or programs.

4) Physician Assistant Training in Primary Care (HRSA-10-234)

- a. Funds may be used to plan, develop, and operate a physician assistants education program and for the training of individuals who will teach in programs to provide such training.
- b. Funds may be used to plan, develop, and operate a program for the training of physician assistants teaching in community-based settings.
- c. The definition of a Physician Assistant Education Program was amended; see Executive Summary.

5) Interdisciplinary and Interprofessional Joint Graduate Degree (HRSA-10-236)

- a. Funds may be used to plan, develop, and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health,

infectious disease control, disease prevention and health promotion, epidemiological studies and injury control.

6) Physician Faculty Development in Primary Care (HRSA-10-232)

- a. Funds may be used to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine, or general pediatrics training programs.
- b. Funds may be used to plan, develop, and operate a program for the training of physicians teaching in community-based settings.
- c. Funds may be used to provide financial assistance in the form of traineeships and fellowships to physicians who are participants in any such programs and who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program.

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 the ARRA Training in Primary Care Medicine and Dentistry (ARRA-TPCM) (now the Primary Care Training and Enhancement) Grant Program?

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

Unless otherwise noted, eligible entities include accredited public or nonprofit private hospitals, schools of medicine or osteopathic medicine, academically affiliated physician assistant training programs, or a public or private nonprofit entity, including a geographically separate campus (allopathic and osteopathic) which the Secretary has determined is capable of carrying out such grants are eligible to apply. The eligibility for the AAU program is limited to public or nonprofit private schools of allopathic or osteopathic medicine. For the joint degree program, eligibility is limited to a public or nonprofit entity that can confer a degree.

There are accreditation requirements with respect to the eligible entities listed above which allow both accredited and non-accredited entities to apply. Either the applicant or a partner organization must be accredited. Non-accredited applicants are only eligible if the Secretary has determined they are capable of carrying out the grant. The applicant or partner organization MUST provide a statement that they are accredited, and must name their accrediting body and date of accreditation for verification purposes. Submission of accreditation letters is no longer required. To receive grant funds for Primary Care Training and Enhancement, an applicant or partner organization must be accredited as noted below:

- Schools of Medicine or Osteopathic Medicine must be accredited by the Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA).
- Residency Training in Family Medicine, General Internal Medicine and/or General Pediatrics must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or AOA.
- Physician Assistant Training Programs must be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).
- Faculty Development applicants must be from an organization accredited by the LCME, AOA, and ACGME.
- Joint Degree applicants must be able to confer a degree; i.e., a college, university, or medical school. The joint degree program must support the development of primary care training programs.

New – May 3, 2010 - Are there any additional program requirements for the Interdisciplinary and Interprofessional Joint Graduate Degree?

Yes. You must support the development of primary care (Family Medicine, General Internal Medicine, General Pediatrics, or Physician Assistant Training). You must be able to confer a degree. The curriculum for the program must include at a minimum interdisciplinary and interprofessional graduate training in public health, environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control. The curriculum must lead towards a graduate degree, master or doctoral level, and not a certificate program. Identify curriculum, level of trainees, additional subjects to be emphasized, and types of health professionals involved.

New – May 3, 2010 - What kinds of activities can be supported in the Interdisciplinary and Interprofessional Joint Graduate Degree program?

Activities such as faculty development and curriculum development can be supported.

New – May 3, 2010 - Does the graduate degree for the Interdisciplinary and Interprofessional Joint Graduate Degree program have to be a Masters of Public Health?

No.

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

All applicants on a collaborative application must meet eligibility requirements. There are accreditation requirements with respect to the eligible entities listed above which allow both accredited and non-accredited entities to apply. Either the applicant or a partner organization must be accredited. Non-accredited applicants are only eligible if the Secretary has determined they are capable of carrying out the grant. The applicant or partner organization MUST provide a statement that they are accredited, and must name their accrediting body and date of accreditation for verification purposes.

New – May 3, 2010 - Can I collaborate across the three disciplines of family medicine, General Internal Medicine (GIM) and/or General Pediatrics (GP)?

Yes. Collaborative projects are allowed across the three disciplines.

New – May 3, 2010 - We currently have a predoctoral grant in Family Medicine. Are we eligible to apply for the Interdisciplinary and Interprofessional Joint Graduate grant?

Yes, because the joint degree program is a different program area, just as if you were applying for a grant in residency training in family medicine.

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-PCTE 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 21, 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 21, 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:

HRSA-10-231	Academic Administrative Units (AAUs)
HRSA-10-232	Physician Faculty Development
HRSA-10-233	Predoctoral Training
HRSA-10-234	Physician Assistant Training
HRSA-10-235	Residency Training
HRSA-10-236	Interdisciplinary and Interprofessional Joint Graduate Degree

If an applicant misses the May 21, 2010 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 21, 2010 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 21 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 21 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-PCTE funding in 2011?

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

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

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

Together, approximately \$42,000,000 is available to fund approximately 70 grant awards.

Applicants should be aware that no regular appropriation funds are available for new grant awards in General Internal Medicine, General Pediatrics, or Physician Assistant Training; only Recovery Act funds are available. Applicants wishing to compete for funding in these disciplines may only receive Recovery Act funds, even if their proposed projects include Family Medicine not so restricted. BHPPr will not mix Recovery Act and regular appropriation funds in supporting any single project.

Are funds available for faculty loan repayment?

Under the FY2010 appropriation, up to \$2.5 million has been made available for faculty loan repayment for Pediatric Dentists under the Faculty Loan Repayment Program authorized pursuant to Section 738(a) of the PHS Act. If pediatric dentists are interested in applying for individual loan repayment awards, they should apply under funding opportunity announcement [HRSA-10-260](#). Note that those funds will be neither competed nor awarded under the funding opportunities described in the guidance.

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. Note that no regular appropriation funds are available for General Internal Medicine, General Pediatrics, or Physician Assistant Training; only Recovery Act funds are available.

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) made changes to the Training in Primary Care Medicine program authority, including lengthening the project period.

Must applications be for a 5-year project period?

Although that is generally our expectation, applicants can certainly request a shorter project period should that more appropriately reflect their program plans. However, should funds be awarded for a shorter project period we would be unable to add the additional year at a later date.

Can ARRA-PCTE 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-PCTE project start date. ARRA-PCTE 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 ARRA-PCTE 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-PCTE funds?

Recipients of ARRA-PCTE 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-PCTE funds?

This is a one-time funding opportunity. ARRA-PCTE 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 for the same scope, in the same program area and the same discipline, will not be accepted for this announcement. Current grantees must include within their budget justification information regarding use of their most recent grant funds.

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 ARRA-PCTE financial support and PCTE financial support to the same trainee?

No. ARRA-PCTE funds must be used to support trainees other than those that receive support through PCTE under the non-ARRA program. 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.hrsa.gov/grants/hhsgrantspolicy.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. Note, however, that for the Interdisciplinary and Interprofessional Joint Graduate Degree program the statute does not support participants, so tuition, fees, and stipends are not allowed for this program.

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

Yes. Trainee support charged to the ARRA-PCTE 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-PCTE financial support to continuing and new PCTE 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?

The ARRA Training in Primary Care Medicine Grant Program is a grant program focused on improving the nation's access to well-trained primary care physicians and physician assistants.

Unless otherwise noted, eligible entities include accredited public or nonprofit private hospitals, schools of medicine or osteopathic medicine, academically affiliated physician assistant training programs, or a public or private nonprofit entity, including a geographically separate campus (allopathic and osteopathic) which the Secretary has determined is capable of carrying out such grants are eligible to apply. The eligibility for the AAU program is limited to public or nonprofit private schools of allopathic or osteopathic medicine.

There are accreditation requirements with respect to the eligible entities listed above which allow both accredited and non-accredited entities to apply. Either the applicant or a partner organization must be accredited. Non-accredited applicants are only eligible if the Secretary has determined they are capable of carrying out the grant. The applicant or partner organization MUST provide a statement that they are accredited, and must name their accrediting body and date of accreditation for verification purposes. Submission of accreditation letters is no longer required. To receive grant funds for Primary Care Training and Enhancement, an applicant or partner organization must be accredited as noted below:

- Schools of Medicine or Osteopathic Medicine must be accredited by the Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA).
- Residency Training in Family Medicine, General Internal Medicine and/or General Pediatrics must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or AOA.
- Physician Assistant Training Programs must be accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).
- Faculty Development applicants must be from an organization accredited by the LCME, AOA, and ACGME.
- Joint Degree applicants must be able to confer a degree; i.e., a college, university, or medical school. The joint degree program must support the development of primary care training programs.

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

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

How will ARRA-PCTE funding be delivered to grantees?

Grantees will receive ARRA-PCTE 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-PCTE 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 21, 2010**.

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 21, 2010 at 5:00 p.m. ET**.

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

Yes. Because of the unique nature of ARRA, all applicants are encouraged to participate in a technical assistance call for these funding opportunities.

Individual Technical Assistance conference call sessions for the six program areas will be conducted. Each individual program area specific TA session will include a question and answer

period. Taped replays will be available one hour after the call ends, through the closing date of these funding opportunities. Specific information is as follows:

Program	Date	Toll-free Number & Passcode	Taped Replay Information
Academic Administrative Units in Primary Care (HRSA-10-231)	4/26/10 2:00 PM ET	888-566-5914 Code: 8349605	866-376-2451
Predoctoral Training in Primary Care (HRSA-10-233)	5/3/10 2:00 PM ET	888-790-3166 Code: 2660304	866-350-7003
Physician Faculty Development in Primary Care (HRSA-10-232)	4/30/10 11:00 AM ET	888-790-3167 Code: 2215873	800-937-9698
Joint Graduate Degree (HRSA-10-236)	4/30/10 2:00 PM ET	888-989-6519 Code: 2775405	800-677-5819
Residency Training in Primary Care (HRSA-10-235)	5/3/10 11:00 AM ET	800-369-3310 Code: 3335691	800-627-8064
Physician Assistants Training (HRSA-10-234)	4/28/10 11:00 AM ET	888-324-7512 Code: 3285113	800-925-2685

If I am unable to participate in any of the conference calls, will I have other chances to obtain that information?

Yes. Taped replays of each conference call will be available approximately one hour after each call ends, and will be available until the closing date of the funding opportunity. Specific information can be found above, as well as in the funding opportunity announcement.

Do I need to participate in all calls in order to obtain all the information I need in order to apply?

No. Each technical assistance conference call will be program area specific, and will include a question and answer period specific only to that program area. As appropriate, new questions that are asked and answered either during the course of each call or through any subsequent e-mail requests will be added to this document on a regular basis.

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 Area	Program Officers BHP	Grants Management Specialists OGAM/DGMO
Residency Training in Primary Care	Anthony Anyanwu, M.D.,MHA Email: aanyanwu@hrsa.gov Tel: 301-443-8437 Fax: 301-443-1945	Kimberly Ross Email: kross@hrsa.gov Tel: 301-443-2353 Fax 301-443-6343 Curtis Colston Email: ccolston@hrsa.gov Tel: 301-443-3438 Fax 301-443-6343
Physician Assistant Training in Primary Care	Cindy Eugene, MSA Email: ceugene@hrsa.gov Tel: 301-443-3870 Fax: 301-443-1945 Thomas Vallin, MPH (ARRA) Email: tvallin@hrsa.gov Tel: 301-443-1307 Fax: 301-443-1945	Denis Nikiema Email: dnikiema@hrsa.gov Tel: 301-443-8007 Fax 301-443-6343
Interdisciplinary and Interprofessional Joint Degree	Dan Mareck, MSA Email: dmareck@hrsa.gov Tel: 301-443-1467 Fax: 301-443-1945	Will Weisenberg Email: wwaisenberg@hrsa.gov Tel: 301-443-8056 Fax 301-443-6343
Predoctoral Training in Primary Care	Anne F. Patterson, BSW Email: apatterson@hrsa.gov Tel: 301-443-6822 Fax: 301-443-1945 Sylvia Joice, DrPH, MPH (ARRA) Email: sjoyce@hrsa.gov Tel: 301-443-1084 Fax: 301-443-1945	Kimberly Ross Email: kross@hrsa.gov Tel: 301-443-2353 Fax 301-443-6343 Curtis Colston Email: ccolston@hrsa.gov Tel: 301-443-3438 Fax 301-443-6343
Academic Administrative Units	Martha E. Evans, MA Email: mevans@hrsa.gov Tel: 301-443-1467 Fax: 301-443-1945 Thomas Vallin, MPH (ARRA) Email: tvallin@hrsa.gov Tel: 301-443-1307 Fax: 301-443-1945	Jacqueline Dickerson Email: jdickerson@hrsa.gov Tel: 301-443-6512 Fax 301-443-6343
Physician Faculty Development Training	Martha E. Evans, MA Email: mevans@hrsa.gov Tel: 301-443-1467 Fax: 301-443-1945	Jacqueline Dickerson Email: jdickerson@hrsa.gov Tel: 301-443-6512 Fax 301-443-6343

New – March 19, 2010 - When we submit the materials for Part 1, do we need to fill in #15 on the SF 424 R&R Face Page? I anticipate that we will still be working on our budget on 3/26, and may not know the actual amount of our request.

Question 15 on the Face Page in Part 1 asks for an estimate of the expected amount of funding requested. This question must be completed. It is understood that the actual budget which is submitted in Part 2 may not match the estimate, and that is fine. Reviewers will use the budget submitted in Part 2 for their reviews.

New – March 25, 2010 - Is white space in the application removed to achieve the 65 page limit? Or is each page (including white space) included as 1 page in the final 65 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 PCTE 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 65 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 21, 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.

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 PCTE 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.

Note that the Primary Care Priority and the Disadvantaged Priority are modified.

Each priority area is listed below. Applicants are allowed to apply for more than one priority. To be considered a qualified applicant must:

- a. Propose innovative approaches to clinical teaching using models of primary care, such as the patient centered medical home, team management of chronic disease, and interprofessional integrated models of health care that incorporate transitions in health care settings and integration of physical and mental health provision;
- b. Have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in primary care practice. This priority is referred to as the "primary care" priority and detail on applying for this priority is provided in the Primary Care section below;
- c. Have a record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background. "Rural" is defined as an

area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget (OMB) based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located at a significant distance from the major city in the Standard Metropolitan Area. This priority is referred to as the “underrepresented, rural, disadvantaged” priority and detail on applying for this priority is provided in the disadvantaged section below;

- d. Provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with HIV/AIDS, and individuals with disabilities;
- e. Establish formal relationships and submit joint applications with federally qualified health centers, rural health clinics, area health education centers, or clinics located in underserved areas or that serve underserved populations. Applicants should describe the educational environment and provide documentation and/or letters of support of the formal relationship.
- f. Teach trainees the skills to provide interprofessional, integrated care through collaboration among health professionals.
- g. Provide training in cultural competency and health literacy.
- h. For AAU, HRSA-10-231, applicants may request one additional priority if they propose a collaborative project between academic administrative units of primary care. This priority is referred to as the “academic administrative unit collaborative priority” and additional information is provided in the AAU Collaborative Priority in the guidance.

To receive points, the applicant must request the funding priority in writing and provide the required information as specified in the program guidance.

New – May 3, 2010 - Who should I count for the Primary Care Priority?

For *Faculty development*: You will count faculty trainees who have completed your faculty development training program.

To qualify for “record of training,” you must demonstrate that after completing your faculty development training, at least 90 percent of 2005 or 2006 faculty development completers remained in primary care practice as of July 2008 or July 2009 respectively.

To qualify for “significant improvement,” you must demonstrate that the number of primary care practice for 2006 faculty development training completers is at least 50 percent greater than the number of 2005 faculty development program completers and a minimum of 2 or 30 percent of the 2006 faculty development program completers whichever is greater are in primary care practice. This is the same percentages in the Guidance for the Residency program.

For *Academic Administrative Units and Predoctoral Training*: You will count medical students who have graduated from your medical school.

To qualify for “record of training,” an applicant must demonstrate that after completing residency training, at least 30 percent of the 2005 or 2006 medical school graduates remained in primary care practice as of July 2008 or July 2009 respectively. An applicant must include the total number of medical school graduates and percentage for each year. This information can be provided in tabular format.

To qualify for “significant improvement,” an applicant must demonstrate that the number of medical school graduates for 2006 who are in primary care practice is at least 50 percent greater than the number of 2005 medical school graduates who are in primary care practice, AND a minimum of two (2), or 15 percent of the 2006 medical school

graduates whichever is greater, are in primary care practice. An applicant must include the total number of medical school graduates and percentage for each year. This information can be provided in tabular format.

For the *Interdisciplinary and Interprofessional Joint Graduate Degree program*: You will count graduates who have completed your joint degree training program. Use the same years and percentage found in the guidance on page 32.

For the *Physician Assistant Training*: You will count graduates who have completed your Physician Assistant Training program. Use the same years and percentage found in the guidance on page 32.

For the *Residency Training*: The years and percentage to use are on page 32 in the guidance.

Must an applicant provide training in cultural competency and health literacy to get the priority?

Yes, because the statute uses the word “and” and not “or.”

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?

The MUC preference did not change. However, the establishment or substantial expansion did change for Academic Administrative Unit.

Funding Preference: Is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. Preferences will not be given if the application is ranked at or below the 20th percentile of applications that have been recommended for approval by peer review groups.

Applicants applying for funding preferences must request the preference in writing in the grant application.

There are two statutory funding preferences:

- The Medically Underserved Community (MUC) Funding Preference (applies to all program areas); and
- The Establishment or Substantial Expansion of an Academic Administrative Unit Funding Preference (applies only to Academic Administrative Units in Primary Care program area).

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

What is the difference between the medically underserved area (MUA) and the medically underserved community (MUC)? Does a MUA count as a MUC?

A MUA is based on the ratio of physicians to population, infant mortality rate, incomes below the poverty level, and percentage of the population over 65.

A MUC is defined as an urban or rural area or population that meets specific criteria listed in guidance. Sites that qualify as MUC practice sites are listed in the guidance.

A MUA does not count as a MUC. Visit the HRSA website for more details.

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 PCTE 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-PCTE quarterly reports?

Yes. The PCTE-Performance Report is a standard annual reporting requirement for the regularly funded program. Similarly, the ARRA-PCTE program has the requirement for an ARRA PCTE-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-PCTE required reporting scheduled quarterly rather than annually?

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

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

No. ARRA-PCTE 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 PCTE programs expected to create new jobs as a result of receiving ARRA-PCTE 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.