



**American Recovery and
Reinvestment Act**

Health Professions Programs

Script: Preventive Medicine Residency Conference Call

January 7, 2010

Conference Call Operator: Will open call.

PROGRAM STAFF - WELCOME REMARKS:

Good afternoon and welcome to the HRSA Bureau of Health Professions Conference Call for funding opportunity HRSA-10-127 for the Preventive Medicine Residency Program. Thank you for joining us on the call this afternoon. My name is Kathleen Kilbane and I am a Public Health Analyst in the Division of Diversity and Interdisciplinary Education. I am filling in for Elsie Quinones who could not be here today. Elsie is the project officer for the Preventive Medicine Residency Program.

This funding opportunity is open to eligible entities described in the guidance as schools of allopathic medicine, osteopathic medicine, dentistry, and public health. Funding is being made available under the American Recovery and Reinvestment Act of 2009 and Title VII, Section 768 of the Public Health Act.

Now, we would like to go over the procedures for this conference call. First, we request that during this technical assistance call, all telephone lines are muted to maintain noise disturbances to a minimum so all participants can listen to the presenters.

Following the presentations, there will be an opportunity for you to ask questions. I also would like to bring to your attention the fact that this call is being recorded and you will have the opportunity to listen to the session again, if you wish, until March 5, 2010.

The technical assistance call of January 7 will be available by calling Toll Free
Replay number: 1-800-947-6309

And, the January 19th technical assistance call will be available by calling the
Replay Number: 1-866-517-3735.

During today's presentations, I encourage you to take notes about areas that are unclear to you, identify the page or page numbers to reference your questions, and pose them at the end of the call when we open the telephone lines. The operator will prompt you when you are able to begin asking questions.

PROGRAM STAFF - continued:

Today we have several HRSA staff present from various components within the organization to provide you with background information for you to begin developing your grant application for the Preventive Medicine Residency Program.

From the Bureau of Health Professions, Division of Diversity and Interdisciplinary Education staff, we have present Marcia Starbecker, Branch Chief for Geriatrics and Public Health Branch.

Introduction of Grants Management Staff:

From the HRSA-Division of Grants Management Operations, we have present Latisha Harris who will be replacing Thais J. Dias-Macaluso. She will be available to respond to questions about financial management concerns and/or issues. Her phone number is 301-443-1582 and her email address is lharris@hrsa.gov.

Technical assistance regarding this funding announcement may also be obtained by contacting: Elsie Quinones. Her contact information is available on page 35 of the grant application guidance. Extensive technical assistance will be available to new grantees.

In order to prepare a high quality application, we strongly suggest that you contact these staff members as you prepare your application.

Our agenda for today includes:

1. Brief remarks by the Branch Chief of the Geriatrics and Public Health Branch, followed by
2. An overview of the American Recovery and Reinvestment Act of 2009 and the budget appropriations for fiscal year 2010,
3. A synopsis of specific information about the application process, review process and evaluation criteria to be used in assessing the quality of the grant applications,
4. An overview of the specific reporting requirements for this funding opportunity,
5. A brief overview of the National Environmental Policy Act Compliance, and
6. A period for questions and answers reserved at the end of the presentations.

Now, I would like to introduce Marcia Starbecker.

Program staff - continued:

Thank you, Kathleen, for that introduction to today's technical assistance conference call. Good afternoon, I'm Marcia Starbecker, Branch Chief for the Geriatrics and Public Health Branch of the Division of Diversity and Interdisciplinary Education. Today, I want to begin by providing everyone with an overview of the application process and guide you through the process of developing your grant application for funding opportunity HRSA-10-127 for the Preventive Medicine grant program.

This funding opportunity is open to all current grantees of the Preventive Medicine Residency Program and new applicants described as eligible under section 768 of the Public Health Service Act. That is, current grantees receiving financial assistance through funding opportunity HRSA-2007-096 (CFDA: 93.165) and all schools of allopathic medicine, osteopathic medicine, dentistry, and public health accredited for the provision of education leading to board certification in preventive medicine.

It is estimated that \$6,685,000 supported by the American Recovery and Reinvestment Act will be available to fund approximately eight (8) grant programs. In addition, for fiscal year 2010, it is anticipated that \$2,365,000 will be available to award approximately 9 programs. All awards made under this announcement will have a three year project period, from July 1, 2010-June 30, 2013. Awards funded with appropriated FY 2010 funds will have a one year budget period consistent with past program practice. ARRA awardees, however, will have a three year budget period and will therefore receive three years of

funding on the award date. Applicants are able to request 1-3 years of funding. It is important to note that completing this grant application process and getting on the qualified list might provide future opportunities to receive funding if new resources become available.

You only need to submit one application for these funds. Applying for funding under this announcement requires that an applicant accept either ARRA or non-ARRA funding. The Notice of Grant Award will let you know whether you have received ARRA or non-ARRA funds. Let me say that once again – if you apply for this funding opportunity you will be awarded either ARRA or non-ARRA funds. You do not have the option of accepting one type of funding over another; if you apply you are asserting through that application that you will accept either.

Let me begin by highlighting several important points that are critical for your grant submission for fiscal year 2010:

1. Once again, let me reiterate that this funding opportunity announcement is open to all schools of allopathic medicine, osteopathic medicine, and public health accredited for the purpose of providing education leading to board certification in preventive medicine.
2. The second most important item associated with this grant competition is that the scope of applications that will be accepted for review and consideration for funding has been expanded to include all three specialty areas within preventive medicine - that is, general preventive medicine and public health, occupational medicine and aerospace medicine.

3. Another issue associated with receiving grant support from this program is that any financial support received through this funding mechanism is intended to assist academic institutions in meeting the cost of preventive medicine residency programs which cannot be met from other sources.
4. All grant applicants must submit documentation which demonstrates their accreditation status at the time of the application in order for the application to be accepted for review. Please remember that both allopathic and osteopathic residency programs are required to submit parallel information in order to be considered eligible for review.
5. For fiscal year 2010, the maximum number of pages that will be allowed for the grant application is 35 total pages printed or 4 MB of text; however, the Standard Forms do not count toward the maximum number of pages.
6. Also, in order to receive grant funds a program must have at least two residents in training during the entire project period. And,
7. **Finally**, you must submit Phase 1 of the application electronically via the website www.Grants.gov. Applicants who have successfully submitted a grant application through Grants.gov by the specified due date will be required to submit supplemental information electronically through HRSA's Electronic Handbooks at <http://grants.hrsa.gov/webexternal/login.asp>. For those of you who are

not registered yet, instructions are provided in this guidance, as well as on those two websites.

Now, without further delay, I will turn the call over to Kathleen Kilbane.

Program Staff – continued

Budget information (ARRA & Non-ARRA funding)

Hello again everyone. During this technical assistance call we will be referring to the American Recovery and Reinvestment Act of 2009 as “ARRA” or “Recovery Act.” The American Recovery and Reinvestment Act of 2009, was signed into law by President Obama on February 17, 2009. 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 States and local governments.

It is an unprecedented effort to jumpstart our economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so our country can prosper. The Act is an extraordinary response to a crisis unlike any since the Great Depression, and includes measures to modernize our nation's infrastructure, enhance energy independence, expand educational opportunities, preserve and improve affordable health care, provide tax relief, and protect those in greatest need.

All Recovery Act funding opportunities are announced on the website <http://www.grants.gov/> under the Recovery Act Grant Opportunities. HRSA has also created a website, <http://bhpr.hrsa.gov/recovery/> where updated information and guidance on how and when to apply for HRSA Recovery Act Grant Opportunities is announced.

The Recovery Act funding provides \$500 million to address health professions workforce shortages. Of that amount, \$300 million supports the expansion of the National Health Service Corps. On Tuesday July 28th, 2009 United States Department of Health and Human Services Secretary Kathleen Sebelius announced the availability of the remaining \$200 million to support grants, loans, loan repayments, and scholarships to expand the training of health care professionals. These funds target a variety of health professions training programs that will strengthen the health workforce. You can refer to our website at <http://bhpr.hrsa.gov/recovery/> for more detailed information.

Now, I will turn the call over to Marcia Starbecker who will provide specific information about the Preventive Medicine Residency Program funding opportunity HRSA-10-127.

PAUSE

PROGRAM STAFF - continued:

Funds for the ARRA-Preventive Medicine Residency Program are part of the Recovery Act funds allocated to the health professions workforce. This particular funding opportunity is intended to ameliorate the major shortage of

public health physicians. General appropriation funds for fiscal year 2010 are also available for this competing grant cycle.

As many of you are aware, the Preventive Medicine Residency Program's legislative purposes are to:

1. plan and develop residency training programs,
2. maintain or improve existing residency programs, and
3. provide financial assistance to residency trainees in these programs.

As it was mentioned previously, funding opportunity HRSA-10-127 is open to all preventive medicine residency programs accredited by the American Council on Graduate Medical Education and/or the American Osteopathic Association. As it was mentioned previously, under this funding opportunity all specialties in preventive medicine are eligible to apply for grant funds.

PAUSE

As you prepare your grant application please keep in mind that a primary requirement for this grant program is that all grant proposals must demonstrate that the program will have available full-time faculty members trained in preventive medicine and support from other faculty members trained in public health and other relevant specialties and disciplines to implement the program.

Residencies at State/Local health departments

For this funding opportunity, we are encouraging preventive medicine residency programs housed at State or Local Health Departments to partner with an

eligible school (allopathic medicine, osteopathic medicine, or schools of public health) to share and augment the impact of the financial resources being made available under the Recovery Act and fiscal year 2010 appropriations.

Residency directors interested in exploring this type of collaborative venture should consult with both the program officer and the grants management specialist in order to prepare their application properly.

----- PAUSE -----

There are different levels of documentation required from applicants according to the type of activity for which your organization will be requesting federal funding.

1- TO PLAN AND DEVELOP RESIDENCY TRAINING PROGRAMS

Those applicants that will be requesting funds for planning and development activities and have not yet gained accreditation status for the residency program must provide documentation that the grant applicant has begun the process to obtain accreditation. Sufficient documentation would consist of a letter from the appropriate accrediting organization confirming that their application requesting accreditation/approval has been received. This documentation should be included in Attachment 1 of the grant application.

All institutions that receive planning grants must demonstrate to HRSA that their preventive medicine program has gained accreditation by the end of the first year of support. If the grantee fails to provide appropriate documentation to our Agency of their accreditation status in a timely manner, it will be prohibited from drawing down funds for the second year of operations.

2- MAINTAIN OR IMPROVE EXISTING RESIDENCY PROGRAMS

The second legislative purpose of the preventive medicine program is to assist institutions in maintaining or improving their existing residency programs. Applicants that propose to maintain an already successful program should highlight the attributes of their program clearly and concisely. Those applicants proposing to improve their residency program should clearly delineate their current offerings from the new didactic offerings and describe how the modifications will enhance the residency program.

3- PROVIDE FINANCIAL ASSISTANCE TO RESIDENCY TRAINEES

For those applicants that will be requesting grant funds to provide financial assistance in the form of tuition, fees, and stipends, please refer to pages 18-22 of the application. These pages contain information about allowable costs, as well as the level of stipends for fiscal year 2009. If you have any questions about stipends or any other costs attributable to training activities, please contact the grants management specialist or project officer for clarification.

PAUSE.....

Now, I am going to take a few minutes to discuss how the incoming grant applications are reviewed and selected for funding. The HRSA-Division of Independent Review is responsible for managing objective reviews. A core of experts in the field of preventive medicine are identified and invited to review the incoming grant applications and they assess the merit of each application. All grant applications are given an objective and unbiased review. Based on the

recommendations made by the review panel, grant applications are considered further for receiving federal funding.

Format for Grant Application

The grant guidance contains a Table of Contents for the Standard Form – 424 R&R. It is located on pages 13 through 16. When you review the guidance in advance of your preparation of the application, you will notice that the column on the left hand side of the page provides the name of the “section” of the application and the right hand side column describes the guidelines for that section. For example, the right side column indicates if the section is required or optional, and if it is counted or not counted toward the maximum number of pages for this application (35 pages). On page 16, you will find the list of attachments for this application.

Assessment of the Grant Application

Factors to assess the quality and merit of the Preventive Medicine Residency Program applications have been developed to assist reviewers in determining the quality and feasibility of each proposal. The maximum number of points each application can receive is 100 points.

The Preventive Medicine Residency Program has two review criteria. Criterion number one is Need and it has a weight of 25 points. The other review criterion is “Response” and it has a total weight of 75 points.

Criterion 1: Need

The Need statement is one of the most important elements in the development of your proposal. A well rounded need statement should describe and properly provide professional literature citations of needs assessment at the institutional, local, State, and/or national levels and how the findings are applicable to your project. For developing the “Need” section of the grant application, applicants must identify and discuss the national/regional need your institution has to receive funds from this grant program. This section should address the extent to which the application describes the need and associated contributing factors to the identified problem or barriers to the solution. The statement of “Need” should also identify and assess the need of your proposed project in context with national, regional, or local health care needs that the project will address. In this section of the proposal, when identifying activities related to Need you should differentiate between the current activities and the proposed activities in your preventive medicine residency program.

Preventive medicine grant programs currently funded (HRSA-07-096) need to substantiate an increase in funding beyond the current grant. These grantees (that will end 6/30/2010) should discuss and demonstrate that the proposed activities are increased, as well as demonstrating that the trainees to be supported are different than those currently enrolled in the preventive medicine residency program.

Criterion 2: Response

In the response section, you directly relate to the “Need” statement provided in response to Criterion 1. Your response to the Need should include a discussion of how your organization will address the problem posed as part of your need statement and describe the institutional capabilities to address the problem. In response to this criterion, you should address the purpose for which you are requesting funds; for example, a new program, maintenance or enhancement, and/or to provide financial assistance to trainees. All program proposals must include a timeline for implementing the program. In the application, you can make reference to the required accreditation documentation as part of the application. The Response section should include a description of the residency program, the number of positions for which the residency program is accredited or approved for, including clarification surrounding any positions that may be unfilled. In this narrative, you should include how the proposed project will improve and expand the preventive medicine workforce, practice and education at the national, State, or local levels. All of the proposed activities or steps should be associated with a timeline and all proposed activity should be feasible to implement within the 3-year project period.

The applicant should discuss in the proposal any challenges or barriers that it may encounter in implementing the project activities as described in the Work Plan and describe strategies or potential solutions to resolve the problems or surpass the challenges.

Under this criterion, the reviewers will assess the extent to which the budget justification presented by the applicant is aligned with the goals and objectives of the project.

As it has been mentioned before, any applicant for this funding opportunity that is receiving funds under HRSA-07-096 (Preventive Medicine Residency Program, FY 2007-2009) should adequately address and demonstrate that the funding requested is to expand the program scope and provide new activities as it relates to the legislative purposes of this grant program and/or that proposed trainees are different than those who are currently funded by the **non-ARRA** Preventive Medicine Residency Program.

Finally, in developing the program narrative portion of the application, please remember to follow the topic headers provided on pages 23 through 25 of this guidance. [(Narrative sections: needs assessment, methodology, work plan, resolution of challenges, Evaluation and Technical Support Capability, and Organizational Information).]

Budget Justification

I would like to draw your attention to pages 17 through 21 of this guidance. The budget narrative should provide a justification for the items requested in the Standard Form 424 R&R.

If while preparing your application, you have questions about the allowable and non-allowable costs under this grant, please contact the grants management specialist assigned to this program.

Grantees under HRSA-07-096

For those applicants that are currently funded under funding opportunity HRSA-07-096, it is important that your organization's budget justification identify the funding level you are receiving for the final year of the grant, as well as the number of medical residents supported with that grant. The justification section should reflect an increase in the number of trainees supported or in the activities.

--Pause--

ARRA Staff

General HRSA Reporting Requirements

HRSA has several general required reports. For those applicants that are successful in their application and are approved to receive funding, a Notice of Grant Award will be issued on or before the start date of the grant which is anticipated to be July 1, 2010. The Notice of Grant Award that your organization's representative will receive will stipulate the terms and conditions of the grant award and it will provide detailed information about all of the reporting requirements of your grant, including the additional reporting requirements for Recovery Act grantees. The standard reporting requirements for both ARRA and non-ARRA grantees include audit, payment management, financial status report, the BHPPr Performance Report, and a final report at the end of the project period of the grant.

The project period for this grant program will be 3-years, beginning July 1, 2010 and ending June 30, 2013. And as it was mentioned previously, future financial Recovery Act support is not anticipated.

The ***Bureau Performance Report*** and the ***Final Report*** are submitted through the HRSA-Electronic Handbooks (EHB) system at <https://grants.hrsa.gov/webexternal/home.asp>. Grantees will be required to report on the number of:

- 1- trainees/medical residents trained in this grant and who will not have graduated before June 30, 2011;
- 2- trainees/medical residents who will receive a portion of their training in underserved areas; and residents training in underserved areas.
- 3- And residents training in underserved communities.

Once again, we strongly suggest that you contact the program officer and the grants management specialist assigned to this program if you have questions when preparing your reports.

ARRA REPORTING REQUIREMENTS, in brief

It is important that you understand the reporting requirements if your organization receives funds through the Recovery Act. The Recovery Act grantees are required to submit quarterly report on grant activities through the website www.FederalReporting.gov.

STAFF NOTE – if needed - - All of the information required by Section 1512 of the Recovery Act must be submitted through the website [FederalReporting.gov](http://www.FederalReporting.gov).
[Division A of the ARRA (Pub. L. 111-5), http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf]

Therefore, all ARRA grant recipients must register at the FederalReporting.gov website in order to submit the reports. Registration at this website is ongoing and users must register prior to the beginning of the reporting period. It is suggested that you begin your registration early since it may take about 2 business days to successfully complete the registration process. Grant recipients are non-Federal entities that receive Recovery Act funding, and should register as a Recipient User.

[Website: <https://www.federalreporting.gov/federalreporting/registration.do?display=Register+Now>]

Assistance for users in FederalReporting.gov

The FederalReporting website provides support to users in several ways. This website provides -

1. Live chat,
2. A listing of questions and answers,
[[<https://www.federalreporting.gov/federalreporting/faq.do>],
3. Service Desk staff to respond to your questions [staff can be reached at the following telephone number: 877-508-7386 /// TTY: 877-881-5186];
AND
4. Support by Email at Support@FederalReporting.gov.

This website appears to be user friendly and it contains instructions, step-by-step, on how to prepare your reports.

Quarterly reports must include the following data elements:

- 1- The total amount of ARRA funds received under this award;
- 2- The amount of ARRA funds received under this award that were obligated and expended to projects or activities.

- 3- This reporting will also include unobligated award balances to facilitate reconciliations;
- 4- A detailed list of all projects or activities for which ARRA funds under this award 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;
and
 - d. An estimate of the number of jobs created and the number of jobs retained by the project or activity.

Primary recipients (grantees) are required to report an estimate of jobs directly created or retained by project and activity or contract. Recipients will also be asked to provide a narrative description of the employment impact.

Applicants that accept HRSA funding should be aware that failure to comply with ARRA or the Agency's reporting requirements will be considered a violation of the award agreement and the Agency may use any customary remedial actions necessary to ensure compliance such as withholding funds, termination of the grant, or suspension and debarment, as appropriate to the specific circumstance.

NON-ARRA Preventive Medicine Residency Program
(CFDA: 93.117)

Unless a current grantee has carry-over funding, no successful grantee should have both ARRA and non-ARRA funding. If that occurs, all funds must be accounted for separately, based on different CFDA numbers and award numbers.

To conclude, we would like to share with you that the Department of Health and Human Services has created a website to assist recipients of Recovery Act funds to comply with the reporting requirements of the law. The website is located at:

Website: <http://www.hhs.gov/recovery/reports/index.html>

Further, the requirements for reporting continue to evolve based on new experiences. Future updates to recipient reporting guidance from the Office of Management and Budget are likely, and recipients will be expected to follow the most current OMB guidance in place at the time reports are due.

Please review Appendix C that provides information about the Standard Terms and Conditions of the American Recovery and Reinvestment Act of 2009.

Additional information on the Recovery Act can be found at

<http://www.recovery.gov>. The HHS recovery website is located at

<http://www.hhs.gov/recovery>. BHPr's recovery website can be found at

<http://www.bhpr.hrsa.gov/recovery>

Further, please refer to Appendix D that contains a new checklist for Environmental Information and Documentation associated with the purchase of

equipment. For detailed information about the National Environmental Policy Act refer to pages 21 and 22 of the application. NEPA requires that Federal agencies consider the environmental impact of any Federal action. If you are requesting the purchase of equipment within your grant, please complete the checklist and include it as Attachment 6 of your application for HRSA's review and approval.

Closing Remarks

Let's recap what we have covered this afternoon. We discussed funding opportunity HRSA-10-127 or ARRA PMRP and funding availability from the regular appropriations; provided an overview of the Recovery Act; provided an overview of the application process, review process, and discussed the review criteria for assessing the merit of the proposals; provided an overview of the specific ARRA reporting requirements; and, provided an overview of the National Environmental Policy Act.

Q&As

For those of you who are perhaps uncomfortable with applying through Grants.gov, we have some additional technical assistance materials that might assist you. At the end of this call, please provide your name, the name of the institution you are representing, and your email address to Kathleen Kilbane at kkilbane@hrsa.gov, and we will email those materials to you.

We will also have a copy of the script from this call, as well as a Frequently Asked Questions document that may provide further assistance to you, available on our recovery website later this week. You can find this information at

<http://www.bhpr.hrsa.gov/grants/public.htm>, under Preventive Medicine Residencies.

We hope that all of the information we have shared with you will be beneficial to you in preparing your application. Now, the lines will be open for questions. For the benefit of all participants in this call, please identify yourself and your professional affiliation prior to asking your questions and/or making comments.

Adjourn TA Call

We are thankful for your interest in this grant program and for taking time to participate in this technical assistance conference call today.

We would like to remind everyone that a taped replay of this call will be available will be available one hour after the call ends, through March 5, 2010. The number to access the replay is available on page 8 of the guidance.