



Nurse Faculty Loan Program (NFLP) Technical Assistance Webinar

January 8, 2013

1:00 – 3:00 pm EST

Denise Thompson, NFLP Project Officer



Agenda

- Welcome
- NFLP Overview
- Application Process
- Application Review
- Award Notification
- HSRA Electronic Handbooks
- Program Administration
- Program Reporting Requirements
- Questions



Program Overview



- Schools of nursing may apply for Federal funds annually to participate in the Nurse Faculty Loan Program (NFLP).
- NFLP grantees enter into an agreement with HRSA to establish and operate a distinct, interest-bearing “revolving” loan fund account.



Program Overview



- Grantees receive an award, the Federal Capital Contribution (FCC).
- Grantees must contribute an Institutional Capital Contribution (ICC) amount that is not less than 1/9 of the FCC award.
- The FCC award and the ICC amount must be deposited into a single loan fund account to be used for the same purpose.

Use of Funds

- Grantees must use the loan fund account for making loans to students enrolled in the eligible nursing degree program(s) that prepare nurse faculty and for the cost of collections.
- NFLP funds may not be used to cover FTE salaries, equipment and other costs.



Deciding to Apply?



1. Does your institution offer an accredited master's or doctoral degree nursing program that prepares nurse faculty?
2. Do you have approval from key officials at your institution to participate in the program?
3. Can your school make the 1/9 matching contribution?
4. Does your school have the capacity to administer the program?



Application Type



- New applicants are schools that have never received NFLP funds in the past.
- Previous recipients are applicant schools that have received NFLP funds in past years.
- All schools must apply as a **NEW** applicant each year.



Previous Recipients



- Previous NFLP recipients may choose not to apply for additional NFLP funds for the 2013 application cycle if the current loan fund balance is sufficient for the total number of students expected to receive NFLP loan support during the 2013-2014 academic period; or
- Consider a modest request of Federal funds to avoid over-funding the NFLP loan fund account.



Application Submission



The NFLP application process is divided into two phases:

- **Grants.gov (Phase 1)** – SF 424 R&R forms are submitted via Grants.gov by **1/10/2013**.
- **HRSA EHBs (Phase 2)** – Required Attachments and the NFLP Program Specific Data Form are submitted via HRSA Electronic Handbooks (EHBs) by **1/25/2013**.

- All applicants who successfully submit through Grants.gov (Phase 1) by the application due date will be notified via e-mail.
- Only applicants who have successfully submit through Grants.gov (Phase 1) by the application due date will be able to submit the required supplemental information in HRSA EHBs (Phase 2).



Phase 1 - Grants.gov



SF 424 (R&R) – Mandatory Documents

- SF424 (R&R)
- Assurances and Certifications
- Project/Performance Site Location(s)
- Attachments (This is a system error. Submit only 1 blank attachment in Grants.gov)

SF 424 (R&R) - Optional Documents

- Disclosure of Lobbying Activities



Grants.gov Screenshot



2013 NFLP Grants Gov Application Package.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients.

Highlight Fields

Save & Submit Save Print Cancel Check Package for Errors



Grant Application Package

Opportunity Title:	Nurse Faculty Loan Program (NFLP)
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.264
CFDA Description:	Nurse Faculty Loan Program (NFLP)
Opportunity Number:	HRSA-13-189
Competition ID:	5459
Opportunity Open Date:	11/30/2012
Opportunity Close Date:	01/10/2013
Agency Contact:	Denise Thompson Public Health Analyst BHPr, Division of Nursing Email: dthompson@hrsa.gov Telephone: (301) 443-1399 Fax: (301) 443-0791

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

=>

Move Form to Delete

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Move Form to Submission List

=>

Mandatory Documents for Submission

SF424 (R & R)
Project/Performance Site Location(s)
Assurances for Non-Construction Programs (SF-42)
Attachments

Open Form

Optional Documents

Optional Documents for Submission

Disclosure of Lobbying Activities (SF-LLL)
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SF424 - Screenshot



2013 NFLP Grants Gov Application Package.pdf - Adobe Acrobat Pro

Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients.

View Burden Statement

OMB Number: 4040-0001
Expiration Date: 06/30/2011

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE	State Application Identifier
2. DATE SUBMITTED	Applicant Identifier	4. a. Federal Identifier	
5. APPLICANT INFORMATION		b. Agency Routing Identifier	
* Legal Name: [REDACTED]		* Organizational DUNS: [REDACTED]	
Department: [REDACTED]	Division: [REDACTED]		
* Street1: [REDACTED]			
Street2: [REDACTED]			
* City: [REDACTED]	County / Parish: [REDACTED]		
* State: MI: Michigan	Province: [REDACTED]		
* Country: USA: UNITED STATES	* ZIP / Postal Code: [REDACTED]		
Person to be contacted on matters involving this application			
Prefix: Mr	* First Name: [REDACTED]	Middle Name: [REDACTED]	
* Last Name: [REDACTED]	Suffix: [REDACTED]		
* Phone Number: [REDACTED]	Fax Number: [REDACTED]		
Email: [REDACTED]			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): [REDACTED]			
7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education			
Other (Specify): [REDACTED]			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	



SF424 - Screenshot



2013 NFLP Grants Gov Application Package.pdf - Adobe Acrobat Pro

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Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients. Highlight Fields

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2

15. ESTIMATED PROJECT FUNDING	16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Total Federal Funds Requested <input type="text" value="0.00"/>	a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Total Non-Federal Funds <input type="text" value="0.00"/>	DATE: <input type="text"/>
c. Total Federal & Non-Federal Funds <input type="text" value="0.00"/>	b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
d. Estimated Program Income <input type="text" value="0.00"/>	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

2013 NFLP Grants Gov Application Package.pdf - Adobe Acrobat Pro

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Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients. Highlight Fields

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment



Screenshot

2013 NFLP Grants Gov Application Package.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help



Please fill out the following form. If you are a form author, choose Distribute Form in the Forms menu to send it to your recipients.



Highlight Fields

[View Burden Statement](#)

OMB Number: 4040-0007
Expiration Date: 06/30/2014

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational

Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other



Phase 2 - HRSA EHBs



- Cover Pages (1 & 2)
- Key Contact
- Program Data Form
- Assurances
- Other Project Information (Attachments)
- Review (Print for markup copy; Review and print information before submitting)
- Submit



Phase 2 - Data Form



Part 1 – Program Information (A.):

- You must select the correct organization name in order for the system to correctly identify your institution as a previous recipient.
- When the correct organization is selected, previous recipients should show pre-populated data (i.e., educator courses, prior accreditation documents) under Part 1 of the Program Specific Form. If the pre-populated data does show, then the correct application has not been selected.



Phase 2 - Data Form



Part 1 – Program Information (B.):

- New applicants must attach evidence of accreditation under the ‘Other Project Information’ section for all programs (CCNE, NLNAC, COA, ACME) that will offer NFLP support.
- Previous recipients are not required to resubmit accreditation documentation if the existing program(s) will not expire prior to June 30, 2014.



Phase 2 - Data Form



Part 2 – Loan Fund Information:

- Federal Funds Requested – Be sure to consider the current NFLP Loan Fund Balance prior to determining the amount of the Federal Funds Requested.
- NFLP Loan Fund Balance – For previous recipients, enter the current loan fund balance at the time of this application. Applicants should **not** include loan fund that are obligated through the 2012/2013 summer. See page 19 of the NFLP announcement.



Phase 2 - Data Form



Part 3 – Enrollee and Graduate Data:

- Include the students, by degree program, that you expect to receive NFLP support for the 2013-2014 academic period.
- The enrollee data provided in this section is very important for determining the potential award amount to your school.



Phase 2 - Data Form



Part 4 – Tuition, Terms and Credit Hours:

- The tuition amount for one term/semester must be entered for all degree programs being supported under NFLP, even if the tuition costs is the same.
- Enter the number of terms required for a minimum of two (2) terms/semesters (or equivalent quarters); however, three (3) terms should be entered only if the three terms/semesters are ‘required’ for the program of study.



Phase 2 - Attachments



- All required attachments must be uploaded as described in the NFLP funding opportunity announcement page 12 and pages 20-24.
- Under ‘Other Project Information’, **New** applicants must enter the abstract and narrative; **Previous Recipients** must enter the abstract only.



Application Review



- NFLP applications are reviewed to determine completion and submission of all required documentation.
- Only eligible, accredited nursing degree programs are approved for support.
- Grant awards are formula-based. The award amount is determined by the data provided in the electronic Program Data Form.



Notice of Award (NoA)



- The Notice of Award (NoA) is sent to the applicant school via email to the persons named in the application.
- The NoA is sent prior to the budget/project period start date of July 1, 2013.
- NFLP funds are awarded for a one-year budget/project period beginning July 1, 2013 through June 30, 2014.



Sample NoA



Review NoA - Preview NoA | PQC | HRSA EHBs - Windows Internet Explorer

★ Favorites

View NoA Print

NoA	Terms & Conditions	Award Email
1. DATE ISSUED: (MM/DD/YYYY) 06/29/2012		2. PROGRAM CFDA: 93.264
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 1 E01HP24672-01-00	4b. GRANT NO.: E01HP24672	5. FORMER GRANT NO.:
6. PROJECT PERIOD: FROM: 07/01/2012 THROUGH: 06/30/2013		U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title VIII, Section 846 Public Health Service Act, Title VIII, Section 846 A Patient Protection and Affordable Care Act, P.L. 111-148 Title VIII of the Public Health Service Act, Section 846A (42 U.S.C. 297n-1), as amended by the ACA, PL 111-148, Section 5311 Title VIII of the Public Health Service Act, Section 846A (42 U.S.C. 297n-1), as amended by the Patient Protection and Affordable Care Act, Public Law 111-148, Section 5311.
7. BUDGET PERIOD: FROM: 07/01/2012 THROUGH: 06/30/2013		
8. TITLE OF PROJECT (OR PROGRAM): Nurse Faculty Loan Program		
9. GRANTEE NAME AND ADDRESS: ADELPHI UNIVERSITY 1 South Av Po Garden City, NY 11530-4213 DUNS NUMBER: 065972838		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Jane White ADELPHI UNIVERSITY 1 South Ave Garden City, NY 11530-4213

CE:

Review NoA - Preview NoA | PQC | HRSA EHBs - Windows Internet Explorer

★ Favorites

11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:					
a. Salaries and Wages:	\$0.00	a. Authorized Financial Assistance This Period	\$266,798.00				
b. Fringe Benefits:	\$0.00	b. Less Unobligated Balance from Prior Budget Periods					
c. Total Personnel Costs:	\$0.00	i. Additional Authority	\$0.00				
d. Consultant Costs:	\$0.00	ii. Offset	\$0.00				
e. Equipment:	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00				
f. Supplies:	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00				
g. Travel:	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$266,798.00				
h. Construction/Alteration and Renovation:	\$0.00						
i. Other:	\$296,442.00	13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)					
j. Consortium/Contractual Costs:	\$0.00	<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS						
Not applicable							
k. Trainee Related Expenses:	\$0.00	14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)					
l. Trainee Stipends:	\$0.00	a. Amount of Direct Assistance	\$0.00				
m. Trainee Tuition and Fees:	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00				
n. Trainee Travel:	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00				
o. TOTAL DIRECT COSTS:	\$296,442.00						
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00						
q. TOTAL APPROVED BUDGET:	\$296,442.00						
i. Less Non-Federal Share:	\$29,644.00						
ii. Federal Share:	\$266,798.00						

Review NoA - Preview NoA | PQC | HRSA EHBs - Windows Internet Explorer

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★ Favorites | HRSAnet | Home - Division of Nursing

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
 A=Addition B=Deduction C=Cost Sharing or Matching D=Other [C]
 Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
 a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)
 IMPORTANT: (1) All funds awarded for the specified budget period should be drawn soon from the PMS account and placed in an appropriate revolving fund; it is expected that loan activity will be conducted through the revolving fund rather than through drawdowns from the PMS account. (2) Your institution's non-federal Institutional Capital Contribution (ICC) matching funds are included in the total amount under "Other" in item 11. (3) For information regarding drawdown of funds contact Division of Payment Management System (PMS) at www.dpm.psc.gov. When drawing down funds under this grant, be sure to specify sub account B-BHPNFLP-12.

Electronically signed by John Gallicchio , Grants Management Officer on : 06/29/2012

17. OBJ. CLASS: 41.21 18. CRS-EIN: 1111630741A1 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
12 - 3760333	93.204	12E01HP24672	\$266,798.00	\$0.00	N/A	B-BHPNFLP-12

Local intranet 85%

NoA Back Pages

1. HRSA EHBs Registration Requirements
2. Program Terms and Conditions
3. Standard Terms and PMS Information
4. Reporting Requirements
5. NoA email Address Distribution List
6. Program and Grant Contact Information



Receiving the Award



- Grantees will receive the NFLP award via electronic funds transfer through the HHS Payment Management System (PMS).
- Grantees should draw down the total grant award from their PMS account to deposit the funds into their institution's NFLP loan fund.
- PMS Contact Number: (301) 492-4571
Monday-Friday: 5:00am - 11:00pm EST



NFLP Contacts



- HRSA Project Officer (PO)
 - Denise Thompson
 - Phone: 301-443-1399
 - Email: dthompson@hrsa.gov

- HRSA Grants Management Specialist (GMS)
 - Assigned when the award is made



Project Officer Role



- Responsible for grantee oversight of program performance
- Provides ongoing instruction and guidance to grantees
- Monitors reporting requirements
- Refers any incoming prior approval requests to the GMS



Grants Specialist Role



- Issues Notices of Awards (NoA)
- Provides clarification on grant regulations and financial aspects of the project
- Monitors compliance with grant requirements and cost policies
- Provides legal authority and has final say on all changes/revisions, such as approving or denying program expenditures



Technical Assistance



HRSA Contact Center (Technical Assistance)

Monday – Friday (9:00 am – 5:30 pm ET)

Toll Free Number: (877-464-4772)

Email: CallCenter@hrsa.gov



NFLP schools are responsible for -

- Selecting loan recipients
- Loan Disbursements and Collections
- Repayment Schedules
- Deferment Review and Approval
- Forbearance Review and Approval
- Disability and Write-off Claims for Review by HRSA
- Biennial Audits
- Submission of Annual Operating Reports



NFLP Administration



- Before making NFLP loans, the school should assess the student’s level of commitment to complete the program and the 4-year period of employment in order to receive full loan cancellation.
- Schools should monitor the borrower’s enrollment during the academic year(s) to ensure that the required “educator” courses are completed prior to graduation from the program.



Electronic Handbooks (EHBs) Overview

What are HRSA EHBs?

One-stop Grants Management Online

- Funding Opportunities
- Grant Applications
- Notices of Awards
- Prior Approval Requests
- Post-Award Reports
- <https://grants.hrsa.gov/webexternal>



Program Reporting



NFLP Annual Operating Report

- **The NFLP Annual Operating Report (NFLP-AOR) is used to report expenditures and monitor institutional performance.**
- **Schools must complete and submit the NFLP-AOR annually for the period July 1st through June 30th each year.**
- **The submission due date for the NFLP-AOR is August 15th each year.**



Program Reporting



BHP Performance Measure Reporting

Importance of Performance Measures

- Designed for grantees to submit data and information on program activities.
- Provides critical information and is a data management tool that BHP_r uses to ensure compliance with legislative requirements.

BHPr Performance Report

- Schools must complete and submit the NFLP-AOR annually for the period July 1st through June 30th each year.
- Reports on grantee success in achieving project objectives.
- Program Specific: program-level measures provide information unique to the grant objectives for new and ongoing programs.



Audit Requirements



- NFLP grantees must comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the audits requirements can be found on the Internet at www.whitehouse.gov/omb/circulars_default
- Verification of audit compliance is provided by the grantee when the NFLP-AOR is submitted each year.



Online Resources



NFLP Resources	Type	Purpose
http://www.hrsa.gov/grants/index.html : or Grants.gov	Web site	Access Copy of NFLP Application Guidance (HRSA Funding Opportunities)
http://www.grants.gov or Grants.gov Call Center at 1-800-518-4726	Web site; Phone	NFLP Application Submission – Phase 1 Grants.gov login, registration and assistance with application.
https://grants.hrsa.gov/webexternal/home.asp or HRSA Call Center at 877-464-4772.	Web site; Phone	NFLP Application Submission – Phase 2 HRSA Electronic Handbooks (EHBs) login and registration.
HRSA Call Center: Phone: 877-Go4-HRSA (877-464-4772); or 301-998-7373 (9:00 AM to 5:30 PM ET M-F) Email: callcenter@hrsa.gov	Phone; Phone; Email	Assistance with NFLP Application in EHBs Assistance with electronic application process in the HRSA/EHBs.
http://www.dpm.psc.gov/ or by phone at (877) 614-5533 or (301) 443-1660	Web site; Phone	HHS Payment Management System (PMS) to access funds through the drawdown process.
http://bhpr.hrsa.gov/dsa/sfag/Financial_Management/financial_management.html .	Web site	HRSA Fiscal Management General guidance and procedures for operating the NFLP loan fund.



Frequently Asked Questions & Answers

- **Question:** What is the method for determining the amount of Federal funds the NFLP applicant may request?

Answer: NFLP applicant schools determine the amount to their request by calculating the annual tuition plus fees and expenses multiplied by the number of continuing NFLP students and prospective new students.

Frequently Asked Questions & Answers

- **Question:** What is the maximum amount of the FCC a school can request?

Answer: Schools may request the amount needed to support the total number of students expected to request NFLP support.

Frequently Asked Questions & Answers

- **Question:** Does the school apply annually or for multiple years of support?

Answer: Schools must apply each year for additional NFLP funds. Previous NFLP recipients should consider their unused loan fund balance prior to requesting additional funds.

Frequently Asked Questions & Answers

- **Question:** How does the school “describe” the education component?

Answer: Schools should identify the title of the nursing program(s) and describe the education course(s) that prepares qualified nurse faculty, such as the name of the course, course description and course objectives.



Contact Information

NFLP Project Officer

Denise Thompson

dthompson@hrsa.gov

Phone: 301-443-1399

Division of Nursing

<http://bhpr.hrsa.gov/nursing/index.html>

Phone: 301-443-5688

QUESTIONS

