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Campaign for Action

AARP Foundation Robert Wood Johnson Foundation

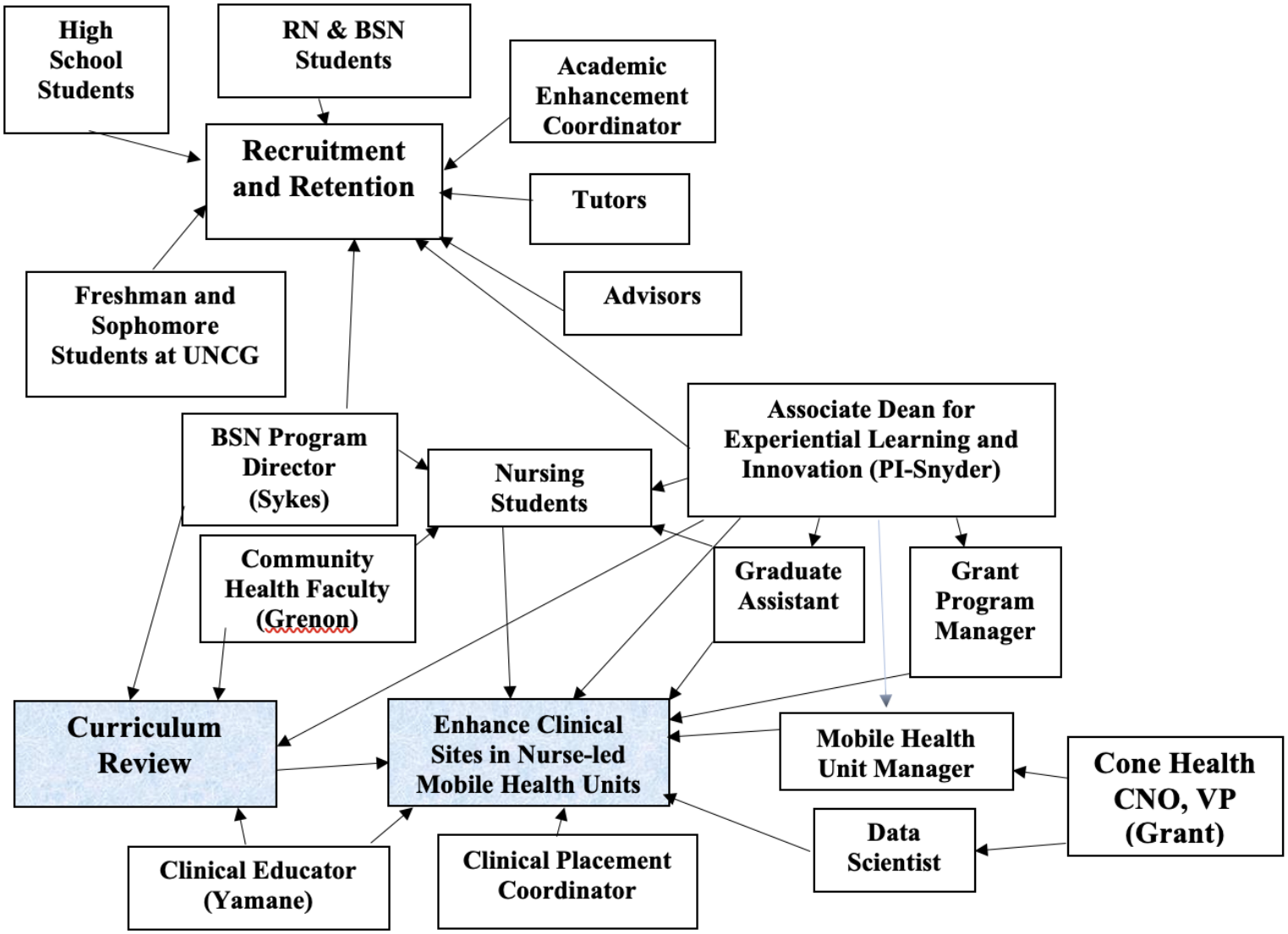
Fundraising and Grant Writing Workshop –Part 3

Audrey Snyder, PhD, RN, ACNP-BC, FNP-BC, FAANP, FAEN, FAAN
Associate Dean for Community Engagement and Academic Partnerships and Professor
University of North Carolina Greensboro

Personnel:

- Mentor
- Collaborators
- Consultants
- Organization chart vs. grant personnel chart

Nurse-led Mobile Health Units Organization Chart



Snyder, Audrey

Key considerations:

- Summarize
- Use subheadings
- Italics or bold key points
- Consider your subheadings narrative
- Break up text with charts and graphs

Facilities and infrastructure

- What is your capacity to get the job done?
- If there is not expertise in your school, can you include a consultant to guide you?
  - Get their buy in
  - Include their biosketch

Compliance documents

- Accreditation
- Federal subcontract agreements

Sustainability

- How will you continue this program when grant funds run out?
- What other resources can you tap in to?
- What is your timeline for sustainability?

Biographical sketches

- Personal Statement
- Positions and Honors
- Publications:
  - recent
  - most important
  - most relevant
- Prior research support

Program Director/Principal Investigator (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/Key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE
eRA COMMONS USER NAME (credential, e.g., agency login)	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions below.

A. Personal Statement

Briefly describe why your experience and qualifications make you particularly well-suited for your role (e.g., PD/PI, mentor, participating faculty) in the project that is the subject of the application. Within this section you may, if you choose, briefly describe factors such as family care responsibilities, illness, disability, and active duty military service that may have affected your scientific advancement or productivity.

B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

C. Selected Peer-reviewed Publications

NIH encourages applicants to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on recency, importance to the field, and/or relevance to the proposed research. When citing articles that fall under the Public Access Policy, were authored or co-authored by the applicant and arose from NIH support, provide the NIH Manuscript Submission reference number (e.g., NIHMS97531) or the PubMed Central (PMC) reference number (e.g., PMCID234567) for each article. If the PMCID is not yet available because the Journal submits articles directly to PMC on behalf of their authors, indicate "PMC Journal - In Process." A list of these Journals is posted at:
http://publicaccess.nih.gov/submit_process_journals.htm. Citations that are not covered by the Public Access Policy, but are publicly available in a free, online format may include URLs or PMCID numbers along with the full reference (note that copies of publicly available publications are not accepted as appendix material.)

D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.* Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

0925-0001/0002 (Rev. 09/12) Page __ Biographical Sketch Format Page

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Biosketch of PI

BIOGRAPHICAL SKETCH

NAME: Audrey Snyder

POSITION TITLE: Associate Dean Experiential Learning and Innovation

INSTITUTION AND LOCATION	DEGREE	Completion Date MM/YYYY	FIELD OF STUDY
The Memorial Hospital School of Nursing Danville, VA	Diploma	06/1984	Nursing
University of Virginia, Charlottesville, VA	B.S.	01/1989	Nursing
University of Virginia, Charlottesville, VA	M.S.	08/1991	Nursing
University of Virginia, Charlottesville, VA	Certificate	05/1998	Acute Care NP
University of Virginia, Charlottesville, VA	Ph.D.	05/2007	Nursing
University of Northern Colorado, Greeley, CO	Certificate	08/2017	Family NP

A. Personal Statement: As the Associate Dean for Experiential Learning and Innovation at UNCG and with 23 years of experience as a certified nurse practitioner I have the training, expertise, and leadership necessary to successfully carry out the proposed **Nurse Led Mobile Health Units: Improving Health Outcomes With Data Science** program at the University of North Carolina at Greensboro (UNCG). I have an extensive and very strong background as an educator, clinician and leader and a passion for promoting access to care in rural and medically underserved areas. I am immediate Past-President of the Rural Nurse Organization. I am PI on a Nursing Workforce Development grant, Transforming Primary Advanced Practice (TPAC): Serving Medically Underserved Communities (MUCs). I previously directed the AGACNP program at the University of Virginia (UVA) and the University of Northern Colorado (UNCO). I have successfully led HRSA funded grant programs. In Academic-Practice Partnership to train AGACNPs to improve care of rural adults across the transitions of care at UNCO I developed a new NP program and created rural clinical partnerships to meet to program outcomes and grant objectives. As a subcontract PI for a HRSA grant, Strengthening Primary Care in Rural Appalachia through NMHC & Graduate Nurse Education Partnerships, I collaborated with a rural nurse managed clinic developing an academic-clinical partnership. I am aware of the challenges of maintaining a HRSA Award. I have a demonstrated record of successful collaborations in nursing education and in rural underserved population health. In summary I have demonstrated a record of designing and implementing nursing education and practice activities. I possess the expertise and experience to be the Project Director of this proposed program to increase access to care in rural and medically underserved communities.

B. Positions and Honors (selected)

1998-2002 Instructor in Nursing, University of Virginia (UVA) School of Nursing
2002-2004 Assistant Professor, 2005-2007 Adjunct Faculty, UVA School of Nursing
2007-2008 Research Assistant Professor, University of Virginia School of Nursing
2008-2014 Assistant Professor, Coordinator Adult Gerontology Acute Care (2009-1014) University of Virginia School of Nursing
2014-2019 Assistant Professor 2014-2016, Associate Professor with Tenure 2016-2019, School of Nursing, University of Northern Colorado, Greeley, Colorado
2019-Present Associate Professor, Associate Dean for Practice and Innovation, School of Nursing, University of North Carolina-Greensboro, Greensboro, NC

Honors (selected)

2006 Fellow, American Academy of Nurse Practitioners (FAANP)
2011 Nightingale Research Award, Snyder, A. Mobile Nursing Clinics in Appalachia
2012 Margaret G. Tyson Innovative Teaching Award
2014 Recognized as one of 15 Great Acute Care Nursing Professors
2016 Fellow in the American Academy of Nursing (FAAN), ID#1456
2017 Honoree 2017 Northern Colorado Woman of Distinction in Healthcare Award
2021 Faculty Excellence in Research and Creative Activity, UNCG, Honoree
2021 North Carolina Great 100 Nurses, Awardee

C. Peer-Reviewed Publications (selected)

Merwin, E. **Snyder, A**, Katz, E. (2006). Differential Access to Quality Rural Health Care: Professional and Policy. *Fam Community Health*, 29 (3), 186-194.

Thompson, R., **Snyder, A.**, Burt, D., Greiner, D & Luna, M. (2014). Risk Screening for Cardiovascular Disease and Diabetes in Latino Migrant Farmworkers: A Role for the Community Health Worker. *J of Community Health*. DOI:10.1007/s10900-014-9910-2.

Snyder, A., Milbrath, G., Gardner, T., Meade, P. & McGarvey, E. (2015). An academic and free clinic partnership to develop a sustainable rural training and clinical practice site for the education of undergraduate and advanced practice nurses. *JNEP, 5*(4), 7-12.

Sharp, T, Weil, J, **Snyder, A.**, Dunemn, K., Milbrath, J, McNeill, J, Gilbert, E. (2019). Partnership Integration for Rural Health Resource Access. *Rural and Remote Health, 19*, 5335.

Ross, J., VanderWoude, D., **Snyder, A.**, Merwin, E., Kilgore, C.H., & Feller, L.M. (2019). Global Rural Nursing Student Exchange: Engaging with the CHASE Model and Fostering Worldview Intelligence towards Solution-Focused Community Wellbeing. *Scope* (Health & Wellbeing),4, 82-87. DOI:10.34074/scop.3004014

Snyder, A. Matthew, S., Leahy, N., Gaul, R., Hood, T.L., Hijmans, K. & Milbrath, G. (Accepted October 23, 2021). Island Communities and Disaster Resilience: Applying the EnRiCH Community Resilience Framework. *Public Health Nursing, 39* (1), 62-70.

D. Other Support Funded Projects (Selected)

Sykes, C., Snyder, A. Blaha, S., Wallace, D. (April 20, 2020). AHEC Year 2 MSPS Clinical Site Development grant for Moss Street Partnership School. $10,000. Role: Collaborator.

McGovern, C, Hall, T. **Snyder, A.**, Grenon, S. & Montgomery, C. (August 2, 2021). INTOUCH - International Nursing Technological Outreach Uniting for Community Health. MHCH Foundation Global Rural Nursing Virtual Collaboration Learning Grant. Awarded $5,000. Role: Collaborator.

Snyder, A., Hensen, A., Rowsey, P. Lupe, L. (July 1, 2021). Transforming Primary Advanced Practice (TPAC): Serving Medically Underserved Communities (MUCs). HRSA 21-020 Nursing Workforce Development. Awarded $2,195,163 for 4 years. Role: PD.

Hill, C, **Snyder, A.**, Cowan, K, Hubbard, L., Chapman, V., Lamb, C., Hammett, V, Carlin, B., Hoffman, K., Wilson, JP, McGovern, C., Hall, T., Stanford, D, Sykes, C, Lewellen, L, (June 1, 2021). Leadership Education And Diversity (LEAD) in Maternal Child Health (MCH). HRSA 21-034 Maternal Child Health (MCH) Leadership, Education and Advancement in Undergraduate Pathways.Awarded $770,511 for 5 years. Role: Co-I.

Milholin, D, Duran-Sanchez, M., **Snyder, A.,** Shull, A. (April 6, 2020). Cooking with Heart: Cooking, Nutrition, and Health Classes for Under-resourced Women in response to the North Carolina AHA mini-grant. Funded $3,500. Role: Collaborator.

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Letters of support

- Draft the letters
- Include one from your Dean or School administrator
- One grant required the President or Chancellor LOS.

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School of Nursing

Nursing & Instructional Building
PO Box 26170, Greensboro, NC 27402-6170
Phone: 336.334.5016 Fax: 336.334.3628
Web: nursing.uncg.edu

February 19, 2022

Dr. Audrey Snyder
525M Nursing and Instructional Building
UNCG School of Nursing
1007 Walker Avenue
Greensboro, NC 27412

Dear Dr. Snyder,

I am pleased to support the application for the HRSA NEPQR Mobile Health Training Program (MHTP) application to support the training of BSN and DNP students in mobile health. Your project is an innovative venture that should greatly expand the capacity for graduates to use mobile health across the region and state. This project builds on the long history of partnerships the School of Nursing has with Cone Health and other organizations. Your focus on rural and underserved communities mirrors the university and school strategic visions, complements our DNP program for nurse practitioners, our PhD program focused on health promotion and health disparities, and, importantly, supports our Diversity, Equity and Inclusion priorities and goals.

The project team should be very successful implementing this project, as it will be led by an experienced nursing administrator, educator and practitioner and includes faculty members who have experience with community-based care with rural and underserved populations throughout their careers. The faculty training has added value for our school and clinical partners and will enhance student experiences and patient access and outcomes. The partner for this project, Cone Health, has a tradition of commitment to education and health of the communities we serve. The funds for partners will assist in offsetting their costs to expand mobile health and allow innovation using data science to mark neighborhoods and locations in high need. The availability of student funds will assist in retaining students committed to training in mobile health for rural and underserved populations. Faculty involvement assists in meeting our community need and university mission to prepare new nurses in evolving and expanding roles, especially to improve access to care. Involvement of our clinical partner and their expansion of service lines in mobile health and community access using data science maximizes the innovation.

We will support the NEPQR MHTP under your direction. Faculty involved will be supported through workload adjustments as appropriate, provision of office space, computer and printer hardware and software, copy machine access, technology assistance and database access. The Sr. Associate Dean for Research and Innovation and the Assistant Dean for Business and Operations will help with budget/resource management, audit trail, and student payments, Human Resource activities, and space. The Associate Dean for Academic Programs and BSN and DNP program directors will aid with curricular enhancements and student assignment and progression. The Clinical Coordinator for BSN and DNP programs will assist you with legal contracts and site assessment.

If the grant is funded, the school will provide funds to cover the license, registration, property taxes, UNCG parking, and insurance for the mobile health unit. I provide my full support in our school leading this NEPQR MHTP academic-practice partnership effort.

Sincerely,

Debra J. Barksdale, PhD FNP-BC, CNE, FAANP, ANEF, FAAN
Dean and Professor

Interprofessional

Developing a logic model

Developing a Work plan

- Include a timeline

New this year workplan had to be placed in the online standardized workplan format

Attachment 1 Logic Model

Program Nurse led mobile health units: Improving health outcomes with data science.

Inputs

- University of North Carolina Greensboro (UNCG) faculty and facilities in nursing
- Cone Health Mobile Health Units and preceptors working in rural and MUCs
- Interdisciplinary curriculum with focus on SDH, clinical in mobile clinics in rural and MUCs
- Data science to inform placement and service needs
- AGPCNP Students
- BSN Prelicensure students
- NEPQR-MHTP Funding

Outputs

Activities

- BSN and AGPCNP programs with a focus on SDH and rural and MUCs
- AGPCNP graduates prepared to work in rural and MUCs
- BSN graduates prepared to work with residents of rural and MUCs
- Increased Nurse and NP providers working in rural and MUCs
- Professional Development Program for faculty and preceptors on SDH

Participation

- Expert Faculty
- Clinicals in Mobile sites
- BSN and AGNPs students
- Patients in rural and MUCs in the Triad Region NC
- Practitioners in mobile sites
- New community partnerships
- Practitioners in rural and MUCs
- Academic-Practice Partnerships

Outcomes

Short

- Purchase additional van and mobile care units to expand mobile clinics
- Recruit, enroll & provide scholarships to qualified disadvantaged students from rural and MUCs
- Innovative data science predicts areas of greatest need in rural and MUCs and mobile health unit sites are expanded to meet those needs.
- Students placed in mobile health units in rural and MUCs areas
- Professional development programs for faculty and preceptors on SDH implemented

Medium

- Expanded and new targeted mobile health unit sites in rural and MUCs
- Students with an understanding of SDH and the unique challenges of rural practice and MUCs
- Graduate nurses and AGACNPs ready to provide sensitive, safe and quality care in rural and MUCs
- Strengthen professional relationships between rural and MUC communities, academia and clinical practice

Long

- Sustainable support for mobile clinics in nursing programs at UNCG
- Increased access to care for persons living in rural and MUCs.
- Increased Graduate Nurses and NPs available to care for patients in mobile health units and rural and MUCs.

Assumptions: Full support of program by the University of North Carolina Greensboro and Cone Health; motivated and engaged students; collaboration with preceptors at mobile clinical sites; enriching clinical experiences at Mobile clinics in rural and MUC clinical sites; and increased graduates trained in rural and MUCs will increase health provider workforce for rural and MUCs.

External Factors: Use of clinic by persons living in rural and MUCs. Preceptor availability to precept students if mobile site is short staffed.

Subaward expenses will be invoiced by Cone health with appropriate documentation to support expenses and auditable by HRSA.

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Attachment 5 WORKPLAN TABLE / METHODOLOGY

Transforming Primary Advanced Practice (TPAC): Serving Medically Underserved Communities (MUCs)

Objectives	Activities/Approach	Responsible persons	Time Period	Outcomes	Evaluation
Objective 1 - Recruit and retain full time graduate students from disadvantaged backgrounds (economically OR educationally/environmentally), including students who are members of racial and ethnic minority groups for the AGNP program at UNCG.					
Sub-objective 1.A. Evaluate recruitment practices at UNCG SON to ensure recruitment of disadvantaged background students	• Formal review of policies and procedures • Evaluate evidence-based holistic admission practices for BSN-DNP entry to determine best practice for future implementation • Review marketing plan (update brochures, website, social media, etc.) • Enhance marketing strategies to reach potential candidates (UNCG BSN, RN-BSN, Black Nurses Association, Minority Nurse, NCNA publications, healthcare employers, NCBON publications) • Enhance advertising with students at 4 HBCUs in NC • Collaborate with North Carolina A & T State University (HBCU with traditional BSN, accelerated BSN, and RN-BSN options) to create bridge program • Advertise WFD Scholarships	Course faculty, Communications and Marketing Specialist, Clinical Placement Coordinator Dr. Rowsey, Assistant to the Dean for EDI	Summer 2021 Fall 2021	• Policies revised as need • Holistic admission process implemented for 2021entry applicants	• Admission committee meeting minutes review • Visit logs for HBCU • Visit logs for rural and MUC clinical sites/healthcare facilities • Annual reports to HRSA tracking recruitment metrics • Log of advertising/ recruitment activities • Bridge Program development
Sub-objective 1.B. Evaluate retention practices at UNCG SON to ensure practices for success of students from disadvantaged backgrounds.	• Formal evaluation of retention of students from disadvantaged backgrounds. (Currently overall retention is 95%) • Track matriculation, on-time graduation, and certification exam numbers annually and compare to previous rates. • Through individual advising address students' unique learning needs, and goals. • Identify students at risk and provide special advising and student success plans. • Use graduate assistants for work with health assessment and othe areas of faculty and student identified need • Provide optional assistance for students in challenging content areas (e.g., biostatistics, writing- tutors, nursing advanced practice tutors, English Graduate student resources, etc.) • Provide annual summer writing workshop • Predict student success using OSCEs and clinical evaluations	PD, DNP Program Director, AGPCNP Coordinator Advising Center, Program Faculty	Summer 2021 and on-going	• Documentation of retention practices • 90% of DNP AGPCNP students pass predictor exam. (2019 graduates had 100% success rate) • 90% of DNP AGPCNP students graduate within 3 years.	• Annual reports to HRSA tracking matriculation, retention, graduation, and certification exam metrics • Monitor OSCE and Clinical evaluations • Barkley 3P exam passed at 67% score (A score of 67% or greater indicates that the student has the minimum knowledge level to progress to the clinical setting.) • APEA Predictor exam passed at 70% score (A core of 70 or greater predicts success on the

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Standardized work plan form

OMB Number: 0906-0049
Expiration Date: 02/28/2023

Standardized Work Plan (SWP)

Organization Name:

The University of North Carolina at Greensboro

Project Title:

Budget Period: 1

Goal # 1:

Goal # 1, Objective # 1:

Goal # 1, Objective # 1, Sub-Objective # 1:

Organizational Priorities: ☐ A. Telehealth/Telemedicine ☐ B. Childhood Obesity ☐ C. Behavioral Health ☐ D. Opioids / Substance Use Disorder
☐ E. Intimate Partner Violence ☐ F. Rural Health ☐ G. Health Insurance Reform
☐ H. Drug Pricing ☐ I. Value-Based Care ☐ J. N/A
☐ K. Other ("Other" options will be listed in Notice of Funding Opportunity Instructions)

Other Priority Linkage:

Milestone Activity **A**	
Description	
Outcomes/Deliverable(s)	
Staff Responsible	
Target Quarter/Frequency	Q1 ☐ Q2 ☐ Q3 ☐ Q4 ☐

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References

- Who to cite?
- Cite appropriately
- Be consistent
- Ensure all references in list are used in document. When cutting to decrease pages double check.

REFERENCES

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Agency for Healthcare Research and Quality. (2017). *National Healthcare Quality and Disparities Report chartbook on rural health care*. AHRQ, Rockville, MD. AHRQ Pub. No. 17(18)-0001-2-EF. https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/chartbooks/qdr-ruralhealthchartbook-update.pdf

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American Academy of Nurse Practitioners (January 28, 2019). Nurse Practitioner Role Grows to More Than 270,000. https://www.aanp.org/news-feed/nurse-practitioner-role-continues-to-grow-to-meet-primary-care-provider-shortages-and-patient-demands)

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Healthy People 2020. (2020b). *Heart Disease and Stroke*. https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4582

Healthy People 2020. (2020c). *Nutrition and weight status*. https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4967.

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Ivanov, L.L., Wallace, D.C., Hernández, C., & Hyde, Y. (2015). Diabetes risks and health literacy in southern African American and Latino women. J Community Health Nurs, 32(1):12-23

Business plan

- Specific to the grant
- For example NEPQR-MHTP Requirements:
  - Nurse-led mobile units(s)
  - Reciprocal collaborative partnerships
  - Longitudinal experiential clinical training
  - Didactic nursing curriculum and continuing professional education and development
  - Health care access
  - Nursing workforce diversity
  - Business model

Marketing plan

- Meet with the marketing department
- Include program marketing in budget
  - If this is a grant to fund graduate students from underrepresented backgrounds, what publications can you advertise in to draw RNs from this group into your program? (Minority Nurse?)
  - Social media presence

Page or Word Limitations

- Review font margins headings
- Consider page and word limits
- Figures should stand alone
  - Include heading
  - Explain abbreviations
  - Unlike professional papers submitted images can be embedded in text of grant proposal.

Easy ways to get your grant not read:

- If you do not follow the instructions
- If you exceed the page or character limits
- If you fail to include attachments
- If you do not submit on time
- If you fail to fully answer the questions

Edit

- Peer review process before submission
  - Internal
  - External

Proposal checklist

- Proposal reflects priority areas and requirements of grant call
- Compelling need based upon community, target population
- Every partner and stakeholder who can help address this need has been at the table
- Objectives are clearly defined, relate to the need, are realistic and measurable
- Program activities are identified for each objective
- Experience and qualifications of personnel are explained and biosketches/job descriptions are included
- Resources show capacity to fulfill the proposal

Proposal checklist, cont.

- Evaluation plan is measurable
- Timeline is realistic
- Budget is reasonable
- Sustainability plan is clear
- Everything that was asked for is included
- Proposal is organized to specifications
- Page limit is met, verify margins and font
- Submitted on time

Review Process

- Specific to funder
- Additional information may be requested

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Funding Notification

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# D1942046
Federal Award Date: 05/26/2022

Recipient Information

1. Recipient Name
University Of North Carolina At Greensboro
1111 Spring Garden St Suite 2601 Room 2702 Mhra Building
Greensboro, NC 27412-0001

2. Congressional District of Recipient
06

3. Payment System Identifier (ID)
1566001468A1

4. Employer Identification Number (EIN)
566001468

5. Data Universal Numbering System (DUNS)
616152567

6. Recipient's Unique Entity Identifier
C13DF16LC3H4

7. Project Director or Principal Investigator
Audrey Snyder
Projector Director
aesnyde2@uncg.edu
(540)718-5779

8. Authorized Official
Valera T Francis
Director, Office of Sponsored Programs
vtfranc2@uncg.edu
(336)334-4919

Federal Agency Information

9. Awarding Agency Contact Information
Gerly Sapphire Marc-Harris
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
smarc-harris@hrsa.gov
(301) 443-2628

10. Program Official Contact Information
Aja Williams
Project Officer/Nurse Consultant
Bureau of Health Workforce (BHW)
Awilliams4@hrsa.gov
(301) 945-9658

Federal Award Information

11. Award Number
5 D19HP42046-02-00

12. Unique Federal Award Identification Number (FAIN)
D1942046

13. Statutory Authority
42 U.S.C. § 296m

14. Federal Award Project Title
Nursing Workforce Diversity

15. Assistance Listing Number
93.178

16. Assistance Listing Program Title
Nursing Workforce Diversity

17. Award Action Type
Noncompeting Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2022 - End Date 06/30/2023	
20. Total Amount of Federal Funds Obligated by this Action	$545,146.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$545,146.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$545,146.00
26. Project Period Start Date 07/01/2021 - End Date 06/30/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$1,092,421.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
James King on 05/26/2022

30. Remarks
This grant is included under Expanded Authority.

- Notice of Award (NoA)
- Say THANK YOU

Pay attention to Specific terms

Program Specific Term(s)

1. This award is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority". These recipients may take the following actions without prior approval of the Grant Management Officer:
   Section 75.308 c(2)(d)(1) Incur pre-award costs up to 90 calendar days before the award. See also 75.458.
   Section 75.308 c(2)(d)(2) Initiate a one-time extension of the period of performance by up to 12 months unless one or more of the conditions outlined in paragraphs (d)(2)(i) through (iii) of this section apply. For one-time extensions, the recipient must notify the HHS awarding agency in writing with the supporting reasons and revised period of performance at least 10 calendar days before the end of the period of

   performance specified in the Federal award. This notification must be submitted through the Electronic Handbooks (EHB). This one-time extension may not be exercised merely for the purpose of using unobligated balances.
   Section 75.308 c(2)(d)(3) Carry forward unobligated balances to subsequent periods of performance.
   Except for funds restricted on a Notice of Award, grantee organizations are authorized to carry over unobligated grant funds up to the lesser of 25% or $250,000 of the amount awarded for that budget period remaining at the end of that budget period. If the unobligated balance is in excess of 25% of the total amount awarded, or $250,000, whichever is less, and the grantee wishes to carry the funds forward, the grantee must obtain prior approval from the Grants Management Officer.
   The grantee must notify the GMO when it has elected to carry over unobligated balances under Expanded Authority and the amount to be carried over. The notification must be provided under item 12, "Remarks", on the initial submission of the Federal Financial Report (FFR).
   For all other Post Award request refer Standard Term 5 below.
2. Recipients are required to participate in a formal arrangement with a health professions organization for training and technical assistance with regards to holistic review process, practices, and implementation, as well as diversity development.
3. All nursing programs and consortium partners, if applicable, associated with the project must be accredited for the purpose of graduate nursing education. The grantee must provide evidence of continued/ongoing accreditation by the appropriate national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education within 30 days of its decision. Failure to do so could result in a disallowance of expenditures.
4. The awardee must submit a progress report to HRSA on an **annual** basis. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project. The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs. The second part collects information providing a comprehensive overview of awardee overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The awardee is also expected to report on dissemination activities in the annual progress report.

Helpful Websites

- HRSA
https://www.hrsa.gov/grants/apply-for-a-grant/prepare-your-application

- HRSA Electronic Handbook
https://grants.hrsa.gov/EAuthNS/internal/home/EHBHome

- Compliance
https://grants.nih.gov/policy/compliance.htm

References

Questions

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