

ADVANCED NURSING EDUCATION (ANE) FREQUENTLY ASKED QUESTIONS

I. APPLICATION PROCESS

1. How do I access the application?

II. ELIGIBILITY REQUIREMENTS

2. Can I, as an individual, apply for this grant?
3. Is the HRSA-16-070 funding opportunity open to totally new applications, or will your focus be on funding prior submissions, resubmissions, or prior submissions?
4. Are Schools of Nursing who currently have an ANE award from the last funding cycle eligible for the HRSA-16-070 opportunity?
5. Can an organization or campus submit more than one application?
6. It was stated that the agency applying must be in a Health Professional Shortage Area (HPSA)?
7. The eligibility requirement for the grant doesn't specifically mention an entry-level master's program. Does the grant fund the entry to practice year?
8. Are Clinical Nurse Leader programs or Executive Leader programs eligible?
9. Would a for-profit institution be eligible to apply for HRSA grants through a non-profit foundation that the for-profit is associated with, even though the University is a private for-profit institution? If not, what requirement would need to be met for us to qualify?
10. Can state accreditation be acceptable since we don't have national accreditation for our clinical facility?
11. Can an applicant clinical site partner with more than one nursing school to create new clinical placements for multiple nursing programs and their students? If so, should each nursing school partner provide their accreditation documentation?
12. Our nursing program is under the college of nursing and health sciences at our university, and not a school of nursing. Are we eligible?
13. Can we apply knowing we have initial accreditation but we are conducting substantive changes into all of our DNP concentrations?
14. Are distance learning programs eligible for this program?

III. ALLOWABLE COSTS

15. What is the indirect cost rate?
16. Is using funds to pay for lodging for students an allowable expense under this request for proposal (RFP)?
17. Does this grant opportunity fund individual students by way of stipends, etc.?
18. How can ANE funds be used?
19. How can funds be used in terms of preceptor incentives? If providing continuing education is not permitted, would we be able to offer tuition waiver (we pay/they don't) for doctoral education instead?
20. Can equipment be purchased with grant funding?

21. If we use faculty at the school, are we permitted to request release time funding so that they can be released from other duties to serve as a preceptor.
22. If we have a lead coordinator at the site, can we use funds to buy out their time?
23. Is there any percent minimum effort for the Project Director?

IV. PROGRAMMATIC

24. What is the timeline for implementation for this funding opportunity?
25. In considering curricula enhancements, would new innovative initiatives to include standardized patients and simulation related to the role of the APN as primary care provider in medical home be recognized as something for which funding can be used?
26. Can applicants propose to educate preceptors and partners in concepts of population health specific to the underserved?
27. Regarding the logic model references to the target population, is this the clients and patients, or the preceptors and students?

V. ACADEMIC/CLINICAL PARTNERSHIPS

28. What do you define as primary care?
29. Can new faculty lines be developed as part of the award, i.e. adjunct practice positions?
30. Would it be acceptable to hire Nurse Practitioner faculty at the university who work primarily in the clinical setting providing education to the NP students?
31. As a clinical institution applicant, can we use the data from our academic institution partner's graduates to qualify for the funding preference?
32. Are Memorandums of Understanding and Affiliation Agreements the only acceptable documentation to prove partnership?

VI. PRECEPTORS

33. Please clarify the definition of faculty as preceptors and the relationship to funding. For example, if there is a preceptor at the site and we determine they meet the requirement as a clinical faculty member – would that person be able to be paid for their time?
34. It was noted that there can be no direct payment to preceptors and clinical sites for precepting individual students; does that mean applicants cannot have key personnel, with effort, based at the clinical setting?
35. Can applicants utilize faculty employees of the school of nursing as preceptors for the day at partnership sites?
36. Are MDs, DOs, LCSWs, and other health professionals acceptable to serve as preceptors?

VII. FUNDING PREFERENCE

37. What nursing specialty graduates can be used in determining the 'high rate' of graduates?
38. Is there benefit in meeting more than one of the funding preferences?

39. The FOA states that to meet a funding preference, “A minimum of 20% of faculty spends at least 50% of their time providing or supervising care of rural/underserved/ populations, or helping to meet public health needs. Is this a percentage of all SON faculty or the primary care program nursing faculty?
40. Are all the bullets of a funding preference required to be met to receive eligibility?

I. APPLICATION PROCESS

1. How do I access the application?

The funding opportunity announcement can be found here:

<http://bhpr.hrsa.gov/nursing/index.html>. Grants.gov made some changes effective November

1. Instead of looking for a link to additional information, potential applicants should:

- Click on the tab at the top that says PACKAGE
- Click on the Action SELECT PACKAGE toward the bottom right
- Add their email address to obtain notifications if something changes
- Click SUBMIT
- Click DOWNLOAD INSTRUCTIONS
- The download may take several minutes as the program is running in the background and may not be visible to the user.

II. ELIGIBILITY REQUIREMENTS

2. Can I, as an individual, apply for this grant?

The Advanced Nursing Education Program (HRSA-16-070) does not fund individual students.

3. Is the HRSA-16-070 funding opportunity open to totally new applications, or will your focus be on funding prior submissions, resubmissions, or prior submissions?

The Advanced Nursing Education Program for FY2016 will be accepting “new” applications with no preference given to previous submissions solely based on having previously submitted.

4. Are Schools of Nursing who currently have an ANE award from the FY 2015 funding cycle eligible for the HRSA-16-070 opportunity?

No. FY 2016 ANE FOA builds upon the investments that began in FY 2015 to increase academic-practice partnerships. To leverage existing investments, the FY 2016 ANE FOA will only solicit applications from eligible entities that were NOT funded under the FY 2015 ANE FOA.

Example:

- If you submitted an application in FY2015 in response to the FY15 FOA and were funded and received a notice of award July 2015 you are not eligible to submit for FY2016
- If you submitted an application in FY2015 in response to the FY15 FOA and were approved but not funded or not approved, you can submit an application for FY2016.
- If you submitted an application in FY2014 or FY2013 in response to the FY2014/FY2013 FOAs and were funded, you are eligible to submit an application for FY2016 FOA.

5. Can an organization or campus submit more than one application?

Multiple applications from an organization are not allowable. Eligible applicants can submit only one application per campus or clinical organization; multiple applications from a single campus or organization are not allowable.

A campus is defined as a division of a university that has its own grounds, buildings (e.g., school of nursing) and faculty. A clinical organization must have a separate geographical location, staff, providers, and directors.

Independent organizations are those that have unique DUNS numbers. (FOA p. 9)

6. It was stated that the agency applying must be in a Health Professional Shortage Area (HPSA)?

The applicant applying for the ANE program does not have to be in a HPSA or a Medically Underserved Community (MUC). However, if the applicant applies for the funding preference that *“substantially benefits underserved populations,”* then they need to meet the criteria for that funding preference, which can be found on pages 33-38 of the funding opportunity announcement.

7. The eligibility requirement for the grant doesn’t specifically mention an entry-level master’s program. Does the grant fund the entry to practice year?

Funding will cover the part of the program that involves the graduate program, not the BSN program.

8. Are Clinical Nurse Leader programs or Executive Leader programs eligible?

Clinical Nurse Leader programs and Executive Leader programs are not eligible for the Advanced Nursing Education program.

9. Would a for-profit institution be eligible to apply for HRSA grants through a non-profit foundation that the for-profit is associated with, even though the University is a private for-profit institution? If not, what requirement would need to be met for us to qualify?

Eligible applicants are schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities determined to be appropriate by the Secretary.

10. Can state accreditation be acceptable since we don't have national accreditation for our clinical facility?

HRSA accepts documentation of state accreditation for clinical facilities.

11. Can an applicant clinical site partner with more than one nursing school create new clinical placements for multiple nursing programs and their students? If so, should each nursing school partner provide their accreditation documentation?

An eligible applicant can partner with more than one nursing program/school. Please note, there is only one lead fiduciary entity and one project director. All nursing programs, schools of nursing, and clinical practice partners identified in the application must provide documentation of accreditation. Please see page 7 of the FOA-HRSA-16-070.

12. Our nursing program is under the college of nursing and health sciences at our university, and not a school of nursing. Are we eligible?

Nursing education programs that are accredited for the purpose of nursing education are eligible to apply.

13. Can we apply knowing we have initial accreditation but we are conducting substantive changes into all of our DNP concentrations?

Substantive Change Notification accredited nursing programs that modify (for example, a change to a BSN-DNP program) or add nursing specialties (for example, Psych Mental Health NP program) that require substantive change notification to the national nursing accrediting body, must include documentation of such approval of the change in the application as Attachment 1. Please refer to pages 23 regarding new graduate programs (Attachment 2).

14. Are distance learning programs eligible for this program?

Distance learning programs will need to demonstrate how the program requirements and all other requirements of this FOA will be accomplished via distance.

III. ALLOWABLE COSTS

15. What is the indirect cost rate?

For HRSA-16-070 Funding Opportunity Announcement an applicant may request indirect costs in accordance with their approved negotiated indirect cost rate, or the 10 percent de minimis indirect cost rate.

10 percent de minimis indirect cost rate: Non-federal entities that have **never** received a negotiated indirect cost rate may elect to charge a de minimis rate of 10 percent of modified total direct costs, which may be used indefinitely. If the award recipient chooses to utilize the de minimis rate, it must do so consistently for all federal awards until such time they choose to have negotiated with federal agencies. If no such rate exists, the pass through entity is required to include a rate that they negotiated with the sub recipient, or the de minimis rate of 10 percent.

Modified Total Direct Costs (MTDC) is defined as follows: MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub award (regardless of the period of performance of the sub awards under the award). MTDC excludes negotiate a rate. Pass through entities are also required to honor the rates that sub recipients equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub award in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

For more information on Indirect Costs see **45 CFR part 75** (75.414 Indirect (F&A) costs).

16. Is using funds to pay for lodging for students an allowable expense under this request for proposal (RFP)?

Trainee (student) expenses are not allowable with funds from the Advanced Nursing Education program (HRSA-16-070).

17. Does this grant opportunity fund individual students by way of stipends, etc.?

This particular program/funding announcement is for nursing institutions or organizations. In other words, funding is for infrastructure, not individual students.

18. How can ANE funds be used?

ANE funds can be used for activities that pertain to the goals and objectives of the FOA, such as:

- Faculty salaries; consultants to support project activities; equipment and supplies related to the project; faculty development for the proposed program, and other project-related activities.
- Developing, coordinating and maintaining a formalized partnership(s) between clinical training sites and academic institution(s).

- Developing and implementing clinical field placements focused on serving rural and/or underserved populations.
- Recruiting faculty to serve as preceptors to provide oversight and guidance to students (funds cannot be used for direct payment to preceptors and clinical sites).
- Supporting curricular enhancements specific to clinical competencies.
- Implementing rapid cycle quality improvement strategies to evaluate the innovated clinical training mode.
- Supporting clinical partnership site activities which boost accomplishment of the project's mission, goals, and objectives.

19. How can funds be used in terms of preceptor incentives? If providing continuing education is not permitted, would we be able to offer tuition waiver (we pay/they don't) for doctoral education instead?

Tuition waivers are not allowed with ANE funding. That would be considered a trainee (student) expense, which is not allowed. ANE funds may not be used to offer continuing education, however the university could offer continuing education to preceptors. This could be considered an in-kind expense.

20. Can equipment be purchased with grant funding?

Equipment can be purchased with ANE grant funds as it pertains to the goals and objectives of the project – for training purposes. No more than \$300,000 can be used for the purpose of purchasing equipment to augment the training and education of their students over the 3-year project period.

21. If we use faculty at the school, are we permitted to request release time funding so that they can be released from other duties to serve as a preceptor.

The ANE program does not support paid individual's release time. A clinical faculty member would have to be an employee of the school and part of her/his duties or responsibilities as a faculty member would be at the clinical site. The budget line items can identify how funds are being used as it pertains to the goals and objectives of the project.

22. If we have a lead coordinator at the site, can we use funds to buy out their time?

The ANE program does not support paid individual's release time. Personnel may be paid a percentage of their time for activities that support the mission, goals, and objectives of the proposed project. Paying preceptors is not an allowable cost. The subcontract budget line items can identify how funds are being used as it pertains to the goals and objectives of the project.

23. Is there any percent minimum effort for the Project Director?

HRSA does not have a minimum effort for the Project Director. However, it cannot exceed 100 percent effort.

IV. PROGRAMMATIC

24. What is the timeline for implementation for this funding opportunity?

The awards will be made by 1 July 2016. It is anticipated that activities will start in the fall semester; and required that students will be working at the clinical sites by 31 January 2017. Please note this is not a planning grant.

25. In considering curricula enhancements, would new innovative initiatives to include standardized patients and simulation related to the role of the APN as primary care provider in medical home be recognized as something for which funding can be used?

The purpose of the Advanced Nursing Education (HRSA-16-070) solicitation (FOA, p. 4) is to support the enhancement of advanced nursing education and practice. Funded projects will implement creative academic-practice partnerships within advanced practice registered nurse (APRN) primary care programs. Partnerships between academic institutions and rural and/or underserved primary care practice sites will promote APRN students' readiness to practice upon graduation by improving training and competencies for both students and preceptors. Working collectively these partnerships will,

- Facilitate the meaningful exchange of information to identify the needs of the community and the clinical workforce;
- Use this information to enhance curriculum, preceptor recruitment, training and evaluation; and
- Shape the experiential training of advance practice nursing students to be better prepared upon graduation to provide care for rural and underserved populations.

26. Can applicants propose to educate preceptors and partners in concepts of population health specific to the underserved?

The purpose of the Advanced Nursing Education (HRSA-16-070) solicitation (FOA, p. 4) is to support the enhancement of advanced nursing education and practice. Funded projects will implement creative academic-practice partnerships within advanced practice registered nurse (APRN) primary care programs. Partnerships between academic institutions and rural and/or underserved primary care practice sites will promote APRN students' readiness to practice upon graduation by improving training and competencies for both students and preceptors. Working collectively these partnerships will:

- Facilitate the meaningful exchange of information to identify the needs of the community and the clinical workforce;
- Use this information to enhance curriculum, preceptor recruitment, training and evaluation; and
- Shape the experiential training of advance practice nursing students to be better prepared upon graduation to provide care for rural and underserved populations.

27. Regarding the logic model references to the target population, is this the clients and patients, or the preceptors and students?

This depends on how the project is designed and how the logic model is presented; this is up to the applicant (could be the underserved population, students or preceptors).

V. ACADEMIC/CLINICAL PARTNERSHIPS

28. What do you define as primary care?

For the definition of “primary care” please see Section VIII – Other Information, Program Definitions (page 50 for primary care).

29. Can new faculty lines be developed as part of the award, i.e. adjunct practice positions?

A faculty member would have to be an employee of the applicant. A faculty member can be an employee at the school of nursing with duties/responsibilities at the clinical site **or** a faculty member employed by the clinical practice with duties/responsibilities at the school of nursing.

30. Would it be acceptable to hire Nurse Practitioner faculty at the university who work primarily in the clinical setting providing education to the NP students?

It would be allowable to hire faculty. It is also allowable for the clinical practice to hire an individual who works primarily for the school of nursing.

31. As a clinical institution applicant, can we use the data from our academic institution partner’s graduates to qualify for the funding preference?

This is one of the many great benefits of the academic clinical practice partnership. Be certain to provide the number of graduates in the nursing program(s)/specialty(s) from your academic partner that the project is focused on.

32. Are Memorandums of Understanding and Affiliation Agreements the only acceptable documentation to prove partnership?

Please review the “Attachment 4: Memoranda of Understanding . . .” outlined in the FOA, p. 24. Formal MOUs and agreements are acceptable. They should be dated and signed.

VI. PRECEPTORS

- 33. Please clarify the definition of faculty as preceptors and the relationship to funding. For example, if there is a preceptor at the site and we determine they meet the requirement as a clinical faculty member – would that person be able to be paid for their time?**

The ANE program does not support individual’ paid release time. A clinical faculty member would have to be an employee of the school and part of her/his duties/responsibility as a faculty member would be at the clinical site. The subcontract budget can identify line items with duties/responsibilities that support achieving the goals and objectives of the project.

- 34. It was noted that there can be no direct payment to preceptors and clinical sites for precepting individual students; does that mean applicants cannot have key personnel, with effort, based at the clinical setting?**

Personnel may be paid a percentage of their time for activities that support the mission, goals, and objectives of the proposed project. The ANE program does not support individual’s paid release time. Paying preceptors is not an allowable cost.

- 35. Can applicants utilize faculty employees of the school of nursing as preceptor for the day at partnership sites?**

A faculty member would have to be an employee of the school of nursing with part duties/responsibilities at the clinical site.

- 36. Are MDs, Dos, LCSWs, and other health professionals acceptable to serve as preceptors?**

A major purpose of the FOA is to improve preceptor training and promote graduate Nurse Practitioners readiness to practice. The applicant will need to document that the preceptors used are able to guide the graduate NP student to become a competent practicing advance educated nurse upon graduation.

VII. FUNDING PREFERENCE

- 37. What nursing specialty graduates can be used in determining the ‘high rate’ of graduates?**

The ‘high rate’ is calculated using the graduates from the program/specialty(s) that is the focus of the ANE program project, and not the entire student body. For example, if your project

focuses on PNPs, then graduates from the PNP program who graduated between 1 July 2014 to 30 June 2015 should be documented.

38. Is there benefit in meeting more than one of the funding preferences?

There is not benefit in meeting more than one of the funding preferences. If requesting the funding preference, the applicant must meet the funding preference in **all the identified ways** in the FOA.

39. The FOA states that to meet a funding preference, “A minimum of 20% of faculty spends at least 50% of their time providing or supervising care of rural/underserved/ populations, or helping to meet public health needs. Is this a percentage of all SON faculty or the primary care program nursing faculty?”

This should be 20% of the faculty in the nursing practitioner program that is applying for support, i.e., if the FNP program is applying it's all faculty that support the FNP program except for researcher faculty and faculty that teach basic science courses.

40. Are all the bullets of a funding preference required to be met to receive eligibility?

Yes; for each funding preference qualification, (FOA, pp. 37 -38), each statement listed for that qualification must be met, along with meeting the 'high rate', (FOA, pp .35-37).