

**FAQs**  
**Graduate Psychology Education (GPE) Program**  
**Fiscal Year (FY) 2016 Funding Opportunity Announcement**  
**HRSA-16-059**

**Awards**

**1. Will HRSA be distributing awards equally among internships, post-doctoral residencies and doctoral schools and programs of psychology?**

No, HRSA will use one rank order list for all applications in making the awards.

**Applicant Eligibility**

**1. Are internships that are in process of being accredited eligible to apply for GPE funding?**

Applicants must be APA accredited at the time of the application deadline which is December 16, 2015.

**2. Are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) that are not APA accredited eligible for GPE funding?**

No, applicants must be APA accredited at the time of the application deadline.

**3. Are Psy.D programs eligible to apply for this grant?**

Yes, APA accredited Psy.D. programs in health psychology (clinical, counseling and school psychology) that meet the eligibility criteria can apply for this funding opportunity.

**Application and Submission**

**1. Do current GPE grantees who were only funded for two of the three years in FY 2014 have to reapply to fund the last year of their proposal under HRSA 13-199?**

The project period for HRSA 13-199 ends on June 30, 2015. FY 2014 grantees were funded for two years. HRSA 16-059 is a new and competing continuation funding opportunity. Current grantees may apply, and are subject to an open competition by the objective review process.

**2. Can more than one proposal be submitted from the same institution, but from a different campus?**

Per the FOA on page 6, multiple applications from an organization are not allowed. However, an institution may submit more than one proposal from different campuses if the DUNs numbers are different.

**Budget**

**1. What constitutes indirect costs?**

Per the HHS Grants Policy Statement, direct costs are costs that can be identified specifically with a particular award, project or program, service, or other organizational activity; or that can be directly assigned to such an activity with a high degree of accuracy. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported project or program. Indirect costs (also known as “facilities and administrative costs”) are costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that usually are treated as indirect costs. The organization is responsible for presenting costs consistently and must not include costs associated with its indirect rate as direct costs.

**2. Can an organization charge current employees’ salaries to the GPE grant? For example, can an applicant charge to the GPE grant part of a professor’s salary for his work as the project director or as a clinical supervisor?**

Yes, however the GPE funds should not supplement or supplant other funds expended by the grantee to carry out these activities, and grantees will be required to maintain non-Federal award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award (2015).

**3. Are fringe benefits allowed for the project director and supervising faculty?**

Fringe benefits for the project director or supervising faculty (if included under the Personnel - Salary budget category) may be requested as part of the 40 percent allocation of the overall requested budget for program administration.

## **Medically Underserved Communities (MUC) Preference**

**1. Are VA Centers considered medically underserved communities (MUC)?**

VA centers are considered MUCs. Per the funding opportunity, MUCs are geographic location or population of individuals that is eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor’s Certified Shortage Area for Rural Health Clinic purposes. Preference is driven by HRSA-defined MUCs.

**2. Can you explain the difference between the Medically Underserved Preference and the Funding Priority and how to qualify for both?**

A Funding Priority is a favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. A funding priority of ten (10) points will be given for institutions in which experiential training focuses on the needs of vulnerable groups. Examples of vulnerable populations are listed in the funding opportunity announcement. Applicants must submit the request for Funding Priority describing the vulnerable population as attachment 12 and also a brief statement in the abstract. The ten points is added to the final score.

The funding preference places applicants in a more competitive position among applications that can be funded. Applicants must submit information documenting eligibility for a Funding Preference as Attachment 7. Funding preference will be granted to any qualified applicant that

demonstrates that they meet the criteria for one of three qualifications, high rate, significant increase or new program.

## **Program Requirements**

### **1. Can general health and specialty clinics and programs within the VA Centers, such as sleep disorder, endocrinology, women’s health, behavioral health or diabetic clinics be considered an experiential training site for HRSA 16-059?**

No, per the funding opportunity announcement, experiential training sites must be in a primary care setting.

### **2. What is HRSA’s definition of primary care?**

Per the funding opportunity, primary care is defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. The term clinician refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients. A clinician has direct contact with patients and may be a physician, nurse practitioner, or physician assistant.”

### **3. Does the Project Director have to be employed by applicant organization?**

Per the funding opportunity announcement, the project director Project Director must be employed by the awarded applicant organization and dedicate a minimum of 20 percent of his/her their time (may be in-kind or funded) to grant activities, employed by the awarded applicant organization, and is encouraged to have a minimum of three years of experience in the education and training of behavioral health service psychologists.

### **4. What disciplines are included in health professions? Can law or law enforcement be considered a health profession?**

For purposes of this funding opportunity announcement, health disciplines include, but are not limited to, public health, primary care, family medicine, general internal medicine, pediatrics, psychiatry, psychiatric nursing, psychiatric/mental health nursing, substance abuse counseling, pharmacy, social work, and dentistry. Law and law enforcement are not considered health professions.

### **5. Are there examples of a logic model?**

Yes, per the funding opportunity announcement on page 32, examples of logic models can be found at [http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm).

**6. Can a school district qualify as a training site? Do school based clinics qualify as training sites?** Per the funding opportunity announcement, experiential training sites must be in a primary care setting. If school based clinics offer primary care services and are integrated with behavioral health, they would be an appropriate training site.

## **Stipend**

**1. Does HRSA 16-059 allow stipend support for post-doctoral residents who are both research and practice?**

The funding opportunity states that eligible applicants are APA-accredited post-doctoral residency programs in practice psychology.

**2. Does HRSA 16-059 allow stipend support for interns who have one rotation in a primary care setting?**

Per the funding opportunity announcement, experiential training sites must be in a primary care setting.

**3. Our university has an APA accredited doctoral psychology program. The medical school under the same university structure is an APA accredited internship consortium in professional psychology and an APA accredited post-doctoral program. In developing this new proposal, can doctoral students from the university be eligible for training and stipend support under this funding opportunity?**

Yes, as long as the doctoral school or program of psychology is APA accredited and is in the same university structure as the medical school.