American Recovery and Reinvestment Act of 2009: Information Technology Professionals in Health Care: Community College Consortia to Educate Information Technology Professionals in Health Care

Program Guidance

Funding Opportunity Announcement

Fiscal year 2010

Application Due Date: January 22, 2010
Anticipated Award Date: March 15, 2010

Legislative Authority: American Recovery and Reinvestment Act of 2009 (Recovery Act), Division A—Appropriations Provisions, Subtitle B—Information Technology Professionals in Health Care, Section 3016 of the Public Health Service Act (PHSA)

Executive Summary

This funding opportunity is for *Community College Consortia to Educate Health Information Technology Professionals* cooperative agreements to be funded under the American Recovery and Reinvestment Act of 2009 (Recovery Act), Public Law 111-5. The purpose of the *Community College Consortia to Educate Health Information Technology Professionals in Health Care* cooperative agreement is to "provide assistance to institutions of higher education, or consortia thereof, to establish or expand medical health informatics education programs to ensure the rapid and effective utilization and development of health information technologies." Consistent with the legislation the Director of the National Science Foundation has been consulted and supports this program.

The Recovery Act, signed into law February 17, 2009, includes an estimated $167 billion over ten years for programs at the Department of Health and Human Services (HHS). HHS Recovery Act activities support efforts to increase access to health care, protect those in greatest need, expand educational opportunities, and modernize the Nation's infrastructure. Of these funds, $70,000,000 will support cooperative agreements under this *Community College Consortia to Educate Health Information Technology Professionals.*

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OPPORTUNITY OVERVIEW

Department of Health and Human Services (HHS)

Office of the National Coordinator for Health Information Technology (ONC)
Funding Opportunity Title: Information Technology Professionals in Health Care: Community College Consortia to Educate Health Information Technology Professionals

Announcement Type: New Competitive Program

Funding Opportunity Number: EP-HIT-10-001

Catalog of Federal Domestic Assistance (CFDA) Number: 93.721

Key Dates and Submission Information:

The application review and funding process for these training grants will take place according to the table below. Applicants will need to submit an application that will undergo an objective review. Successful applications will result in award of a two-year cooperative agreement.

Technical Assistance calls to be held December 16th and January 15th to ensure that ONC addresses all comments and questions please submit by email (HealthITEducation@hhs.gov) three days prior to the call.

FOA Details	Date1	Section Reference
Technical Assistance Teleconferences	1) December 16, 2009; 12:00 pm EST 2) January 15, 2010	
Letter of Intent	January 06, 2010, by 11:59pm EST	Section IV.B.1 – Application and Submission Information
Application Due Date	January 22, 2010 by 11:59pm EST	Section IV – Application and Submission Information
Anticipated Award Date	March 15, 2010	VI.A – Award Administration Information
Total Funding	$70,000,000	

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[1] *The announcements and start dates are approximate.*

I. Funding Opportunity Description

A. Background

On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (Recovery Act). This statute includes the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) that sets forth a plan for advancing the appropriate use of health information technology to improve quality of care for each individual in the United States and establish a foundation for the electronic exchange and use of health information. Section 3001 of HITECH established the Office of the National Coordinator for Health Information Technology (ONC) within the U.S. Department of Health and Human Services (HHS). ONC serves as the principal Federal entity charged with coordinating the overall effort to realize widespread and secure use of interoperable health information technologies, including the implementation of a nationwide health information technology infrastructure and widespread and meaningful use of electronic health records.

The HITECH Act establishes a number of incentives to advance the appropriate use of health information technology. These include the provisions of Medicare and Medicaid incentives to eligible professionals (EPs) and hospitals for the meaningful use of electronic health records (EHRs), which in turn will assist in achieving the. goal of EHR utilization for all Americans by 2014. To achieve the vision of a transformed health system through the use of health information technology (HIT) can facilitate, there are three critical short-term prerequisites:

- Clinicians and hospitals must acquire and implement certified, interoperable EHRs in a way that fully integrates these tools into the care delivery process;

- Technical, legal, and financial supports are needed to enable information to flow securely to wherever it is needed to support health care and population health; and,

- A skilled workforce needs to support the adoption of EHRs, exchange of health information among health care providers and public health authorities, and the redesign of workflows within health care settings to gain the quality and efficiency benefits of EHRs, while maintaining individual privacy and security.

Critical to achieving the goal of the HIT Initiative and the success of HITECH Act funded HIT programs such as the regional centers, is the availability of a skilled workforce that can facilitate the implementation and support of an electronic health care system. Section 3016 of the Public Health Service Act (PHSA), as added by the Recovery Act, authorizes the creation of a program to assist in the establishment and/or expansion of programs to train a skilled workforce that will meet the short-term needs of the marketplace for these uniquely skilled professionals. Ensuring the adoption of EHRs, information exchange across health care providers and public health authorities, and the redesign of workflows within health care settings to gain the quality and efficiency benefits of EHRs, while maintaining privacy and security will all depend on having a qualified pool of workers. The supply of qualified health information professionals is a rate-limiting factor and maybe one of the greatest barriers to the comprehensive adoption and meaningful use of HIT.

Estimates based on the data from the Bureau of Labor Statistics (BLS), Department of Education and independent studies indicate a shortfall of approximately 51,000 qualified health IT workers who would be

required over the next five years to meet the needs of hospitals and physicians as they move to adopting an electronic health care system, facilitated by the HITECH Act.   To better understand the workforce needs created by HITECH, ONC convened a panel of technical experts, including educators and industry representatives. The experts identified the competencies required by six specific HIT workforce roles, which will be critical as providers begin to implement EHRs in large numbers, and for which training can be completed in six months or less if individuals bring appropriate backgrounds to the training.

 These roles are:

- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation support specialists
- Implementation managers
- Technical/software support staff
- Trainers

These roles are more fully described in Appendix I.

The professionals trained by this workforce program will provide key support to the other HITECH Act directives such as the regional health information technology extension center program and the Health Information Technology Research Center (HITRC), and the state information exchange program.

Regional Extension Center Program. The regional health information technology extension center programs will facilitate EHR adoption and meaningful use among primary care providers through local, practice, and provider-level support, technical assistance, education, and coordination. Individuals in all six of the specific HIT workforce roles above will be prepared with the skills necessary to assist the regional extension centers in accelerating the adoption, implement and meaningful use health information technology.

Health Information Technology Research Center (HITRC). The HITRC will analyze and support national efforts to provide technical assistance and develop or recognize best practices to support and accelerate efforts to adopt, implement, and effectively utilize health IT that allows for the electronic exchange and use of information in compliance with applicable standards, implementation specifications, and certification criteria. Individuals trained via the participating community colleges will have the skills needed to translate the findings of the HITRC into the daily operations of providers offices and hospitals.

State Health Information Exchange Program. Through this program, States, or their designated entity, will develop plans for coordinating health information exchange (HIE) planning and implementation at the state-level. This will create opportunities in each region for trainees to engage in the implementation of the HIE plans as technical staff working on behalf of the state, or with individual providers and hospitals, to help facilitate exchange at the micro-level.

B. Purpose

The American Recovery and Reinvestment Act, under section 3016 of the Public Health Service Act (PHSA), Information Technology Professionals in Health Care, authorizes "assistance to institutions of higher education (or consortia thereof) to establish or expand health informatics education programs, including certification, undergraduate, and masters degree programs, for both health care and information

technology students to ensure the rapid and effective utilization and development of health information technologies in the United States health care infrastructure." The program established under Section 3016 will consist of at least two programmatic components, to be described in separate Funding Opportunity Announcements.

This funding opportunity, one component of the program, seeks to rapidly create HIT academic programs at Community Colleges or expand existing ones. Community Colleges are "institutions of higher education" as defined by section 101 of the Higher Education Act of 1965. This initiative will offer training in all six roles as defined in Appendix I. Each student with appropriate prerequisite training and experience will be able to complete intensive training in one of the six roles within six months or less. Academic programs may be offered through traditional on-campus instruction or distance learning modalities, or combinations thereof.

The competencies to be attained by persons trained under this initiative require instruction in IT, health care, workflow of health care practices, redesign of health care practices, change strategies and quality improvement techniques. The training will also prepare individuals to support IT in public health settings. The academic programs that are established using these funds will be flexibly implemented to provide each trainee with the knowledge, skills and competencies that he/she does not already possess and that are required for a particular role. For example, a person entering the program with a healthcare background would concentrate on obtaining IT skills and workflow redesign capabilities rather than on content knowledge related to healthcare, which they already have.

To enable these academic programs to ramp up quickly, there will be a separate funding opportunity to create high quality, modular educational materials designed for use in Community Colleges and supporting both distance and on campus learning.

Academic programs that receive funding must be established very rapidly. In order to ensure the projected shortfalls in the workforce are addressed they must be able to customize the training to individual needs, if the projected shortfalls in the workforce are to be addressed. Accordingly, Community Colleges funded under this initiative will need to establish intensive non-degree training programs that can be completed in six months or less. Those completing training would typically be expected to receive an institutional certificate upon successful completion of the coursework. It is our intention that training will be geared to students who already possess some of the competencies needed for the role they seek to fill upon completion of the program. This means that programs could admit individuals with IT skills who have little or no healthcare experience or individuals with healthcare experience, including licensed health professionals, with limited IT experience. Training supported under this program will address the six roles that are described in Appendix I. For those Community Colleges with existing programs for the six workforce roles, funding may be used to enlarge and/or enhance the existing programs. It is expected that the funding will allow all member Community Colleges with varying training capacities to be able to ramp up quickly and have academic programs in place to train 150 students per year.

The ultimate measure of this program's effectiveness will be the number of students that are recruited, trained, and employed in the six priority HIT workforce roles identified by ONC, in both health care and public health practice settings. It is expected that by the end of the two year project period, collectively all of the Community Colleges participating in the program will have established training programs with the capacity to train at least 10,500 students annually to be part of the HIT workforce. To work toward this goal, this funding opportunity is designed to provide for cooperative agreements with five regional consortia representing a total of approximately 70 Community Colleges that will be selected through this funding opportunity announcement. The lead institution for each region in the consortium will be expected

to work with other ONC-funded programs, such as the regional extension center and state health information exchange programs, to provide internship opportunities and potential employment to students and graduates of the community college training programs.

The Community Colleges engaged in this program will be members of a regional coordination committee and have one representative on the national coordination committee. The consortia will be expected to foster the exchange of best practices and approaches within their own consortium and among other consortia, and an appropriate level of standardization of the knowledge and skills sets of the individuals completing these programs.

C. Project Structure

1. Regional Approach

For this funding opportunity, ONC has created five regions by pairing contiguous regions in the 10 region United States Department of Health and Human Services region map.
http://www.hhs.gov/about/regionmap.html. Pairings were made based on the population of each region.
[2]See figure below:
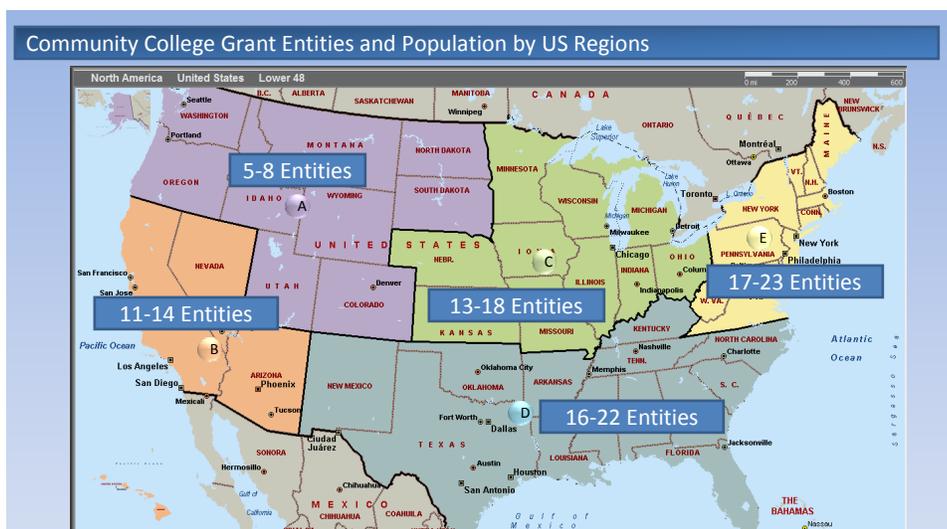
Population and Target Grant Community Colleges by Region

Region	A	B	C	D	E	Total
Census Population	23,171,056	47,460,504	65,115,773	97,020,826	75,669,343	308,437,502
Percentage of National Population	8%	15%	21%	31%	25%	100%
Minimum Students to be Trained Annually	750	1,650	2,250	3,300	2,550	10,500
Target Number of Member Community Colleges	5-8	11-14	13-18	16-22	17-23	70
Funding Allocation	$6,200,000	$10,750,000	$14,650,000	$21,150,000	$17,250,000	$70,000,000

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[2] Source of the population data is the US 2000 census estimates for the year 2008: http://www.census.gov/popest/estimates.html

ONC will utilize an objective review process to award a cooperative agreement to one community college consortium in each of the five regions described above. Each funded consortium will consist of a lead awardee and a number of identified member Community Colleges located within the region. The lead awardee will be the direct recipient of the grant. The member Community Colleges will be supported through sub-awards from the lead awardee. The lead awardee may be any institution of higher education that has a Health IT learning program currently in place and certifies to continue to operate their HIT programs for the full duration of the award. Funds for academic program development and training implementation can only be given to member Community Colleges.

Collectively, the five regional consortia will have approximately 70 Community Colleges as members. To ensure that the program has broad geographic coverage of the nation, each region will have a target range for the number of member Community Colleges. These target ranges are identified in the table above and are based on the population of each region. Applicants must propose consortia within the target range for their selected region. Small variations from this range (generally not to be exceeded by one member) may be requested from the program office and must be approved before the application is submitted. Also, with prior approval, a consortium may include a community college located outside of its designated region, but in close proximity to the regional boundary[3].

Also noted in the figure above is a funding allocation for each region. The total budget request in an application for a region should not exceed the funding allocation for that region. Actual award amounts will be based on justified needs and programmatic requirements.

 The selection of Community Colleges should also align with regional extension centers, to ensure that the geographic concentrations of graduates will align   with the geographic concentration of health IT adoption activities and the resulting demand for supporting personnel. Priority will be given to consortia with member Community Colleges that align with regional extension centers.

2. Educational Program Structure

Through a new or existing regional consortium structure, applicants must propose a mechanism to establish or enhance health IT training programs at all member Community Colleges. Such programs must address the educational needs of individuals seeking to fulfill the six roles identified by ONC.

The educational programs delivered through the funded consortia must meet the following objectives:

1. The programs at the member Community Colleges must be designed to be completed in a maximum of six months. They should be non-degree programs but institutional certificates of completion may be awarded.

2. The training programs should accommodate each trainee's skill gaps, and be flexibly designed to allow each trainee to enroll in just those courses he or she needs to attain the desired level of competency.

3. While each member Community College is not required to offer training for all six workforce roles identified by ONC, each consortium as a whole must provide training for all six roles. Evaluation criteria will include special consideration of consortia that propose to distribute training for specific

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[3] Request for approval should be obtained from the program contact listed under Section VII – Agency Contacts.

roles evenly across its member Community Colleges. (See Appendix I)

4. After two years, the anticipated training capacity of the consortium as a whole must average 150 students per member Community College. In other words, a consortium with 10 member Community Colleges must have a plan to reach a training capacity of 1500 trainees per year, but the anticipated training capacity of each member Community College can vary.

5. Training at all consortium member Community Colleges will be expected to begin by September 30, 2010. Preference will be given to consortia according to the proportion of Community College members that can begin training earlier and do not lock training programs into a semester or quarter system. If training cannot begin by September 30, 2010, a justification will be required.

6. Each member Community College must have a plan to connect individuals completing these programs with job opportunities. This may include, as appropriate, linkages with ONC-funded regional extension centers and other ONC-supported health IT initiatives.

Targeted educational materials[4] will be developed for the six workforce roles through a separate funding mechanism. Early drafts of these materials will be made available to awardees by July 2010. The materials will be a resource to facilitate the rapid implementation of the academic programs, and awardees will be required to demonstrate how these materials will be used. It is expected that initial versions of these materials will be available in the late summer of 2010, and workshops will be held to train faculty in their use. Applications should include a specific statement of commitment to the principle of employing these materials in the programs established by the consortium's members. Consortia should *not* budget for registration of member Community College faculty in the training workshops, the training will be provided at no cost. Consortia <u>should</u> budget for travel to the workshops by member institution faculty.

D.   Scope of Services

The specific scope of services that each consortium and lead awardee will be required to provide is outlined below:

1. Consortium Structure

1) Lead Awardee: Each consortium must identify a lead institution which must be a institution of higher education. Any university that applies must be also be engaged in providing training in HIT.

2) Member Community Colleges: Each awarded consortium must have in its membership an identified set of Community Colleges.

3) The consortium may also contract with qualified organizations other than institutions of higher education to provide specific services in support of the consortium's coordination activities, but funds for academic development and training implementation can only be given to member Community

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[4] The materials will also comply with the Carl D. Perkins Career and Technical Education Improvement Act of 2006, which supports rigorous programs of study (career pathways) that lead to industry-recognized credentials or certificates at the postsecondary level.

Colleges.

2. Responsibilities of the Lead Awardee

The lead awardee, as recipient of the cooperative agreement, is responsible for:

1. **Establishing the consortium**.

    a. Specifying the HHS-defined geographic region the consortium proposes to serve.
    b. Identifying the member Community Colleges that comprise the proposed consortium and entering into contractual agreements with each member.
    c. Developing a management plan for consortium operations and for leading and overseeing collaboration within it.

2. **Organizing and managing the consortium.**
    a. Implementing a management plan.
    b. Developing a mechanism for convening a regional coordination committee of member Community Colleges to ensure collaboration.
    c. Creating a regional partnership of entities that are interested in workforce development, including representatives of some or all of the following:

        (i) representatives of the National Association of State Directors of Career Technical Education consortium, as well as secondary and postsecondary education representatives from different states within the consortium 's service area;

        (ii) two or more health care employers and information technology employers that are serving the health care industry - from each state within the regional community college consortium's service area;

        (iii) representatives from HITECH Act funded programs, such as the regional extension centers and state health information exchanges, within the multi-state consortium;

        (iv) representatives of state workforce agencies; and,

        (v) other organizations representing interests such as business, industry, and labor as appropriate.

3. **Issuing and administering sub-awards to member institutions.**
    The lead awardee must establish a mechanism for administering the sub-awards.

4. **Serving as a custodian of federal funds.**
    The lead awardee must retain control of the disbursement of and responsibility for the Federal funds awarded under this cooperative agreement and must be responsible for carrying out required project activities.

5. **Reviewing educational materials.**
    The lead awardee must demonstrate a process to review the educational materials being used in each of the HIT academic programs. In cases where centrally developed curriculum material is

not being used the course materials must meet the standards of the centrally developed curriculum.

6. **Progress reporting and program evaluation.**
   The lead awardee will be required to gather performance measures such as the following and will be monitored quarterly:

   - Entered employment rate - percent of participants employed in the first quarter after exit.
   - Employment Retention Rate - Percent of participants employed in the first quarter after program exit still employed in the second and third quarters.
   - Average earnings - Average six-month earnings.
   - Number of students enrolled in programs supported by this initiative.
   - Number of students graduating from programs supported by this initiative.

7. **Representing the consortium in the national coordination committee (see below.)**

3. Responsibilities of the Member Community College

The specific responsibilities of the Community College members include but are not limited to:

1. Identifying faculty and developing local capacity to administer the program.
2. Partnering with local health care entities, such as health care provider groups, EHR vendors, or other organizations that are interested in providing internships and job placement to students and graduates.
3. Recruiting qualified students to the program.
4. Providing appropriate training, using the nationally-developed educational materials as a resource, to address the competencies associated with each role which is a training target.
5. Assisting students in finding jobs that take advantage of their new skills.
6. Evaluating student progress to provide information to inform future course modifications.
7. Providing certificates, or equivalent documents, to students who successfully complete the program.
8. Participating with other member institutions in consortium activities.
9. Collaborating with other ONC programs such as the regional extension centers and state health information exchange programs.

4. National Coordination and Support for the Consortia

The five consortia will learn from shared experiences through a nationwide coordination committee. The committee will meet, with federal program staff, on a quarterly basis to report progress and address problems. The committee will consist of the management officials from each of the five consortium awards and official(s) from the ONC. Other consortium members and participants will attend meetings as appropriate. The chair of the committee will rotate every six months among the consortium management officials. The coordination committee cannot make decisions that are binding on the regional consortia.

The nationwide coordination committee members will participate in national and host regional network meetings, provide oversight, and continuous improvement of the academic programs. Materials that shall be shared include templates, guides, curricula, and other informational, educational, outreach and implementation support products. The consortia members will coordinate with state and regional workforce

development agencies to ensure that the labor market information informs decisions about resource allocation and program development.

ONC, in collaboration with the Department of Education, will also establish a technical assistance support team to provide ongoing program direction to the consortia and their member institutions to ensure program objectives are met. The assistance will include provision of information and materials (e.g. curriculum, policy support).   The technical team may also provide online and in-person forums to support sharing between the consortiums and among consortia.

5. Consortia Goals, Objectives and Outcomes

Goal: The goal of the Community College consortia is educate health information technology professionals that can facilitate the implementation and support of an electronic health care system.

Objectives:
1. The programs at the member Community Colleges must be designed to be completed in a maximum of six months. They should be non-degree programs but institutional certificates of completion may be awarded.

2. The training programs should accommodate each trainee's skill gaps, and be flexibly designed to allow each trainee to enroll in just those courses he or she needs to attain the desired level of competency.

3. While each member Community College is not required to offer training for all six workforce roles identified by ONC, each consortium as a whole must provide training for all six roles. Evaluation criteria will include special consideration of consortia that propose to distribute training for specific roles evenly across its member Community Colleges. (See Appendix I)

4. After two years, the anticipated training capacity of the consortium as a whole must average 150 students per member Community College. In other words, a consortium with 10 member Community Colleges must have a plan to reach a training capacity of 1500 trainees per year, but the anticipated training capacity of each member Community College can vary.

5. Training at all consortium member Community Colleges will be expected to begin by September 30, 2010. Preference will be given to consortia according to the proportion of Community College members that can begin training earlier and do not lock training programs into a semester or quarter system. If training cannot begin by September 30, 2010, a justification will be required.

6. Each member Community College must have a plan to connect individuals completing these programs with job opportunities. This may include, as appropriate, linkages with ONC-funded regional extension centers and other ONC-supported health IT initiatives.

Anticipated Outcomes

1. Number of students enrolled in programs supported by this initiative
2. Number of students graduating from programs supported by this initiative
3. Entered employment rate- percent of students employed in first quarter after exit

4. Employment Retention Rate – Percent of students employed in the first quarter after program exit still employed in the second and third quarters
5. Average earnings – Average six month earnings

E.   Statutory Authority

The statutory authority for cooperative agreements under this Program Announcement is contained in the American Recovery and Reinvestment Act of 2009, Division A—Appropriations Provisions, Subtitle B—Information Technology Professionals in Health Care, Section 3016 (Section 3016 of the PHSA).

II.   Award Information

A.   Summary of Funding

Type of Award: Cooperative Agreement
Total Amount of Funding Available: $70,000,000
Number of Awards: 5
Project Period Length: 24 months
Budget Period Length: 12 months
Estimated Start Date: March 15, 2010

ONC anticipates awarding five cooperative agreements to regional community college consortia. Each regional community college consortium will have a lead entity and number of member Community Colleges, which will be sub-awardees. Each member Community College will have a defined service area, where it will draw at least 85% of its students for HIT training. For this FOA, five regional areas have been created – see Regional Map at the beginning of this FOA. Each lead awardee for the regional consortium is required to stay within a designated service area and ONC does not anticipate awarding grants to any regional consortium that has Community College sub-awardees with overlapping service areas.

The project period for the award will be two years with two one year budget periods. Awardees' performance will be evaluated after one year to ensure that the project is meeting targets for recruiting and training students. Evaluation will measure the awardees performance against the statutory objectives of the Information Technology Professionals in Health Care, Section 3016 of the Public Health Service Act (PHSA) and against the performance objectives established in the cooperative agreement, including participation in the National Coordination and Support Consortium. This assessment will place significant emphasis on the number of students trained.

III.   Eligibility Information

A.   Eligible Applicants

Eligible applicants may be institutions of higher education. Any university that applies must also be engaged in providing training in Health Information Technology. The lead awardee will also need to

provide a list of the Community Colleges in the consortia that will receive funding through the project as sub-awardees.

B.   Cost-Sharing or Matching

None

C.   Other

1. Application Screening Criteria

Applications that fail to meet the following screening criteria described below will not be reviewed and will receive no further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

- Applications must be submitted electronically via http://www.grants.gov by 11:59 p.m., Eastern Time, January 22nd., 2010.
- The lead awardee identifies a clear services area, which must correspond to one of the HHS regions identified in Section I.
- All of the member Community Colleges must provide signed letters of commitment and budgets as part of the application.
- The Project Narrative section of the Application must be double-spaced, on 8 ½" x 11" plain white paper with 1" margins on both sides, and a font size of not less than 11.
- The Project Narrative must not exceed 25 pages. Any pages over the limit will not be reviewed. NOTE: Letters of Commitment, and Resumés of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 25-page limit.

2. Application Responsiveness Criteria

The following are required of all lead awardees. Applications not meeting these criteria will not qualify for objective review and will be returned to the lead awardees unscored.
- The lead awardee is committed to begin training by September 30, 2010.
- The lead awardee is committed to achieve an annual total consortium training capacity of 150 students multiplied by the number of member institutions.
- The lead awardee is committed to ensuring that the consortium can train students in all six ONC priority HIT workforce roles.
- The lead awardee is committed to use of the nationally developed instructional materials, as appropriate.

IV.   Application and Submission Information

A.   Address to Request Application Package

Application materials will be available for download at http://www.grants.gov. ONC is requiring full applications for all announcements to be submitted via electronic mail http://www.grants.gov. Lead awardees will be able to download a copy of the application packet, and then submit the application electronically via email to: http://www.grants.gov.

APPLICATIONS WILL NOT BE ACCEPTED THROUGH ANY WEBSITE, AND WILL NOT BE ACCEPTED THROUGH PAPER MAIL, COURIER, OR DELIVERY SERVICE.
 LEAD AWARDEES ARE STRONGLY ENCOURAGED TO COMPLETE AND SUBMIT APPLICATIONS AS FAR IN ADVANCE OF THE SUBMISSION DEADLINE AS POSSIBLE. THE APPLICATION INCLUDING ALL REQUIRED ATTACHMENTS AND INCLUDED FILES FOR POTENTIAL CONSIDERATION IN THE REVIEW PROCESS MUST BE RECEIVED BY 11:59 PM EASTERN TIME ON THE DATE SPECIFIED IN SECTION IV C, BELOW.

Applications procedures:

- You must access the electronic application for this program via http://www.grants.gov. You must search the downloadable application page by the Funding Opportunity Number **EP-HIT-10**-**001** or CFDA number (**93.721**).

- All lead awardees should have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR) (for further information see section IV.B.2 below). You should allow a minimum of five days to complete the CCR registration. Although not required to process preliminary applications, lead awardees who do not already have a DUNS number and/or are not registered in CCR should do so as soon as possible. As there is no fee to complete these processes, lead awardees should not wait to receive the results of the preliminary application review before taking these steps.

- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.

- Your application must comply with any page limitation requirements described in this Program Guidance.

- After you electronically submit your application, you will receive an automatic email notification from the email address that demonstrates the email was received. This notification does *not* provide assurance that your application was complete, only that the email was received.

- After ONC reviews your email submission, a return receipt will be emailed to the lead awardee contact indicating the files that were received and able to be successfully opened and read. Due to volume of applications received, this receipt may not be available for several days; lead awardees are strongly encouraged to submit applications as far in advance as possible if they wish to receive confirmation of receipt prior to the deadline. Organizations applying for federal grants will need to be registered with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (http://www.ccr.gov). If you have already registered with CCR but have not renewed your registration in the last 12 months, you will need to renew your registration at http://www.ccr.gov.

Key Contact for Applications:
Inquiries should be addressed to:
U.S. Department of Health and Human Services
Office of the National Coordinator for Health Information Technology
Email: HealthITEducation@hhs.gov

B.   Content and Form of Application Submission

Lead awardees are requested, to submit a non-binding Letter of Intent indicating their plan to apply for this funding opportunity. This Letter is not part of the evaluation process. It will merely assist ONC in planning for the review process. The deadline for submission of the Letter of Intent is January 6, 2010.

1. Letter of Intent

Letters of intent must be sent electronically to:

> U.S. Department of Health and Human Services
> Office of the National Coordinator for Health Information Technology
> Email: HealthITEducation@hhs.gov

2. Letter of Intent Content Guidelines

Lead awardees may submit a Letter of Intent to apply for this funding opportunity; the deadline for the Letter of Intent is January 6, 2010. This Letter of Intent should contain the following:

- Identify which of the five regions the proposed consortium would serve.

- Identify the lead entity.

- List intended number of member Community Colleges, and name any Community Colleges that have tentatively agreed to participate.

3. DUNS Number

The Office of Management and Budget (OMB) requires applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements on or after October 1, 2003. It is entered on the SF 424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain.

Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf .

4. Project Abstract

Lead awardees shall include a one-page abstract (no more than 500 words) of the application along with the full application package. Lead awardees should prepare a clear, accurate, concise abstract that can be understood without reference to other parts of the application and which gives a description of the proposed consortium, including: the consortiums plan to achieve the goals, objectives, overall approach (including target population and significant partnerships), and anticipated outcomes of the Community College Consortia to Educate Health Information Technology Professionals program. Detailed instructions for completing the summary/abstract are included in Appendix F of this document.

The project abstract must be double-spaced with a font size of not less than 11 point.

The lead awardee shall place the following information at the top of the narrative abstract (this information is not included in the 500 word maximum):
- Project Title
- Lead awardee Name
- Address
- Contact Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The Project Abstract must include a summary of the proposed consortium including 1) a description of the consortium; 2) proposed sub- awardees and all other partners; and 3) a proposal describing how the consortium plans to achieve the program outcomes.

5. Project Narrative

The project narrative must provide a detailed picture of the proposed consortium's membership and plan of action. The narrative must provide the reader with an understanding of how the consortium will comply with the program structure and complete the required project activities.

The Project Narrative must be double-spaced, on 8 ½" x 11" paper with 1" margins on both sides, and a font size of not less than 11. Smaller font sizes may be used to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 10 to 25 pages; 25 pages is the maximum length allowed. ONC will not review Project Narrative pages beyond the 25 pages allowed. The Project Abstract (Section IV. B.4) , Letters of Commitment from each member Community College, and Resumés of Key Personnel are not counted as part of the Project Narrative for purposes of the 25-page limit, but all of the other sections noted below are included in the limit.

The components of the Project Narrative counted as part of the 25 page limit include:

- Proposed Strategy for Achieving the Goals, Objectives, and Outcomes of the Community College Consortia to Educate Health Information Technology Professionals Program
- Selection Criteria for lead entity and member Community Colleges
- Project Management
- Evaluation
- Dissemination
- Organizational Capability Statement

The Project Narrative is the most important part of the application, because it will be used as the primary basis to determine whether or not the application meets the minimum requirements for funding under the HITECH Act, and will serve as a primary basis for the review. The Project Narrative must provide a clear and concise description of your consortium. ONC requires that your consortium narrative include the following components:

Goals, Objectives, and Outcomes
This section should elaborate upon the description of the consortium's plan to achieve the goals, objectives and anticipated outcomes of the Community College Consortia to Educate Health

Information Technology Professionals program as laid out in the Summary/Abstract. (See Appendix B.3 for more detail on goals, objectives and outcomes)

Proposed Strategy
This section should provide a clear and concise description of the strategy proposed to address the implementation of an HIT academic program in the member Community Colleges as described in the Scope of Services (see Section I D). It should also address the consortium's implementation plan for the nationally developed HIT – course material.

Selection Criteria
The lead awardee shall provide a description of the selection criteria and process for member Community Colleges.

Project Management
This section should include a clear delineation of the roles and responsibilities of project staff, consultants, the advisory working group, lead institution for the consortium, and member Community Colleges of the consortium, and how they will contribute to achieving the objectives and outcomes of the Community College Consortia to Educate Health Information Technology Professionals program. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; communications with other partners and ONC. It should also describe the approach that will be used to monitor and track progress on the nation-wide evaluation measures. The lead awardee must provide resumes for each key staff member.

A description of the management plan for the consortium must be provided.
  The management plan must:
i)   Be designed to ensure the effective implementation and collaboration of activities conducted together with the member Community Colleges.
ii) Describe a process of convening a regional coordination committee consisting of members of each community college in the region, which, among other things, will meet quarterly to discuss issues related to the program with members of the ONC project team. This group should be tasked with the review of materials, such as educational tools/curricula that are developed to support the program. A member from the regional coordination committee will also participate in the National coordination committee.
iii) Provide for technical assistance to each member Community College in addressing the challenges and identifying successful strategies.
iv) Provide for regular electronic communications to and among the partners and member Community Colleges to ensure that relevant information, research, news, reminders and other items of interest are shared in a consistent manner.

Evaluation
The lead awardee will be required to gather and maintain information from the member Community Colleges relevant to achieving the objects in Scope of Services (Section I, Part D) and the performance goals and outcomes as described in Section I, Part D 5. This section should describe the method by which the lead agency will track and maintain relevant information from the member Community Colleges.

Organizational Capability Statement

This section should include a listing of consortium members, potential partners and potential participating member Community Colleges. Each of these entities'/individual's capabilities and capacity to support the program should be explained. Each Community College sub-awardee will complete the Experience and Capacity Profile form (Appendix H). The lead awardee will then combine the information from the profiles of all of its sub-awardees and present the information as one Experience Profile that reflects the entire regional consortium.

6. Collaborations with and Letters of Commitment from Member Community Colleges

The application should indicate which key collaborating organizations or institutions have confirmed (in the form of a signed letter of intent) their intent to be a part of the project (should it be funded). Any organization that is specifically named as having a significant role in carrying out the project should be considered an essential collaborator. Lead awardees should obtain executed contracts from each of the Community College members along with an endorsed (by each institutions financial officer) budget statement. The agreements must include resource and budget requirements.

Signed Letters of commitment should be scanned and included as attachments to the application. Lead awardees unable to scan the letters of commitment may fax them to the Office of Grants Management at 202-245-0789 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

7. Budget Narrative/Justification

All lead awardees are required to provide a detail proposed budget that includes the costs that would be incurred in support of the project activities. The budget narrative/justification must include the allowable costs that will be incurred in support of the cooperative agreement. Costs are not allowed to be incurred until the date listed in the Notice of Award. Whether direct or indirect, these costs must be allowable, allocable, reasonable and necessary under the applicable OMB Cost Circulars: (See, http://www.whitehouse.gov/omb/circulars and based on programmatic requirements for administering the program as outlined in Recovery Act.

The duration of the grant award is for a maximum of two years. Each lead awardee should provide detailed budgets for their proposed expenditures in years 1 and 2 of the cooperative agreement.. Each lead awardee can propose an administrative budget of up to $500,000 in each budget year to fund the lead awardee functions that are described in Section I. The overall budget that is submitted by the lead awardee should include detailed annual budgets from each member of the Community College that are part of the consortium. These budgets should include justification to support their training programs. See Appendices – Attachment B for detailed information on completing the budget forms.

Items that may be included in a lead awardee's budget are:

1. Faculty release time to prepare for teaching in these programs.
2. Professional salaries for management of the process to create the program.
3. Equipment and furnishings to house and support use of the equipment.
4. Financial aid for the first and second cohort of students.
5. Student recruitment activities.
6. Expenses to establish a career placement office.

7. Expenses to establish partnerships with Regional Extension Centers and other stakeholders to find internship and employment opportunities for the graduates of the HIT academic programs.
8. Educational consultants to advise on the program design.
9. Travel to regional consortium activities, and national coordination meetings.

Format for providing budget justification/narrative: The Budget Narrative/Justification should be provided using the format included as Attachment C of this Funding Opportunity Announcement.   Lead awardees are encouraged to pay particular attention to Attachment B, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required.

C.   Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is January 22, 2010. Applications must be submitted electronically by 11:59 p.m. Eastern Time, January 22, 2010.

Applications that fail to meet the application due date will **not** be reviewed and will receive **no** further consideration.

Grants.gov will automatically send lead awardees a tracking number and date of receipt verification electronically once the application has been successfully received and validated in Grants.gov. After your application form is retrieved from Grants.gov, a return receipt will be emailed to the lead awardee contact. This will be in addition to the validation number provided by Grants.gov.

D.   Intergovernmental Review

This program is excluded from Executive Order 12372.

E.   Funding Restrictions

Funds under this announcement cannot be used for the following purposes:
- To supplant or replace current public or private funding.
- To supplant on-going or usual activities of any organization involved in the project.
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building.
- To reimburse pre-award costs.
- Indirect costs should not exceed 8% of direct costs.

F.   Other Funding Information

Funding decisions will be made based on formulaic allocations as described in the table below.

Allocation: Each region will be given a maximum allocation (which cannot be exceed the total capped amount) for achieving the objectives of the program over the entire two year performance period. This allocation includes $1 million for each lead awardee ($500,000 per year) to cover coordination related costs and an amount to be distributed among the member Community Colleges for academic program development and training. The amount to be distributed among member Community Colleges in each

region has been based solely on population distribution. The maximum allocations for each region are listed below:

REGION	Population Percentage*	Lead Applicant Coordination Costs	Academic Program Development and Training	Total NOT to exceed in projected cost
A	8%	$1,000,000	$ 5,200,000	$6,200,000
B	15%	$1,000,000	$ 9,750,000	$10,750,000
C	21%	$1,000,000	$ 13,650,000	$14,650,000
D	31%	$1,000,000	$ 20,150,000	$21,150,000
E	25%	$1,000,000	16,250,000	$17,250,000
	100%	$5,000,000	$65,000,000	$70,000,000

*Source of the population data is the US 2000 census estimates for the year 2008: http://www.census.gov/popest/estimates.html

The lead awardee may be any institution of higher education that has a Health IT learning program currently in place and certifies that they will continue for the full duration of the award. The lead awardee may also receive funds that exceed $500,000 per year if they are also conducting academic program development and training.

G. Other Submission Requirements

Letters of intent must be submitted electronically to:
Email: HealthITEducation@hhs.gov

V. Application Review Information

A. Criteria

The Office of the National Coordinator for Health Information Technology (ONC) will apply the following selection criteria in evaluating cooperative agreement applications under this competition. The maximum total score any lead awardee may receive is 100 points. The maximum score for each criterion is indicated in parentheses.

(a) Consortium structure and training capacity (30 points)

Each lead awardee will require all of its Community Colleges sub-awardees to complete the Experience and Capacity Profile form (Appendix H). The lead awardee will then combine the information from the profiles of all its sub-awardees and present one Experience Profile that reflects the entire regional consortium. Points will be awarded against the following criteria:

(1) Geographic diversity. What fraction of the states and major metropolitan areas (population centers) contain member Community Colleges? (5 points)

(2) Strength of evidence that each member Community College can achieve its training capacity goal. (10 points)

(3) The rate at which the consortium's member colleges can ramp up to full training capacity. (10 points)

(4) Extent to which training across the six roles is evenly distributed across member Community Colleges**.** (5 points)

(b) Technical and Educational Approach. (40 points)

(1) The extent to which the lead awardee presents a clear understanding of the purpose and scope of the Community College Consortia to Educate Health Information Technology Professionals program. (5 points)

(2) The extent to which, collectively, the member Community Colleges offer clear plans for implementing training programs that can successfully address the criteria in the Scope of Services (Section I, Part D) (20 points)

> (i) The plan demonstrates that all components of a complete educational program (faculty, physical facilities, instructional materials, recruitment, advisory system) are in place or will be in short order if the award is made to the consortium.

> (ii) The program has methods to assess student achievement and progress, and take remedial actions as needed.

> (iii) Each instructional program has appropriate management and oversight.

> (iv) The programs of study, as designed, have a logical flow of topics that can be structured into a course of study that takes an individual student's existing knowledge and skills sets into account.

> (v) There exists a feasible plan for implementing the program.

(3) The extent to which the lead awardee: (10 points)

> (i) Identifies potential improvements in design and additional activities that may enhance the proposed project; and
> (ii) Describes any anticipated problems and recommends solutions to these problems.

(4) Extent to which the lead awardee has aligned with regional extension centers and presents a clear vision for a regional partnership of entities that are interested in workforce development (5 points)

(c) Project Management and Coordination Capacity of Lead Entity. (30 points)

(1) The extent to which the lead awardee includes a description, in a clear and sequential fashion, of the plan for organizing and managing the project, and (5 points)

(2) The extent to which the plan provides credible evidence that the management of personnel, physical and financial resources, activities, and work production will result in orderly, effective, and timely completion of work within the project performance period and that the lead agency will be a good steward of federal funds. (5 points)

(3) The extent to which the plan clearly articulates a methodology for collecting data on objectives and that lead institution can ensure the consortium will achievement of the program outcomes. (15 points)

(4) The extent to which the Management Official for the overall project and project personnel at each community college sub-awardee have clearly identified and documented qualifications,

competencies, and experiences that are appropriate for the tasks to be carried out under this cooperative agreement. (5 points)

B.   Review and Selection Process

An independent review panel of at least three individuals will evaluate applications that meet the initial screening criteria (are found to contain the required application elements). These reviewers will be experts in their field, and will be drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined above, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Office of the National Coordinator for Health Information Technology (ONC). In making these awards, the ONC will take into consideration: the merit of the proposed project as determined by objective review; compliance with programmatic and grants management requirements; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; the relevance of the proposed project in relation to named program priorities including geographic diversity; and the likelihood that the proposed project will result in the benefits expected.

Lead awardees have the option of omitting from the application specific salary rates or Social Security Numbers for individuals specified in the application budget.

VI.   Award Administration Information

A.   Award Notices

Successful lead awardees will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the Office of the National Coordinator for Health Information Technology signed by the Grants Management Officer. Unsuccessful lead awardees are notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail.

B.   Administrative and National Policy Requirements

The award is subject to Department of Health and Human Services Administrative Requirements, which can be found in 45CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at http://www.hhs.gov/grantsnet/adminis/gpd/index.htm .

C.   HHS Grants Policy Statement

ONC awards are subject to the requirements reiterated in the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant/cooperative agreement based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award, as well as any requirements of Part IV. The HHS GPS is available at http://www.hhs.gov/grantsnet/adminis/gpd/ . The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

D.   Record Retention

Recipients generally must retain financial and programmatic records, supporting documents, statistical records, and all other records that are required by the terms of a grant, or may reasonably be considered pertinent to a grant, for a period of three years from the date the final annual Financial Status Report (FSR) or any other forms as determined is submitted and approved. For awards where the FSR is submitted at the end of the project year 01, the three -year retention period for project year 01 records will be calculated from the date upon which the year 01 FSR is filed. The project year 02 records' retention period would be calculated from the date upon which year 02 FSR is filed. See 45 CFR 74.53 and 92.42 for the general requirements for, as well as the potential exceptions to and qualifications of, the three-year retention requirement (e.g., if any litigation, claim, financial management review, or audit is started before the expiration of the three-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken). Those sections also specify the retention period for other types of grant-related records, including indirect cost proposals and property records. See also, 45 CFR 74.48 and 92.36 (governing contractual requirements regarding record retention and access requirements for contracts under grants).

E.   Reporting

Until such time as HHS has migrated to the SF 425 FFR, award recipients will utilize the SF 269 FSR. The FSR is due quarterly and the ONC program progress report is due semi-annually.
The FSR is due quarterly and the ONC program progress report is due semi-annually. Final performance and FSRs are due 90 days of the end of each budget and project period.

Successful recipients will be required to submit progress and performance reports as outlined by ongoing program guidance, the Notice of Award, and as required to comply with all reporting requirements of Recovery Act.

In order to synchronize recipient financial, progress, and Recovery Act reporting due dates, ONC may adjust budget/project period dates as reflected on the Notice of Award document.

F.   Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable OMB administrative guidelines, HHS grant administration regulations at 45 CFR Parts 74 and 92 (Part 92 applies to State and local Governments, Part 74 applies to all other entities), and other HHS, PHS, and ONC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, in which substantial ONC programmatic involvement with the recipients is anticipated during the performance of the activities. Under the cooperative agreement, the ONC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the lead awardee for the project as a whole, although specific tasks and activities may be shared among the

recipients and the ONC as defined below. To facilitate appropriate involvement, during the period of this cooperative agreement, ONC and the recipient will generally be in contact monthly and more frequently when appropriate. Requests to modify or amend the cooperative agreement or the work plan may be made by ONC or the recipient at any time. Modifications and/or amendments to the cooperative agreement or work plan shall be effective upon the mutual agreement of both parties, except where ONC is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.

1. Cooperative Roles and Responsibilities

a) *Office of the National Coordinator for Health Information Technology (ONC)*

ONC will have substantial involvement in program awards as outlined below:

- Approving management plans.

- Reviewing curricula.

- Participating in regional and national meetings.

- Technical Assistance – This includes, but is not limited to, federal guidance on a variety of issues related to program implementation.

- Collaboration – To facilitate compliance with the terms of the cooperative agreement and to more effectively support recipients, ONC will actively coordinate with critical stakeholders, including recipients of ONC cooperative agreements under Section 3016 of the PHSA as amended by Recovery Act as needed.

- Program Evaluation –ONC will evaluate each regional consortium through a separate evaluation by an external contracor.

- Project Officers – ONC will assign specific Project Officers to each cooperative agreement award to support and monitor recipients throughout the project period.

- Monitoring – ONC project Offices will monitor, on a regular basis, progress of each recipient. This monitoring may be by phone, document review, on-site visit, other meeting and by other appropriate means, such as reviewing program progress reports and Financial Status Reports (FS269). Until such time as HHS has migrated to the SF 425 FFR, award recipients will utilize the SF 269 FSR. This monitoring will be to determine compliance with programmatic and financial requirements.

b) *Recipients*

Recipients retain the primary responsibility and dominant role for planning, directing and executing the proposed project as outlined in the terms and conditions of the Cooperative Agreement and with substantial ONC involvement. Responsibilities include:

- Requirements – Recipients shall comply with all current and future requirements of this Funding Opportunity Announcement, future ONC program guidance, the terms and conditions of the Award Notice, and any other requirement specified and approved by the Secretary.

- Collaboration -- Recipients are required to collaborate with the critical stakeholders listed in this Funding Opportunity Announcement and the ONC team and ONC supported initiatives.

- Reporting – Recipients are required to comply with all reporting requirements outlined in this Funding Opportunity Announcement and the terms and conditions of the cooperative agreement to ensure the timely release of funds.

- Program Evaluation – Recipients are required to cooperate with the ONC directed national program evaluation.

2. Other Terms

Cooperative agreements are for a period of up to two years.

Requests to modify or amend this cooperative agreement may be made at any time by ONC or the recipient, which shall be effective upon mutual agreement of both parties and if not agreed to will be subject to dispute resolution.

Recipients must comply with reporting requirements of the cooperative agreement.

Application of the requirement in 45 C.F.R. part 74 may require additional special conditions where applicable.
Special conditions may be place on the cooperative agreements. These are binding on the recipients.

G.   American Recovery and Reinvestment Act of 2009

1. HHS Standard Terms and Conditions

HHS award recipients must comply with all terms and conditions outlined in their award, including policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, unless they conflict or are superseded by the following terms and conditions implementing the American Recovery and Reinvestment Act of 2009 (Recovery Act) requirements below. In addition to the standard terms and conditions of award, recipients receiving funds under Division A of Recovery Act must abide by the terms and conditions set out below. The terms and conditions below concerning civil rights obligations and disclosure of fraud and misconduct are reminders rather than new requirements, but the other requirements are new and are specifically imposed for awards funded under Recovery Act. Recipients are responsible for contacting their HHS grant/program managers/project officers for any needed clarifications.

Awards issued under this Funding Opportunity Announcement are also subject to the requirements set forth in Section 3012 of the PHSA, as added by the Recovery Act.

a)   Preference for Quick Start Activities

In using funds for this award for infrastructure investment, recipients shall give preference to activities that can be started and completed expeditiously, including a goal of using at least 50 percent of the funds for activities that can be initiated not later than 120 days after the date of the enactment of ARRA. Recipients shall also use funds in a manner that maximizes job creation and economic benefit. (Recovery Act Sec. 1602)

b)   Limit on Funds

None of the funds appropriated or otherwise made available in ARRA may be used by any State or local government, or any private entity, for any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. (Recovery Act Sec. 1604)

c)   Recovery Act: One-Time Funding

Unless otherwise specified, Recovery Act funding to existent or new awardees should be considered one-time funding.

d)   Civil Rights Obligations

While Recovery Act has not modified awardees' civil rights obligations, which are referenced in the HHS' Grants Policy Statement, these obligations remain a requirement of Federal law. Recipients and sub recipients of Recovery Act funds or other Federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services). For further information and technical assistance, please contact the HHS Office for Civil Rights at (202) 619-0403, OCRmail@hhs.gov, or **http://www.hhs.gov/ocr/civilrights/.**

e)   Disclosure of Fraud or Misconduct

Each recipient or sub-recipient awarded funds made available under the Recovery Act shall promptly refer to the HHS Office of Inspector General any credible evidence that a principal, employee, agent, contractor, sub-recipient, subcontractor, or other person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds. The HHS Office of Inspector General can be reached at http://www.oig.hhs.gov/fraud/hotline/

f)   Responsibilities for Informing Sub-recipients

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for Recovery Act purposes, and amount of Recovery Act funds.

g)   Recovery Act Transactions listed in Schedule of Expenditures of Federal Awards and Recipient Responsibilities for Informing Sub-recipients

(a) To maximize the transparency and accountability of funds authorized under the American Recovery and Reinvestment Act of 2009 (Public Law 111-5)(Recovery Act) as required by Congress and in accordance with 45 CFR 74.21 and 92.20 "Uniform Administrative Requirements for Grants and Agreements", as applicable, and OMB A-102 Common Rules provisions, recipients agree to maintain records that adequately identify the source and application of Recovery Act funds.

(b) For recipients covered by the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," recipients agree to separately identify the expenditures for Federal awards under the Recovery Act on the Schedule of

Expenditures of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by OMB Circular A-133. This shall be accomplished by identifying expenditures for Federal awards made under Recovery Act separately on the SEFA, and as separate rows under Item 9 of Part III on the SF-SAC by CFDA number, and inclusion of the prefix "ARRA-" in identifying the name of the Federal program on the SEFA and as the first characters in Item 9d of Part III on the SF-SAC.

(c) Recipients agree to separately identify to each sub recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of Recovery Act funds. When a recipient awards Recovery Act funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental Recovery Act funds from regular sub-awards under the existing program.

(d) Recipients agree to require their sub-recipients to include on their SEFA information to specifically identify Recovery Act funding similar to the requirements for the recipient SEFA described above. This information is needed to allow the recipient to properly monitor sub-recipient expenditure of Recovery Act funds as well as oversight by the Federal awarding agencies, Offices of Inspector General and the Government Accountability Office.

h)   *Reporting and Registration Requirements*
Under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5

(a) This award requires the recipient to complete projects or activities which are funded under the American Recovery and Reinvestment Act of 2009 ("Recovery Act") and to report on use of Recovery Act funds provided through this award. Information from these reports will be made available to the public.

(b) The reports are due no later than ten calendar days after each calendar quarter in which the recipient receives the assistance award funded in whole or in part by the Recovery Act.

(c) Recipients and their first-tier recipients must maintain current registrations in the Central Contractor Registration (www.ccr.gov) at all times during which they have active federal awards funded with Recovery Act funds. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (www.dnb.com) is one of the requirements for registration in the Central Contractor Registration.

(d) The recipient shall report the information described in section 1512(c) using the reporting instructions and data elements that will be provided online at http://www.FederalReporting.gov and ensure that any information that is pre-filled is corrected or updated as needed.

(e) Guidance for adhering to Recovery Act Reporting Requirements is addressed in an OMB Memorandum issued June 22, 2009:
http:/www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-21.pdf . Lead awardees are required to adhere to all of these reporting requirements, as well as future requirements as issued by OMB.

2. Reporting
All reporting requirements including those under the Recovery Act will be provided to successful lead awardees, adherence to which is a required condition of any award. In general, the successful lead awardee under this guidance must comply with the following reporting and review activities:

i)   Audit Requirements

The recipient shall comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars;

j)   Financial Status Reports

Until such time as HHS has migrated to the SF 425 FFR, award recipients will utilize the SF 269 FSR. The recipient shall submit quarterly Financial Status Report. An SF-269 financial status report is required within 90 days of the end of each budget and project period. The report is an accounting of expenditures under the project that year. More specific information on this reporting requirement will be included in the Notice of Grant Award.

k)   Progress Reports

Progress Reports will be evaluated by ONC and are required on a semi-annual basis. ONC will provide required additional reporting instructions after awards are made.

l)   Recovery Act -Specific Reporting

Quarterly Financial and Programmatic Reporting: Consistent with the Recovery Act emphasis on accountability and transparency, reporting requirements under Recovery Act programs will differ from and expand upon HHS's standard reporting requirements for grants. In particular, section 1512(c) of the Recovery Act sets out detailed requirements for quarterly reports that must be submitted within 10 days of the end of each calendar quarter. Receipt of funds will be contingent on meeting the Recovery Act reporting requirements.

The information from recipient reports will be posted on a public website. To the extent that funds are available to pay a recipient's administrative expenses, those funds may be used to assist the recipient in meeting the accelerated time-frame and extensive reporting requirements of the Recovery Act.

ONC may post information on the public website that identifies recipients that are delinquent in their reporting requirements. Additionally, recipients who do not submit required reports by the due date will not be permitted to draw down funds thereafter, during the period of their delinquency, and may be subject to other appropriate actions by ONC, including but not limited to, restrictions on eligibility for future ONC awards and suspension or termination of Recovery Act Award..

ONC may provide a standard form or reporting mechanism that recipients would be required to use. Additional instructions and guidance regarding required reporting will be provided as they become available. For planning purposes, however, all lead awardees shall be aware that the Recovery Act section 1512(c) provides as follows:

Recipient Reports: Not later than 10 days after the end of each calendar quarter, each recipient that received recovery funds from a Federal agency shall submit a report to that agency that contains—
(1) the total amount of recovery funds received from that agency;
(2) the amount of recovery funds received that were expended or obligated to projects or activities; and
(3) a detailed list of all projects or activities for which recovery funds were expended or obligated, including--
  (A) the name of the project or activity;
  (B) a description of the project or activity;
  (C) an evaluation of the completion status of the project or activity;

(D) an estimate of the number of jobs created and the number of jobs retained by the project or activity; and

(E) for infrastructure investments made by State and local governments, the purpose, total cost, and rationale of the agency for funding the infrastructure investment with funds made available under this Act, and name of the person to contact at the agency if there are concerns with the infrastructure investment.

(4) Detailed information on any subcontracts or sub grants awarded by the recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282), allowing aggregate reporting on awards below $25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget. OMB guidance for implementing and reporting Recovery Act activities can be found at http://www.whitehouse.gov/omb/recovery_default/.

VII.   Agency Contacts

Program Contact:
Health Information Technology Education Team
Office of the National Coordinator for Health Information Technology
Email: HITEducation@hhs.gov

This funding announcement is subject to restrictions on oral conversations during the period of time commencing with the submission of a formal application[5] by an individual or entity and ending with the award of the competitive funds. Federal officials may not participate in oral communications initiated by any person or entity concerning a pending application for a Recovery Act competitive grant or other competitive form of Federal financial assistance, whether or not the initiating party is a federally registered lobbyist. This restriction applies unless:

(i) the communication is purely logistical;

(ii) the communication is made at a widely attended gathering;

(iii) the communication is to or from a Federal agency official and another Federal Government employee;

(iv) the communication is to or from a Federal agency official and an elected chief executive of a state, local or tribal government, or to or from a Federal agency official and the Presiding Officer or Majority Leader in each chamber of a state legislature; or

(v) the communication is initiated by the Federal agency official.

For additional information see http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-24.pdf .

VIII.   Tips for Writing a Strong Application

Include DUNS Number. You must include a DUNS Number to have your application reviewed. Applications will not be reviewed without a DUNS number. To obtain a DUNS number, access http://www.dunandbradstreet.com or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page.

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[5] Formal Application includes the preliminary application and letter of intent phases of the program.

Keep your audience in mind. Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the lead awardee organization. Keep the review criteria in mind when writing the application.

Start preparing the application early. Allow plenty of time to gather required information from various sources.

Follow the instructions in this guidance carefully. Place all information in the order requested in the guidance. If the information is not placed in the requested order, you may receive a lower score.

Be brief, concise, and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables.

Be organized and logical. Many applications fail to receive a high score because the reviewers cannot follow the thought process of the lead awardee or because parts of the application do not fit together.

Be careful in the use of attachments. Do not use the attachments for information that is required in the body of the application. Be sure to cross-reference all tables and attachments to the appropriate text in the application.

Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application. Make sure you submit your application in final form, without markups.

Print out and carefully review an electronic application to ensure accuracy and completion. When submitting electronically, print out the application before submitting it to ensure appropriate formatting and adherence to page limit requirements. Check to ensure that all attachments are included before sending the application forward.

Ensure that all information is submitted at the same time. We will not consider additional information and/or materials submitted after your initial submission, nor will we accept e-mailed applications or supplemental materials once your Application has been received.

ɪx. **APPENDICES**

A. Privacy and Security Resources
　　　　Recovery Act Performance Measures
B. Instructions for completing the SF 424, Budget (SF 424A), Budget Narrative/Justification and
C. Budget Narrative/Justification Format – Sample Format with Examples
D. Budget Narrative/Justification – Sample Template
E. Project Work Plan - Sample Template
F. Instructions for Completing the Summary/Abstract
G. Statutory Text for Information Technology Professionals In Health Care
H. Experience and Capacity Profile
I. Six ONC HIT Priority Workforce Roles

Appendix A: Privacy and Security Resources

American Reinvestment and Recovery Act References

Recovery Act Section D – Privacy describes improved privacy provisions and security provisions related to:

o   Sec. 13402 - notification in the case of breach

o   Sec. 13404 – application of privacy provisions and penalties to business associates of covered entities

o   Sec. 13405 – restrictions on certain disclosures and sales of health information; accounting of certain protected health information disclosures; access to certain information in electronic format

o   Sec. 13406 – conditions on certain contacts as part of health care operations

o   Sec. 13407 – temporary breach notification requirement for vendors of personal health records and other non-HIPAA covered entities

o   Sec. 13408 – business associate contracts required for certain entities

This list is provided to highlight examples of the Recovery Act privacy and security requirements. It is not intended to be comprehensive, nor definitive program guidance to recipients regarding the Recovery Act requirements for privacy and security. To read a full version of Recovery Act, http://www.whitehouse.gov/the_press_office/ARRA_public_review.

HIPAA Security Rule

o   45 CFR Parts 160, 162, and 164.

A link to the HIPAA Security Rule can be found
http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/adminsimpregtext.pdf.

HIPAA Privacy Rule

o   45 CFR Part 160 and Subparts A and E of Part 164. For more details:
http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/adminsimpregtext.pdf

Confidentiality of Alcohol and Drug Abuse Patient Records

o   45 CFR Part 2

o   For more details: http://www.hipaa.samhsa.gov

The HHS Privacy and Security Framework Principles

o   Individual Access - Individuals should be provided with a simple and timely means to access and obtain their individually identifiable health information in a readable form and format

o   Correction- Individuals should be provided with a timely means to dispute the accuracy or integrity of their individually identifiable health information, and to have erroneous information corrected or to have a dispute documented if their requests are denied

o   Openness and Transparency - There should be openness and transparency about policies, procedures, and technologies that directly affect individuals and/or their individually identifiable health information.

o   Individual Choice - Individuals should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their individually identifiable health information.

o   Collection, Use and Disclosure Limitation - Individually identifiable health information should be collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately

o   Data Quality and Integrity - Persons and entities should take reasonable steps to ensure that individually identifiable health information is complete, accurate, and up-to-date to the extent necessary for the person's or entity's intended purposes and has not been altered or destroyed in an unauthorized manner

o   Safeguards - Individually identifiable health information should be protected with reasonable administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure

o   Accountability - These principles should be implemented, and adherence assured, through appropriate monitoring and other means and methods should be in place to report and mitigate non-adherence and breaches

For more information about the Framework and its Principles, click here.

Recovery Act-Required Performance Measures
To assist in fulfilling the accountability objectives of the Recovery Act, as well as the Department's responsibilities under the Government Performance and Results Act of 1993 (GPRA), Public Law 103-62, applicants who receive funding under this program must provide data that measure the results of their work. Additionally, applicants must discuss their data collection methods in the application. The following are required measures for awards made under the Recovery Act:

Objective	Performance Measures	Data the recipient provides for 3-month reporting period	Description (Plain language explanation of what exactly is being provided)
Recovery Act: Preserving jobs	Number of jobs saved (by type) due to Recovery Act funding.	a) How many jobs were prevented from being eliminated with the Recovery Act funding during this reporting period? b) How many jobs that were eliminated within the last 12 months were reinstated with Recovery Act funding?	An unduplicated number of jobs that would have been eliminated if not for the Recovery Act funding during the three-month quarter. Report this data for each position only once during the project period. A job can include full time, part time, contractual, or other employment relationship.
Recovery Act: Creating jobs	Number of jobs created (by type) due to Recovery Act funding.	How many jobs were created with Recovery Act funding this reporting period?	An unduplicated number of jobs created due to Recovery Act funding during the three month quarter. Report this data for each position only once during the award. A job can include full time, part time, contractual, or other employment relationship.

Appendix B: Instructions for completing the SF 424, Budget (SF 424A) Budget Narrative/Justification, and Other Required Forms

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. Type of Submission: (Required): Select one type of submission in accordance with agency instructions.
• Preapplication • Application • Changed/Corrected Application – If requested, check if this submission is to change or correct a previously submitted application.

2. Type of Application: (Required) Select one type of application in accordance with agency instructions.
• New . • Continuation • Revision

3. Date Received: Leave this field blank.

4. Applicant Identifier: Leave this field blank

5a Federal Entity Identifier: Leave this field blank

5b. Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. Date Received by State: Leave this field blank.

7. State Application Identifier: Leave this field blank.

8. Applicant Information: Enter the following in accordance with agency instructions:

a. Legal Name: (Required): Enter the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.

b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.

d. Address: (Required) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. Type of Applicant: (Required) Select the applicant organization "type" from the following drop down list.
A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit

Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. Name Of Federal Agency: (Required) Enter U.S. Assistant Secretary for Preparedness and Response

11. Catalog Of Federal Domestic Assistance Number/Title: The CFDA number can be found on page one of the Program Announcement.

12. Funding Opportunity Number/Title: (Required) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. Competition Identification Number/Title: Leave this field blank.

14. Areas Affected By Project: List the largest political entity affected (cities, counties, state etc).

15. Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project.

16. Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all.

17. Proposed Project Start and End Dates: (Required) Enter the proposed start date and final end date of the project. Therefore, if you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.

18. Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the upcoming budget period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3rd of the amount of Federal funds being requested (the amount in 18a). For a full explanation of ONC's match requirements, see the information in the box below. For sub-item 18f, enter only the amount, if any, which is going to be used as part of the required match.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-Federal cash match includes budgetary funds provided from the applicant agency's budget for costs associated with the project.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.**

19. Is Application Subject to Review by State Under Executive Order 12372 Process? Check c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent on any Federal Debt? (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

b. Standard Form 424A

> NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a one year budget.

Section A - Budget Summary
Line 5:   Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non-Federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories
Column 3:   Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category below).

Column 4:   Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5:   Enter the total funds required for the project (sum of Columns 3 and 4) by object class category.

Separate Budget Narrative/Justification Requirement

You must submit a separate Budget Narrative/Justification as part of your application. When more than 33% of a project's total budget falls under contractual, detailed Budget Narratives/Justifications must be provided for each sub-contractor or sub-grantee. **Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.**

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or more. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: Personnel: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants; consultant costs should be included under 6h - Other. In the Budget Narrative/Justification: Identify the project director, if known. Specify the key staff, their titles, brief summary of project related duties, and the percent of their time commitments to the project in the Budget Narrative/Justification.

Line 6b: Fringe Benefits: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate. In the Justification: Provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc.

Line 6c: Travel: Enter total costs of out-of-town travel (travel requiring per diem) for staff of the project. Do not enter costs for consultant's travel - this should be included in line 6h. In the Justification: Include the total number of trips, destinations, purpose, length of stay, subsistence allowances and transportation costs (including mileage rates).

Line 6d: Equipment: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit or as indicated in negotiated IDC agreement with cognizant federal agency. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e. In the Justification: Equipment to be purchased with Federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions; the equipment, or a reasonable facsimile, must not be otherwise available to the applicant or its sub-grantees. The justification also must contain plans for the use or disposal of the equipment after the project ends.

Line 6e: Supplies: Enter the total costs of all tangible expendable personal property
(supplies) other than those included on line 6d. In the Justification: Provide general description of types of items included.

Line 6f: Contractual: Enter the total costs of all contracts, including (1) procurement
contracts (except those, which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. Do not include payments to individuals or consultants on this line. In the Budget Narrative/Justification: Attach a list of contractors indicating the name of the organization, the purpose of the contract, and the estimated dollar amount. If the name of the contractor, scope of work, and estimated costs are not available or have not been negotiated, indicate when this information will be available. **Whenever the applicant/grantee intends to delegate more than 33% of a project's total budget to the contractual line item, the applicant/grantee must provide a completed copy of Section B of the SF 424A Budget Categories for each sub-contractor or sub-grantee, and separate Budget Narrative/Justification for each sub-contractor or sub-grantee for each year of potential grant funding.**

Line 6g: Construction: Leave blank since construction is not an allowable cost under this program.

Line 6h: Other: Enter the total of all other costs. Such costs, where applicable, may
include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits); non-contractual fees and travel paid directly to individual consultants; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs. In the Justification: Provide a reasonable explanation for items in this category.   For individual consultants, explain the nature of services provided and the relation to activities in the work plan. Describe the types of activities for staff development costs.

Line 6i: Total Direct Charges: Show the totals of Lines 6a through 6h.

Line 6j: Indirect Charges: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency.

Budget Narrative/Justification: State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. An applicant that will charge indirect costs to the grant **must enclose a copy of the current indirect cost rate agreement.** If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
If the applicant organization is in the process of initially developing or renegotiating a rate, it should immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. It should be noted that when an indirect cost rate is requested, those costs included in the indirect cost pool should not also be charged as direct costs to the grant. Also, if the applicant is requesting a rate which is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

Line 6k: <u>Total:</u> Enter the total amounts of Lines 6i and 6j.

Line 7: <u>Program Income:</u> As appropriate, include the estimated amount of income, if any, you expect to be generated from this project. Program Income must be used as additional program costs and can not be used as match (non-Federal resource).

Section C - Non-Federal Resources

Line 12: Enter the amounts of non-Federal resources that will be used in carrying out the proposed project, by source (Applicant; State; Other) and enter the total amount in Column (e). Keep in mind that if the match requirement is not met, Federal dollars may be reduced.

Section D - Forecasted Cash Needs - Not applicable.

Section E - Budget Estimate of Federal Funds Needed for Balance of the Project

Line 20: Section E is relevant for multi-year grant applications, where the project period is 24 months or longer. This section does not apply to grant awards where the project period is less than 17 months.

Section F - Other Budget Information

Line 22: Indirect Charges: Enter the type of indirect rate (provisional, predetermined, final or fixed) to be in effect during the funding period, the base to which the rate is applied, and the total indirect costs. Include a copy of your current Indirect Cost Rate Agreement.

Line 23: Remarks: Provide any other comments deemed necessary.

c. Standard Form 424B - Assurances

This form contains assurances required of applicants under the discretionary funds programs administered by the Assistant Secretary for Preparedness and Response. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

e. Other Application Components

Survey on Ensuring Equal Opportunity for Applicants
The Office of Management and Budget (OMB) has approved an HHS form to collect information on the number of faith-based groups applying for a HHS grant. Non-profit organizations, excluding private universities, are asked to include a completed survey with their grant application packet. Attached you will find the OMB approved HHS "Survey on Ensuring Equal Opportunity for Applicants" form (Attachment F). Your help in this data collection process is greatly appreciated.

Proof of Non-Profit Status
Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:
- o A copy of a currently valid IRS tax exemption certificate.
- o A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- o A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Appendix C: Budget Narrative/Justification, Page 1 – Sample Format with EXAMPLES

NOTE: These are sample costs as to how they should be reflected in the template, and are suggested to offer guidelines when applicants are completing their budget justifications.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$40,000	$5,000		$45,000	Project Administrator (name) = .3FTE @ $50,000/yr = $15,000 ($10,000 = Federal; $5,000 = Non-Federal cash) Project Director (name) = 1FTE @ $30,000 = $30,000 (Federal) **TOTAL: $45,000**
Fringe Benefits	$12,600	0	0	$12,600	Fringes on Project Staff @ 28% of salary. (Federal) FICA (7.65%) = $ 3,442 Health (12%) = $ 5,400 Dental (5%) = $ 2,250 Life (2%) = $ 900 Workers Comp Insurance (.75%) = $ 338 Unemployment Insurance (.6%) = $ 270 **TOTAL: $12,600**

Travel	$4,120	$1,547		$5,667	Travel to 2 Annual Grantee Meetings: (Federal)
					     Airfare: 1 RT x 2 people x $750/RT x 2 = $3,000
					     Lodging: 2 nights x 2 people x $100/night x 2 = $ 800
					     Per Diem: 2 days x 2 people x $40/day x 2 = $ 320
					     TOTAL: $4,120
					
					Out-of-Town Project Site Visits (Non-Federal cash)
					Car mileage:

Object Class Category	Federal	Non-	Non-	TOTAL	Justification
					3 trips x 2 people x 350 miles/trip x $ .365/mile = $ 767 Lodging: 3 trips x 2 people x 1 night/ trip x $50/night = $ 300 Per Diem: 3 trips x 2 people x 2days/trip x $40/day = $ 480 **TOTAL: $1,547**
Equipment	0	0	0	0	No equipment requested
Supplies	$1,340	$2,160		$3,500	Laptop computer for use in client intakes = $1,340 (Federal) Consumable supplies (paper, pens, etc.) $100/mo x 12 months = $1,200 (Non-Federal cash) Copying $80/mo x 12 months = $ 960 (Non-Federal cash) **TOTAL: $3,500**

Contractual	$150,000		$50,000	$200,000	Contracts to A,B,C direct service providers (name providers)
					     contractor A = $75,000 (Federal)
					     contractor B = $75,000 (Federal)
					     contractor C = $50,000 (Non-Federal In-Kind)
					
					TOTAL: $200,000

Other	$1,250	$2,000		$3,250	Local conf registration fee (provide conference name) =
					                                                                                  $ 200
					
					   (Non-Fed cash)
					Printing brochures (25,000 @ $0.05 ea) = $ 1,250
					   (Federal)
					Postage: $150/mo x 12 months = $ 1,800
					   (Non-Fed cash)
					TOTAL: $4,200

TOTAL	**$209,310**	**$10,707**	**$50,000**	**$270,017**	

Appendix D: Budget Narrative/Justification –– Sample Template

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Appendix E: Project Work Plan, Page 1 – Sample Template

Goal:
Measurable Outcome(s):

Major Objectives	Key Tasks	Lead Person	Timeframe (Start/End Dates by Month in Project Cycle)											
			1	2	3	4	5	6	7	8	9	10	11	12
1.														
2.														

Attachment E: Project Work Plan, Page 2 – Sample Format

Major Objectives	Key Tasks	Lead Person	Timeframe (Start/End Dates by Month in Project Cycle)											
			1	2	3	4	5	6	7	8	9	10	11	12
3.														

4.																

Attachment D: Project Work Plan, Page 3 – Sample Format

Major Objectives	Key Tasks	Lead Person	Timeframe (Start/End Dates by Month in Project Cycle)											
			1	2	3	4	5	6	7	8	9	10	11	12
5.														
6.														

NOTE: Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

Appendix F: Instructions for Completing the Project Summary/Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, please limit the length to no more than 500 words on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

   Goal(s) – broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be

   Objective(s) – narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how"). Specific performances which will result in the attainment of a goal.

   Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (outcomes are the end-point)

   Products – materials, deliverables.

- A model abstract/summary is provided below:

The grantee, Okoboji University, supports this three year Dementia Disease demonstration (DD) project in collaboration with the local Alzheimer's Association
and related Dementias groups. The goal of the project is to provide comprehensive, coordinated care to individuals with memory concerns and to their caregivers. The approach is to expand the services and to integrate the bio-psycho-social aspects of care. The objectives are: 1) to provide dementia specific care, i.e., care management fully integrated into the services provided; 2) to train staff, students and volunteers; 3) to establish a system infrastructure to support services to individuals with early stage dementia and to their caregivers; 4) to develop linkages with community agencies; 5) to expand the assessment and intervention services; 6) to evaluate the impact of the added services; 7) to disseminate project information. The expected outcomes of this DD project are: patients will maintain as high a level of mental function and physical functions (thru Yoga) as possible; caregivers will increase ability to cope with changes; and pre and post – project patient evaluation will reflect positive results from expanded and integrated services. The products from this project are: a final report, including evaluation results; a website; articles for publication; data on driver assessment and in-home cognitive retraining; abstracts for national conferences.

Appendix G: Statutory Text for Information Technology Professionals in Health Care

Information Technology Professionals in Health Care is authorized by Section 3016 of the PHSA, as added by Recovery Act. The full text of PHSA 3012 follows.

''SEC. 3016. INFORMATION TECHNOLOGY PROFESSIONALS IN HEALTH CARE.

''(a) IN GENERAL.—The Secretary, in consultation with the Director of the National Science Foundation, shall provide assistance to institutions of higher education (or consortia thereof) to establish or expand medical health informatics education programs, including certification, undergraduate, and masters degree programs, for both health care and information technology students to ensure the rapid and effective utilization and development of health information technologies (in the United States health care infrastructure).

''(b) ACTIVITIES.—Activities for which assistance may be provided under subsection (a) may include the following:

''(1) Developing and revising curricula in medical health informatics and related disciplines.

''(2) Recruiting and retaining students to the program involved.

''(3) Acquiring equipment necessary for student instruction in these programs, including the installation of test bed networks for student use.

''(4) Establishing or enhancing bridge programs in the health informatics fields between Community Colleges and universities.

''(c) PRIORITY.—In providing assistance under subsection (a), the Secretary shall give preference to the following:

''(1) Existing education and training programs.

''(2) Programs designed to be completed in less than six months.

Appendix H: Experience and Capacity Profile

Experience and Capacity Profile

Instructions: For each consortium, the applicant institution and each proposed member community college must complete this form. Please fill in all responses in the gray cells provided. For list responses please use a comma to identify different items (e.g. Apples, Oranges, Pears) For Yes/No answers, please indicate the appropriate response by typing an "x" into the appropriate box.

I. General Information

Applicant Name (lead awardee):	
Is this profile for an applicant or a member community college?	
Name of Organization completing this Profile:	
Organization Address:	
Organization Contact Name:	
Organization Contact Email:	
Organization Contact Phone Number:	

II. Geographic Diversity and Service Area: (an area that embraces the home addresses of 80% of the current students)

1. Please provide details about your proposed service area, using the largest increments appropriate (i.e. if a proposed service area is a state, applicants do not need to include counties or zip codes). Organizations can provide the information in an attached document, if the information exceeds the space below, however, they should note that in the form below)

A	*Specify State (s) by 2 letter United States Postal Service (USPS) abbreviation(s)**		
B	*Specify Included Counties*		
C	*Specify Metropolitan Service Area Code (if available)*	*3 Digit Code(s)*	*5 Digit Code(s)*
D	*Specify Zip Codes (three or five digit zip-code)*		

2. Population in the service area

A	*Please estimate the total number of people living in the college's service area:*	*Population*	*As a percentage of population in HHS region*

III. Experience and Capacity:

1. Provide estimates for the following:

A	*Total number of students enrolled in 2008*		
B	*Number of faculty employed and total number of full time equivalents (FTE)*	*Number of faculty*	*Faculty FTE*

C	Number and amount of federal grants received by the entity in 2008	Number of grants	Total amount of federal funding
D	Number of programs of study offered(degrees and certificates) in 2008		
E	Number of students that graduated with a degree or certificate in calendar year 2008		
F	Does your college offer degree or certificate programs related to Health IT. (Programs can be entitled Health IT, or Health Information Management or Health Informatics)?	Number of programs	
G	Number of students currently enrolled in all HIT programs		
H	Number of students that graduated from a HIT program in 2008		
I	What fraction of courses currently offered by your college may be considered distance learning courses in the sense that no regular physical attendance by students is required?	Number of students	

IV. Additional Comments:

1. Any additional clarification comments about criteria above (if necessary)

Please detail the source of all the information provided.

Appendix I: Six ONC HIT Priority Workforce Roles

Categories of Health IT Workforce Roles Requiring Short-Term Training

<u>Mobile Adoption Support Positions</u>

These members of the workforce will support implementation at specific locations for a period of time, and when their work is done, will move on to new locations. Workers in these roles might be employed by regional extension centers, providers, vendors, or state/city public health agencies, and would work together in teams. Preparation for this set of roles will typically require six months of intense training for individuals with appropriate backgrounds

1. **Practice workflow and information management redesign specialists**:
   Workers in this role assist in reorganizing the work of a provider to take full advantage of the features of health IT in pursuit of meaningful use of health IT to improve health and care. Individuals in this role may have backgrounds in health care (for example, as a practice administrator) or in information technology, but are not licensed clinical professionals. Workers in this role will:
   - Conduct user requirements analysis to facilitate workflow design
   - Integrate information technology functions into workflow
   - Document health information exchange needs
   - Design processes and information flows that accommodate quality improvement and reporting
   - Work with provider personnel to implement revised workflows
   - Evaluate process workflows to validate or improve practice's systems

2. **Clinician/practitioner consultants**:
   This role is similar to the "redesign specialist" role listed above but brings to bear the background and experience of a licensed clinical and professional or public health professional. In addition to the activities noted above, workers in this role will:
   - Suggest solutions for health IT implementation problems in clinical and public health settings
   - Address workflow and data collection issues from a clinical perspective, including quality measurement and improvement
   - Assist in selection of vendors and software
   - Advocate for users' needs, acting as a liaison between users, IT staff, and vendors

3. **Implementation support specialists**:
   Workers in this role provide on-site user support for the period of time before and during implementation of health IT systems in clinical and public health settings. The previous background of workers in this role includes information technology or information management. Workers in this role will:
   - Execute implementation project plans, by installing hardware (as needed) and configuring software to meet practice needs
   - Incorporate usability principles into design and implementation

- Test the software against performance specifications
- Interact with the vendors as needed to rectify problems that occur during the deployment process

4. **Implementation managers**:

    Workers in this role provide on-site management of mobile adoption support teams for the period of time before and during implementation of health IT systems in clinical and public health settings. Workers in this role will, prior to training, have experience in health and/or IT environments as well as administrative and managerial experience. Workers in this role will:

    - Apply project management and change management principles to create implementation project plans to achieve the project goals
    - Interact with office/hospital personnel to ensure open communication with the support team
    - Lead implementation teams consisting of workers in the roles described above
    - Manage vendor relations, providing feedback to health IT vendors for product improvement

Permanent Staff of Health Care Delivery and Public Health Sites

These roles are needed for ongoing support of health IT that has been deployed in office practices, hospitals, health centers, long-term care facilities, health information exchange organizations and state and local public health agencies. Preparation for this set of roles will typically require six months of intense training for individuals with appropriate backgrounds.

5. **Technical/software support staff**:

    Workers in this role maintain systems in clinical and public health settings, including patching and upgrading of software. The previous background of workers in this role includes information technology or information management. Workers in this role will:

    - Interact with end users to diagnose IT problems and implement solutions
    - Document IT problems and evaluate the effectiveness of problem resolution
    - Support systems security and standards

6. **Trainers:**

    Workers in this role design and deliver training programs, using adult learning principles, to employees in clinical and public health settings. The previous background of workers in this role includes experience as a health professional or health information management specialist. Experience as a trainer in from the classroom is also desired. Workers in this role will:

    - Be able to use a range of health IT applications, preferably at an expert level
    - Communicate both health and IT concepts as appropriate
    - Assess training needs and competencies of learners
    - Design lesson plans, structuring active learning experiences for users

Track training records of the users and develop learning plans for further instruction