1. Would a consortium or partnership between a national non-profit and foundation that has worked in the area of interprofessional education and practice be considered eligible for this cooperative agreement award?

Yes, a consortium or partnership between a national non-profit and foundation that has worked in the area of interprofessional education and collaborative practice would be considered eligible for this award. We would also like to emphasize that we would like to see a practice component as part of these partnerships. So the most competitive application will have an academic as well as a practice component reflected in the partnership.

2. What will be the role of the four supporting foundations that will work with the funded Center?

We are very fortunate at HRSA to have a public-private partnership with the foundation partners. Their role will be to help the Center become the “go-to” coordinating and connecting body for efforts to promote interprofessional education and collaborative practice. They will accomplish this by helping to convene key education, health and policy stakeholders; identify and disseminate best practices and lessons learned; and support projects that develop and evaluate interprofessional education programs. Applicants may want to contact the four partnering foundations to ask specific questions about their role and about how they are willing to support potential applicants as well.

3. Will the Coordinating Center be an intermediary and distribute grants, and if so will there be additional operational dollars?

Yes. We expect the Center to function as an intermediary and to distribute grants as part of their fiduciary responsibilities. There will be multiple sources of funding we expect they will secure outside of the HRSA cooperative agreement funding.

4. Can a medical college team up with one or more hospitals that are not owned by the college but are partners in training the medical students?

Yes, a medical college would be eligible if there is a nursing school included in the consortium as well to meet the full eligibility requirements. The scope of this project is national and so the Center must have the leadership, the resources, and the capability to convene a national conversation regarding interprofessional education and care.

5. What is meant by “resources and capabilities with the potential for a national impact”?

The information is spelled out specifically within the FOA. With regard to resources and capabilities, an applicant must have the faculty and staff to accomplish the goals and activities
outlined in the funding opportunity announcement. An applicant must have not only the infrastructure to facilitate these goals and activities but also the staff to be able to convene parties to disseminate, to educate, and to show best practice measures.

In addition, please review the application review criteria listed on pages 31 to 34 of the funding opportunity announcement for additional guidance.

6. Based upon the criteria in Title VIII, must all applicants include a school of nursing?

Yes, that's correct.

7. Please explain the funding preferences and the content on pages i and ii which states that, in FY 2012, the longitudinal evaluation preferences have been removed. Will this be required or is it waived for the first year?

First of all, no preferences are required. All preferences are optional. The longitudinal evaluation preference is an explicit preference outlined in Section 791 of the Public Health Service Act. However, HRSA has not yet developed the capacity to capture that longitudinal data. Therefore, for the FY 2012 competition, the longitudinal evaluation preference has been waived and will not be an option for applicants.

Four additional funding preferences are outlined in the funding opportunity announcement that applicants can request as a part of their application. Details regarding the preference can be found on pages 22-23 and 34-35 of the funding opportunity announcement. Applicants who are requesting the funding preference need to meet at least one of the four optional preferences.

8. Are health professions associations and/or societies eligible entities for this cooperative agreement?

A consortium or partnership of health professions societies or health professions associations can be independently eligible. However, the most competitive applicants would be comprised of a consortium or partnership of academic/education and practice entities.

9. How important is the role of the Center in organizing or conducting primary research on interprofessional teams?

One of the important roles of the Center would be to develop best practice models, in order to develop patient care models that demonstrate that these models of healthcare delivery are effective and efficient. Therefore, organizing or conducting primary research on interprofessional teams is an important role for the Coordinating Center.

10. What is the institutional match requirement?

There is a 25% institutional match requirement. This information can be found on Page 7, Section 2 of the funding opportunity announcement.
11. Will higher education entities be eligible?

Yes, but we strongly encourage applicants to refer to the guidance regarding partnerships. One of the partnering entities should be a practice-based entity, so that education and practice components are represented among the consortium or partnership.

12. If a medical school and nursing school also teamed up with a technical program, can technical students be involved in the training and would that qualify also?

Yes. That would qualify and again, we want to emphasize that the school should develop practice partnerships as well.

13. On page 19 it calls for a Project Director. Is it possible that an application can have multiple Project Directors?

There can be co-Project Directors, but there must be one primary Project Director.

14. Because only one Center will be funded, would you need to be more broad-based or are you focusing on one underserved population?

What we are trying to accomplish with this award is to change the manner in which healthcare is delivered in this country. We want to move away from individualistic models of care delivery and to promote transformation to team-based quality care that is more efficient and cost-effective. We would therefore anticipate supporting a Center that can articulate a broad national agenda.