

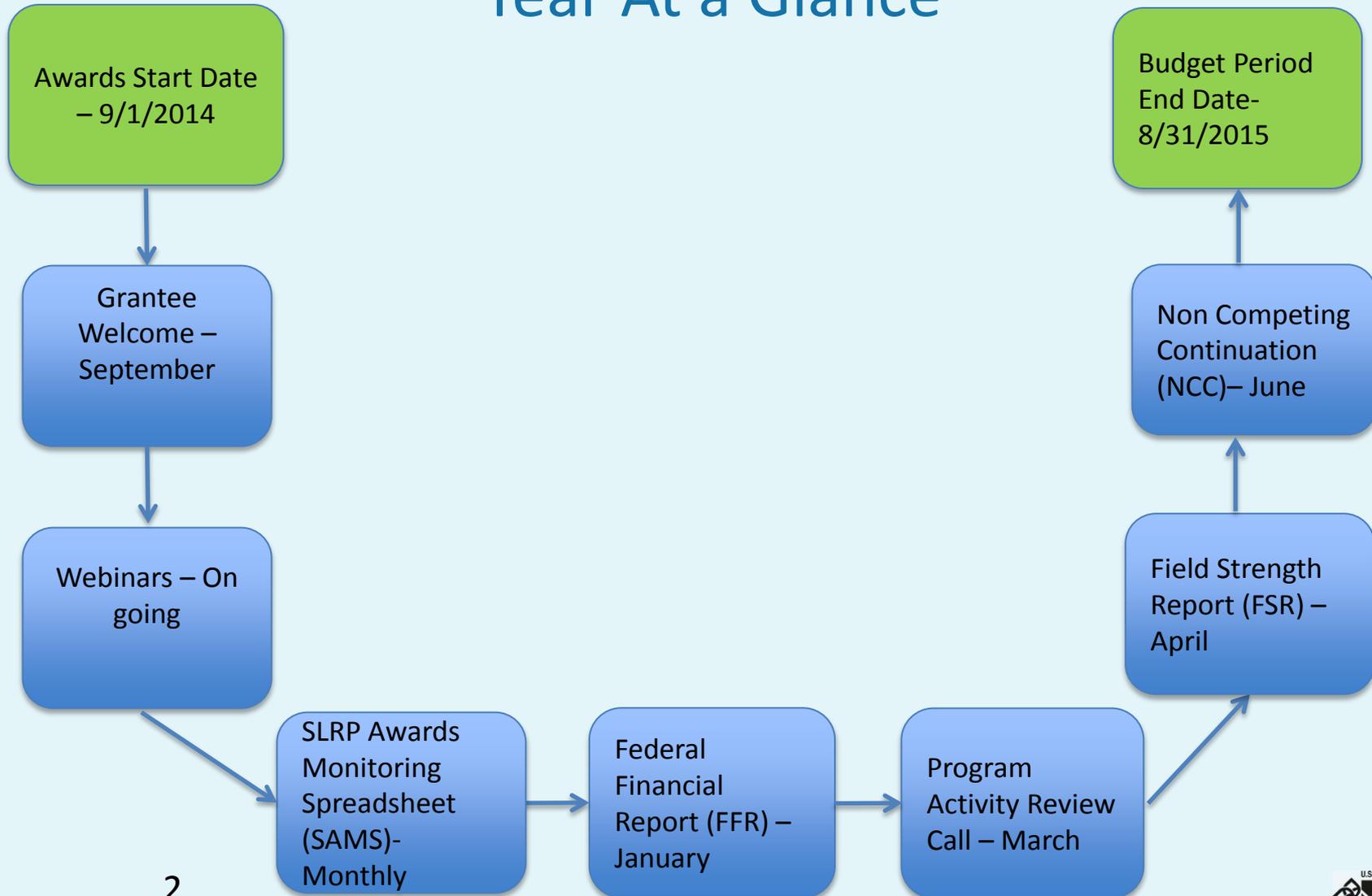
State Loan Repayment Program Reports Webinar

November 13 , 2014

Bureau of Health Workforce



State Loan Repayment Program (SLRP) Year At a Glance



Summary of Grantee Reporting

Report Name	Due Date
SLRP Awards Monitoring Spreadsheet	Monthly on or before the 15th
Federal Financial Report	January 30 (annually)
Field Strength Report	April 21 , September 21 (bi-annually)
Non Competing Continuation	First week of June (annually)

SLRP Awards Monitoring Spreadsheet (SAMS)

Purpose

- To identify applicants/awardees that have applied to SLRP, Bureau of Health Workforce (BHW) and Indian Health Service (IHS) programs or those who have received multiple awards.
- The process involves the monthly collection and sharing of data during the award cycles to ensure participants are not incurring dual service obligations.
- The data collected will be compared to the data we have for National Health Service Corps (NHSC) Loan Repayment Program, NHSC Scholarship Program, NURSE Corps Loan Repayment Program, NURSE Corps Scholarship Program and IHS.
- The process promotes constant and effective communication between federal staff and SLRP grantees.

SLRP Awards Monitoring Drop-Down Discipline Menu

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	Grantee Contact Info	Applicant's Last Name	Applicant's MI	Applicant's First Name	State	Applicant Discipline	RP Status	Potential SLRP Award Date	SLRP Award Date	SLRP Obligation End Date	IHS Status	IHS Obligation End Date	BCRS Status	NHSC Program	Nursing Program	Award Date	Obligation End Date	Multiple Awards?			
2						Primary Care Physician (MD or DO)															
3						Dentist (DDS or DMD)															
4						Primary Care Certified Nurse Practitioner (NP)															
5						Certified Nurse-Midwife (CNM)															
6						Primary Care Physician Assistant (PA)															
7						Registered Dental Hygienist (RDH)															
8						Health Service Psychologist (HSP)															
9						Licensed Clinical Social Worker (LCSW)															
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Federal Financial Report

- The Federal Financial Report (FFR) SF-425 reflects the cumulative actual federal funds, unliquidated obligations incurred, local matching contributions and the unobligated balance of federal funds.
- The FFR is due 90 days after the budget period end date. Please refer to the Financial Reporting Requirement on the Terms and Conditions section of your Notice of Award to verify the FFR deadline. The FFR deadline will also be displayed in the FFR status table in the Electronic Handbook Financial Reports list.

Financial Reporting Administrator Role

- Grantee personnel responsible for submitting the FFR to the Health Resources and Services Administration (HRSA).
- Assigned personnel must register as the Financial Reporting Administrator (FRA) in the Electronic Handbooks.
- The project director will not have access to the FFR.
- Access to the FFR must be approved by the Financial Reporting Administrator or user with administrator privileges.

Federal Financial Report

FEDERAL FINANCIAL REPORT				
(Follow form instructions)				
1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			Page 1 of pages
3. Recipient Organization (Name and complete address including Zip code)				
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)	
10. Transactions			Cumulative	
<i>(Use lines a-c for single or multiple grant reporting)</i>				
Federal Cash (To report multiple grants, also use FFR Attachment):				
a. Cash Receipts				
b. Cash Disbursements				
c. Cash on Hand (line a minus b)				
<i>(Use lines d-o for single grant reporting)</i>				
Federal Expenditures and Unobligated Balance:				
d. Total Federal funds authorized				
e. Federal share of expenditures				
f. Federal share of unliquidated obligations				

Federal Financial Report

g. Total Federal share (sum of lines e and f)							
h. Unobligated balance of Federal funds (line d minus g)							
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				g. Totals:			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number and extension)		
					d. Email address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
					14. Agency use only:		

Standard Form 425 - Revised 6/20/2010
 OMB Approval Number: 0948-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0948-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0948-0061), Washington, DC 20503.

FFR Technical Assistance Contact

For questions related to:

- accessing the FFR, registration, and all other Electronic Handbook system issues - contact the HRSA Call Center
- completing the FFR, contact the Grants Management Specialist listed on the Notice of Award
- the PMS Federal Cash Transaction Report, contact your PMS Account Representative

Contacts

Toll Free: (877)Go4-HRSA; (877) 464-4772

Email: CallCenter@hrsa.gov

EHBs URL: <https://grants.hrsa.gov/webexternal/login.asp>

Division of Payment Management System:
<http://www.dpm.psc.gov>

Field Strength Report (FSR)

The FSR is used by the Bureau of Health Workforce to assess progress, and capture clinician data for a grantee's approved project, as well as any significant change(s) to a grantee's approved funded program.

EHB Deadline	Reporting Periods
April 21, 2014	September 1, 2013 – March 31, 2014
September 21, 2014	April 1, 2014 – August 31, 2014

Field Strength Report (FSR)

- Within the excel workbook, there are **3 separate worksheet/tabs** that capture participant and financial data.

Part A Part B Part C

- At the top of each worksheet, it is important to indicate your state, grantee # and contact name in the area provided. **Please make sure to complete and review all 3 worksheets before submitting them in the Electronic Handbook.**

Field Strength Report Worksheet A

PART A

SLRP Field Strength Progress Report

NEW AWARDS by discipline **New = Initial 2yr contract**

Reporting Period: Activities - 9/1/2014 - 3/31/2015

a. Contact Name:

Grant #: State

b. Unique Clinician Identifier	c. Racial Ethnicity	MD / DO	DDS / DMD	RDH	NP	PA	CNM	Pharmacist	RN	Psychiatrists (MD / DO)	LPC	HSP / CP	MFT	PNS	LCSW	PA (Mental Health)	d. Urban	Rural	e. HPSA ID #	HPSA Score	f. ACTUAL Qualifying Educational Loan Amount \$	g. Total Federal/ ACA Funding Amount \$	h. Total State Funding Amount \$		i. Total Award Amount (Federal & State) \$
																							Appropriations	Other	
																					0.00	0.00	0.00	0.00	0.00
																					0.00	0.00	0.00	0.00	0.00
																					0.00	0.00	0.00	0.00	0.00
																					0.00	0.00	0.00	0.00	0.00
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00

BASE = clinicians whose most recent award was funded with Base appropriations
 ARRA = clinicians whose most recent award was funded with ARRA appropriations
 MD & DO = Allopathic/Osteopathic Physicians (MD & DO)
 DDS/DMD = Dentists
 RDH = Registered Dental Hygienist
 NP = Nurse Practitioners
 PA = Physician Assistants
 CNM = Certified Nurse Midwife

Pharmacists
 RN = Registered Nurses
 Psychiatrist (Mental Health MD/DO)
 LPC- Licensed Professional Counselor
 Health Service Psychologist (HSP) / Clinical Psychologist (CP)
 Marriage and Family Therapist (MFT)
 Psychiatric Nurse Specialist (PNS)
 Licensed Clinical Social Worker(LCSW)
 Physician Assistants with a specialty of Psychology

Field Strength Report – Worksheet B

PART B						
OTHER SLRP Participants Under Obligation						
Reporting Period: 9/1/2014 - 3/31/2015						
State:	Grantee #		Contact Name:	Contact #:		
a. Disciplines	b. Total # of Contract completed in reporting period	c. Project from column B the # of providers who will be applying for additional SLRP funding.	d. Total # of Contract Terminations in reporting period	e. Total # of Contract Defaults in reporting period	f. Have you alerted your PO with defaulter details (yes, no n/a).	g. Participants under obligation (continuing boots on the ground)
MD/DO						
DDS/DMD						
RDH						
NP						
PA						
CNM						
Pharmacist						
RN						
Psychiatrists (MD & DO)						
LPC						
CP						
MFT						
PNS						
LCSW						
PA-(Mental Health)						
Total	0	0	0	0		0

BASE = clinicians whose most recent award was funded with Base appropriations
 ARRA = clinicians whose most recent award was funded with ARRA appropriations
 MD & DO) = Allopathic/Osteopathic Physicians (MD & DO)
 DDS/DMD = Dentists
 RDH = Registered Dental Hygienist
 NP = Nurse Practitioners
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 LPC- Licensed Professional Counselor
 Health Service Psychologist (HSP) / Clinical Psychologist (CP)
 Marriage and Family Therapist (MFT)
 Psychiatric Nurse Specialist (PNS)
 Licensed Clinical Social Worker(LCSW)
 Physician Assistants with a specialty of Psychology

Non Competing Continuation Report (NCC)

- The NCC is a report on the progress of the SLRP Program activities. Due annually the first week of June.
- HRSA grantees are no longer required to submit a full grant application to determine eligibility for funding of a successive budget period within their approved project period.
- In lieu of the application, grantees will only need to submit the streamlined NCC Progress Report for continued funding of the next budget period.

Non Competing Continuation Instructions

Instructions for Preparing and Submitting Noncompeting Continuation Progress Report, State Loan Repayment Program (SLRP) FY 2012

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Document Closeout Discussion: Final Reports

WHO : 30 Continuing Grantees

WHAT : Process for closing out previous project period

WHERE : Notice & Submission in the Electronic Handbook

WHEN: Due November 29, 2014