FUNDED

HEALTHCARE: THE NEW NORMAL

UNDERSTANDING TITLE III AND TITLE V OF THE HIGHER EDUCATION ACT

IT'S NOT WHAT YOU KNOW...

CONTENTS

CONNECT WITH GRANTS OFFICE ON TWITTER AND FACEBOOK

Twitter: www.twitter.com/grantsoffice

Facebook: www.facebook.com/grantsofficellc

You'll see:
- -Grant alerts
- -Priority event notifications
- -New FUNDED issue notices
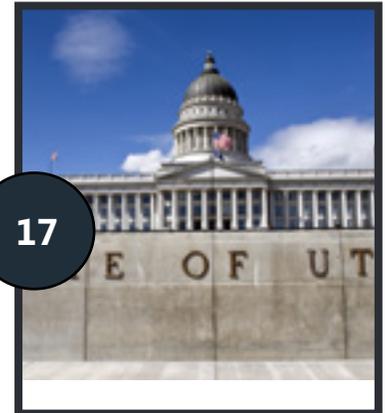
ON THE COVER
In this year's throwback issue we're reprinting articles from the past few years. Check out our breakdown of how technology changed (and continues to change) the healthcare industry.
(Photo: Thinkstock/Thomas Northcut)

LETTER FROM THE EDITOR

Dear Readers,

Historians tell us to learn from our past; our mistakes, triumphs, war, and peace. A notion echoed in the ubiquotous quote originally attributed to George Santayana, "Those who fail to learn from history are doomed to repeat it." The same can be said of grants.

Most grants come about on an annual cycle, with similar deadlines, award amounts, and eligibility. This essentially leaves applicants with a never ending cycle of funding opportunities. To learn from your peers, grant experts, and your own previous shortcomings is to treat your grant funding applications as a sort of history.

As we ring in 2016, it's time to take a step back and remember the past few years. What grant opportunities were available? Why were you awarded funding? Why weren't you awarded funding? Understanding and analyzing your past grant applications and opportunities will allow you to produce better, more successful grant proposals for 2016.

We begin this issue with Elizabeth Evan's May 2014 in depth dissection of Title III and Title V Institutes of Higher Education. She discusses, not only the distrinctions between the two, but also the steps to apply for funding as a Title III or Title V institution.

Next is Dan Casion's September 2015 breakdown of pass-through grant opportunities. Pass-through opportunities are distinct in that they "pass-through" your state or regional government rather than coming directly from the federal government. Dan takes us through this process as well as points of contact for starting the pass-through process.

Finally, Chris LaPage's November 2013 article discusses how the healthcare industry is changing with the advent of new technology finally trickling into the field. Navigating the health industry can be challenging even for those entrenched in it, making Chris's article all the more relevant.

Sincerely,
Kirsten Sleeman
Editor, FUNDED

UNDERSTANDING TITLE III AND TITLE V OF THE HIGHER EDUCATION ACT

BY ELIZABETH EVANS

When most Americans think of the Higher Education Act (HEA) of 1965, they probably don't think of President Lyndon B. Johnson's Great Society, nor do they probably think of how the HEA was established to strengthen the resources of public Institutions of Higher Education (IHE). More likely, what comes to mind is the ability for students to receive financial assistance for post-secondary education. But what about the funding that goes directly to institutions?

When Title III ("Institutional Aid") of the HEA was first created, funding was available to small colleges, community colleges, and Historically Black Colleges and Universities (HBCU).

Having witnessed the success of HBCUs under Title III, in the 1990s other IHEs began lobbying for federal classification and funding opportunities. Most notably, those institutions with large Hispanic student populations. When the HEA was reauthorized in 1992, Title III was amended to include a definition another type of MSI: Hispanic Serving Institutions (HSI). By 1994 Tribal Colleges and Universities (TCU) were also recognized under Title III.

Thus, originally, all MSIs were housed under Title III funding. This was a point of concern for those lobbying on behalf of HBCUs, however, for they felt as though the already limited availability of federal funds was at risk. After much debate, it was decided that as of the 1998 reauthorization of the HEA, HSIs would be moved under Title V ("Developing Institutions").

Through Titles III and V of the HEA came the establishment of federal funding to

Although Title III and Title V IHEs appear to have a lot in common, their distinct differences are important to understand when applying for funding. (Photo: Thinkstock/ Digital Vision)

develop and support physical and academic infrastructures at post-secondary institutions.

So, what is the difference—really—between Title III institutions and Title V institutions if both hold the capacity to fund MSIs? It comes down to a matter of eligibility, determined by population versus mission.

DIFFERENCES BETWEEN TITLE III AND TITLE V

Title III institutions are those that are categorized based on their historical purpose. As is the case for TCUs and HBCUs, Title III IHEs are established with the primary purpose of supporting a specific minority population (e.g. Native American, African American). This purpose is often expressly conveyed in the IHE's mission statement. Spelman College (an all-female HBCU), for example, states that it strives to be "a global leader in the education of women of African descent" (http://www.spelman.edu/about-us).

Title V IHEs, on the other hand, are categorized based on current student enrollment. Depending on the racial and ethnic demographics of an institution's current undergraduate student body, an IHE's designation as Title V eligible may change.

Unlike HBCUs, for instance, these IHEs did not intentionally target the post-secondary education of specific racial or ethnic groups. Instead, these institutions were founded, admitted students, ran their day-to-day operations, and as regional demographics and enrollment populations shifted found that they had developed into minority serving institutions. In other words, Title V institutions are not created solely for the purpose of serving a specific population. Rather, each Title V institution evolves into a Title V IHE, just as it may someday evolve to no longer be a Title V IHE.

MSI CLASSIFICATIONS

Below is a list of the most predominate characteristics of each MSI. The description is not exhaustive, and one should refer to the actual legal text for full eligibility definitions.

- Historically Black Colleges and Universities (HBCU): an IHE established prior to 1964 whose principal mission is the education of Black Americans.
- Hispanic Serving Institution (HSI): an IHE where at least 25% of full-time, undergraduate students identify as Hispanic, with at least 50% of these students qualifying as below the most recently established U.S. Census poverty line.
- Tribal Colleges and Universities: a tribally controlled IHE with no less than 50% of enrolled students identifying as Native American.
- Native American Serving Institution: a non-tribally controlled IHE with an enrollment of undergraduate students that is no less than 10% Native American.
- Alaskan Native and native Hawaiian-Serving Institutions (ANNHI): an IHE that has an enrollment of at least 20% Alaskan Native undergraduate students, and/or 10% Native Hawaiian.
- Asian American and Native American Pacific Islander-Serving Institutions (AANAPISI): an IHE that has an undergraduate enrollment of at least 10% Asian American and native American Pacific Islander Students.
- Predominately Black Institutions (PBI): an IHE with a minimum of 1,000 undergraduate students enrolled, wherein 40% of enrolled students identify as Black, 50% of students are first-generation college attendees or low-income, and 50% of students are enrolled for a bachelor's or associate's degree.

SO WHY DOES ANY OF THIS MATTER?

Well, unlike the non-competitive minimum allotment grants under Title III-B, Title V is a competitive grant program. This means that IHEs must first apply for eligibility, and if granted, are then able to apply for the federal grant monies available through Title V. Example grant programs include:

- Strengthening Institutions Program (SIP)
- Promoting Post Baccalaureate Opportunities for Hispanic American Program (PPOHA)
- Hispanic Serving-Institutions STEM and Articulation Program (HSI STEM)
- Minority Science and Engineering Improvement Program
- Predominantly Black Institutions Program - Competitive Grants

So, take a moment to reflect. Do you think you're at a Title V eligible institution? Do you have a project that you would like to see funded, possible through Title V funds? If so, are you ready to submit your proposal? For more information visit: http://www2.ed.gov/about/offices/list/ope/idues/eligibility.html.

Remember if you're a Title V Institution, you're part of a competitive grant program which means you have to apply for eligibility before you apply for the federal grant funding. (Photo: Thinkstock/Digital Vision)

STRENGTHENING INSTITUTIONS PROGRAM (SIP)

SUMMARY: The Strengthening Institutions Program (SIP) provides grants to eligible institutions of higher education (IHEs) to help them become self-sufficient and expand their capacity to serve low-income students by providing funds to improve and strengthen the institution's academic quality, institutional management, and fiscal stability.

The Competitive Preference Priority for this program is "Supporting Strategies for which there is Moderate Evidence of Effectiveness" -- Projects that propose a process, product, strategy, or practice supported by moderate evidence of effectiveness. To qualify as moderate evidence of effectiveness, among other things, a study's evaluation design must meet What Works Clearinghouse (WWC) Evidence Standards. Applicants seeking to address this competitive preference priority should identify a minimum of one up to a maximum of two studies that support their proposed project and meet the definition of ''moderate evidence of effectiveness.'

Funds may be used for planning, faculty development, and establishing endowment funds. Administrative management, and the development and improvement of academic programs also are supported. Other projects include joint use of instructional facilities, construction and maintenance, and student service programs designed to improve academic success, including innovative, customized, instruction courses designed to help retain students and move the students rapidly into core courses and through program completion, which may include remedial education and English language instruction.

NEXT DEADLINE: The 2016 competition is anticipated to fund down the slait of 2015 applicants. The anticipated deadline is June 2016.

ELIGIBILITY:
Institutions of Higher Education who meet the following criteria:
* be accredited by a nationally recognized accrediting agency or association
* be legally authorized by the State to be a junior college or provide an educational program for which it awards a bachelor's degree
* have at least 50% of its degree students who receive need-based assistance or a substantial number of enrolled students who receive Pell Grants
* have low educational expenditures

AWARD AMOUNTS: In 2015 $17,197,309 was available.

FOR MORE INFORMATION: **http://www2.ed.gov/programs/iduestitle3a/index.html**

IT'S NOT WHAT YOU KNOW…

BY DAN CASION

…it's who.

At least that's true in the world of public safety. Most in the public safety realm are well aware of the annually administered, direct, federal grants, such as the Assistance to Firefighters Grant Program and the Justice Assistance Grant Local Solicitation. These grants are a "straight shot" from applicant to funder—that is, the applying entity submits an application directly to the funding agency—no middle person.

However, there are a myriad of programs from the Department of Home-

land Security (DHS) and the Bureau of Justice Assistance (BJA) that are "pass-through" programs. In the pass-through process, funds go through the state, and possibly even a regional entity, before they are available to the local entity.

States may still have to apply for these funds, but often keep a portion to cover administrative costs. Each state will maintain its own re-granting process, time lines, and priorities.

It's important to be aware of whether or not you are directly eligible to apply to a particular grant opportunity (and receive funds from

it), or if it is a pass-through grant for the state. If it is pass-through you will need to follow up with the state to determine what you need to do to apply for funds for your project.

The question is: "Who do I need to contact to find out about these pass-through opportunities?" In some cases it's fairly simple; however, other cases may require some extensive digging.

For DHS opportunities, such as the State Homeland Security Grant Program (SHSP), Operation Stonegarden (OPSG), and Emergency Manage-

Rules for pass-through grants vary by state and even region. If you're unsure where to begin try contacting your UAGW who can walk you through your state's process. (Photo: Thinkstock/ mj0007)

ment Performance Grants (EMPG), the State Administrative Agency (SAA) within each individual state is responsible for applying to the DHS and administering funds to entities on the local level. You can locate key points of contact (SAAs) on the Federal Emergency Management Agency (FEMA)/DHS website at the following link: http://www.fema.gov/media-library/assets/documents/28689?id=6363.

A quick email or phone call to inquire about your state's process, timing and application materials to the SAA will usually garner you enough details about the pass-through process for a specific program to indicate whether or not your agency can apply for funding.

Sometimes, such an inquiry is just the tip of the iceberg.

You may be directed to another point of contact that your agency has to work through, such as DHS's Urban Areas Security Initiative (UASI). For UASI funding, the Urban Area Working Group (UAWG) is responsible for preparing the applicant for submission by the SAA. This means that there's a whole other layer to work through. These UAGWs are a tight knit group that are usually comprised of law enforcement and emergency management officials. This group represents the UASI region and holds periodic planning meetings throughout the year. If your agency resides in a UASI area and you haven't yet worked with your UAGW, it's important that you make contact with them and take part in these planning sessions.

However, finding points of contact for UAWG's can be somewhat difficult. I've

> **"If your agency resides in a UASI area and you haven't yet worked with your UAGW, it's important that you make contact with them..."**

compiled a list of contacts too lengthy to include in this article, however, if you are interested in that information feel free to email your request to me at dcasion@grantsoffice.com.

State administered Justice Assistance Grants (JAG) from the BJA are another pass-through opportunity that can be tough. This is especially true considering the difference in procedure from state-to-state.

It's usually a state's public safety department or the state police that administers this funding, but not always. A simple search in your preferred search engine will more often than not point you to the specific state agency that administers the JAG funding. If the agency is not listed you may want to refer back to the SAA link provided earlier in the article.

In some cases, the same group that administers DHS funding may also be tasked with dispersing JAG funding, or will know who is. You may notice that your state's website dedicated to the JAG program, if it exists, is sorely out of date or doesn't contain enough information for you to determine if an opportunity is viable for your agency. Once you've identified a point of contact for funding, again, a quick email or phone call inquiring about your state's process, timing, and application materials will help you procure the information you need to proceed as appropriate.

Taking some time now to become familiar with your pass-through points of contact will ensure that your agency is in tune to the various pass-through opportunities in your state. Also, it will make certain that you're not missing out on much needed funding for your agency's important projects.

PROMOTING POSTBACCALAUREATE OPPORTUNITIES FOR HISPANIC AMERICANS PROGRAM (PPHA)

SUMMARY: The Promoting Postbaccalaureate Opportunities for Hispanic Americans (PPOHA) Program provides grants to:

*   Expand postbaccalaureate educational opportunities for, and improve the academic attainment of, Hispanic students
*   Expand the postbaccalaureate academic offerings as well as enhance the program quality in the institutions of higher education that are educating the majority of Hispanic college students and helping large numbers of Hispanic and low-income students complete post-secondary degrees

NEXT DEADLINE: You must be designated an eligible institution before applying for funding under this program.

ELIGIBILITY:
Eligible applicants are Institutions of Higher Education (IHEs). IHEs must also meet the following requirements:

*   Offer a postbaccalaureate certificate or degree program
*   Be an eligible Hispanic-serving institution (HSI)

AWARD AMOUNTS: In 2015 approximately $10,565,280 was available.

FOR MORE INFORMATION: http://www2.ed.gov/programs/ppoha/index.html

The first step for applying to this grant is being designated as an eligible Title V institution. (Photo: Thinkstock/Todd Warnock)

HEALTHCARE: THE NEW NORMAL

BY CHRIS LAPAGE

Healthcare is a business, yet it typically trails most business-related trends by several decades. For instance, while most other businesses began the transformation to electronic record-keeping in the late 1980s and 1990s, the movement in healthcare has primarily happened over the past five years. Considering that healthcare is a life-critical system as opposed to a mission-critical business, any change must be approached with caution. However, occasionally government regulations and the political arena force rapid change and evolution in the business model. Taking the example of electronic health records (EHRs), it was the combination of government incentives (to adopt) built into the 2009 American Recovery & Reinvestment Act (ARRA) that finally provided the impetus for providers to make the jump to EHRs.

Healthcare providers must stay on top of these regulations and understand the trends in healthcare in order to remain financially solvent. One of the major game changers for healthcare providers came in the form of the 2010 Patient Protection and Affordable Care Act (ACA), which is sometimes referred to as Obamacare.

In many ways, the ACA creates a new normal in healthcare through a mix of regulations, incentives, penalties, and other mechanisms that will solidify certain trends in the industry. The primary funder for health services is the Department of Health and Human Services, which is the same entity that is regulating this "new normal" in healthcare. Thus, beyond merely staying in business, a thorough understanding of the evolving healthcare landscape will serve providers well as they seek grant funding to make up for decreased reimbursement and increased risk sharing.

Emerging trends in healthcare more broadly are also having an impact on federal grant funding.

2016 Healthcare Grants Forecast: Funding Increased Data Agility in an Era of Data Mobility

MEDICAL CARE

HEALTH

Register Now

Want more information on grants to integrate technology in healthcare? Register for our free January 19th Grantscast to get inside tips on upcoming grant opportunities.
(Photo: Thinkstock/HASLOO)

BETWEEN THE LINES

The trend toward thinning margins is not a new development with the ACA. Hospitals and healthcare providers have been dealing with the mantra that they have to do more with less since the explosion of managed care and capitation payment plans.

When it comes to Medicaid patients, often times the reimbursement schedule is determined by state governments (with little or no input from providers of consideration of actual service costs), offering as little as $30 for a primary care visit to a private physician in New York State, for example. On average, commercial insurers would reimburse the same type of visit at $100.

Healthcare costs continue to accelerate, easily outpacing general inflation. At the same time, regulatory pressures are driving reimbursement rates downward. One of the less talked about long-term consequences of the new health insurance exchange marketplaces that are now operation is their effect on provider margins. The marketplace will exert intense pressure on commercial payors to drive down their plan prices in response to increased competition. By-and-large, insurers are for-profit conglomerates that answer to shareholders who will not stand for decreased profit margins. These insurers are going to pass that loss on to providers as they negotiate future reimbursement contracts.

Expect to see thin margins become even thinner over the next several years, requiring providers to be creative and innovate in order to survive.

Likewise, as the subsequent demand from providers to take advantage of grant funding to fill these funding gaps increases it is innovation and creativity that will sep-

arate those that are successful from those that struggle or fail.

On one hand you have a provider that requests a grant to overcome an operating deficit related to decreased reimbursement for provided services. Such a request pales in comparison to a provider that is proposing an innovative telehealth solution that decreases overhead and provider travel time (loss time) to deal with the lower reimbursement levels. A funder will be much more likely to fund the one-time upfront costs (and some ongoing maintenance) of a telehealth project rather than providing a blank check to cover operating deficits that a provider is experiencing.

These regulatory and environmental pressures will also manifest themselves in the form of continued provider consolidation in the healthcare sector. One of the easiest ways for providers to deal with thinning margins is to engage in mergers and acquisitions.

As much as the general public hates to hear it, healthcare providers compete for patients. Unlike traditional businesses, the patients are not true consumers in the sense that they pay for 100% of the cost of their services and make choices accordingly. Thus, such competition results in duplication of administrative structures, services, and technology while failing to provide a corollary decrease in price, or cost of healthcare services. In order to decrease these inefficiencies and ensure they capture a larger share of the patients in their catchment area, providers must look to consolidate to survive. In addition, provider consolidation and networking increases their group purchasing power when it comes to negotiating favorable reimbursement rates with commercial insurers and purchasing supplies and large capital equipment.

Thus, there are many benefits to provider consolidation in terms of remaining financially viable. The good news is that providers that are willing to go down that path—whether through formal consolidation or creating large informal healthcare networks—are putting themselves in position to capitalize on grant funding.

Cooperation and partnerships amongst providers has always been a selling point to funders when it comes to securing grants In many cases, the formation of an informal or formal provider network is a prerequisite to meet to eligibility requirements of the grant program. In fact, the Health Resources and Services Administration (HRSA) currently has an open solicitation for the Rural Health Network Development (RHND) Grant Program. The program provides up to $900,000 over three years to rural health networks (formal arrangements with network board and bylaws), which can be used to connect network participants, purchase technology, or implement a variety of network activities.

> *"Many federal funders will not even consider projects that are exclusive to inpatient settings. They are much more interested in...wellness, prevention, and chronic disease management in ambulatory settings."*

INPATIENT ➡ OUTPATIENT ➡ HOME-BASED CARE

In the interest of reducing healthcare costs, there is a concerted effort amongst government and commercial payors to incentivize the provision of care in ambulatory and home-based environments and penalize institutionalized care. There is no question that the bulk of health-care costs are driven by costly inpatient stays in acute care hospitals and skilled nursing facilities. With that in mind, the ACA dished out billions in funding for demonstration projects (e.g. Money Follows the Person) that incentivized states to transform their Medicaid long-term care reimbursement mechanisms to move patients out of nursing homes and into community-based settings. Likewise, the Center for Medicare and Medicaid Services (CMS) was appropriated billions of dollars through the ACA to test and evaluate new delivery and payment models in the healthcare system. Many of these new delivery mechanisms involve innovative projects that allow for the provision of care in ambulatory and home-based settings.

Providers do not have much leverage in combating this particular trend, because the implications go beyond the cost savings of ambulatory over inpatient settings. The truth is that hospitals and nursing homes, while being equipped to deal with the most complex patients and healthcare problems, are also hotbeds for nasty antibiotic-resistant bacteria and other infectious diseases. Thus, providing care in alternative settings quickly also improves health outcomes in the form of a decrease in hospital acquired infections.

When it comes to grants, this regulatory shift is mirrored in the priorities of funders. Many federal funders will not even consider projects that are exclusive to inpatient settings. They are much more interested in funding projects that address wellness, prevention, and chronic disease management in ambulatory settings. This includes the movement towards mobile health (mHealth) and the involvement of smart phones, tablets, and other technology is assisting patients with managing their care by adhering to treatment plans and increasing informal communication between providers and patients.

There is still some potential to find funding for inpatient initiatives, but at the

very least providers must be able to connect it to transitions in care settings (primarily ambulatory/home-based).

> **FEE-FOR-SERVICE ➡ PAYOR & PROVIDER SHARE RISK ➡ TRANSPARENCY & PAY FOR PERFORMANCE**

No discussion of the "new normal" in healthcare can be complete without addressing the movement away from traditional fee-for-service reimbursement mechanisms. The days are numbered whereby providers are reimbursed for every patient encounter, test conducted, and procedure performed.

As with ambulatory services CMS is investing billions in alternative payment methodologies. Some of the common arrangements being tested through grant programs and demonstration projects include accountable care organizations (ACOs), shared provider-payor savings and bundled payments. Though the details of each of these respective payment models could be discussed ad nauseam, at the end of the day they all are being explored because they shift responsibility and risk from payors to providers.

Under shared savings arrangements, any cost efficiencies are split between providers and payors. With ACOs, a network of providers receives an overarching fee per enrollee by the payor and assumes all risk if the costs of a particular patient's care exceeds reimbursement. With bundled payments, services are grouped together (e.g. pre-surgical appointment, tests, surgery, and post-surgical follow-up) and a single payment is made to providers regardless of the number of encounters, test, procedures, or hospital inpatient days actually racked up by the patient.

In addition to shifting risk, the ACA and associated regulations are taking transparency in healthcare to the next level. Healthcare providers are being forced to

Although the healthcare field tends to move slower in regards to integrating technology, there's no better time than now to start working on getting your next technological innovation funded! (Photo: Thinkstock/Wavebreakmedia Ltd)

track all financial and health outcomes data as well as make it available to the public. Medicare has already begun penalizing for poor performance through its Hospitals Readmissions Reduction Program. Essentially, CMS has put the onus on providers to prevent hosptial readmissions by assessing a penalty when patients are readmitted to a hospital within 30 days of a previous discharge. In many ways, this type of penalty should be viewed as the start of pay-for-performance.

Obviously, medical professionals do not believe it is fair for them to assume the majority of financial risk in treating patients when so much of health outcomes are contingent on lifestyle choices and other factors outside of their control. However, the emergence of pay-for-performance may be inevitable, and the pressure payors are currently exerting on providers may grow dramtically as patients catch on to this new dawn of transparency.

With the growth of high deductible health plans and efforts of payors to shift financial responsibility for care to patients, the latter group is considering costs and provider quality metrics more than ever when making treatment decisions. As this data becomes even more readily available at the patient's fingertips, this trend will undoubtedly continue. Soon, both patients and payors will be demanding more accountability from providers, making pay-for-performance a logical next step.

When it comes to providers assuming risk and pay-for-performance, the impact on grant funding is already evident. Many hospitals are desperately seeking out grant funding to assist them with the Medicare readmission penalties.

The issue is that while providers can provide adequate explanations as to why readmissions are not their fault, this is not a need that can easily be sold to funders. In that respect, it comes down to how providers are framing their problems and needs to funders. Rather than trying to offset penalties, a hospital can implement a quality control program that aims to reduce hosptial readmissions. By reducing readmissions, such a project will be improving healthcare quality while reducing costs. A project that is presented in these terms is something that both federal and foundation grantmakers would find compelling.

When it comes to federal funding, one would be wise to always consider the design and implementation of new payment models when requesting funds for innovations in service delivery. In this case, it comes down to knowing the trend and funder's priorities (e.g. new payment models, provider risk, transparency) as well as how to frame your request (e.g. avoiding penalties versus improving quality and reducing costs through decreased hosptial readmissions).

CONCLUSION

With so many trends and new regulations to consider, it can be tough for providers to navigate the "new normal" in healthcare, particularly when it comes to their grantseeking efforts. As the primary grant funder in the sector, one must consider the priorities of the Department of Health and Human Services and the trends they are forcing through regulations and reimbursement policies. Knowing these priorities and trends is crucial to a provider in determining which projects may be fundable through grants and how to frame their needs. When you are attempting to read between the lines as it relates to various grant programs, the 3-part aim established by CMS's Innovation Center should provide the guiding principles: Better health (status), better healthcare (delivery), and reduced costs.

MINORITY SCIENCE AND ENGINEERING IMPROVEMENT PROGRAM (MSEIP)

SUMMARY: The Minority Science and Engineering Improvement Program (MSEIP) is designed to effect long-range improvement in science and engineering education at predominantly minority institutions and to increase the flow of underrepresented ethnic minorities, particularly minority women, into scientific and technological careers. There are four types of MSEIP grants: Institutional project, special project, cooperative project, and design project.

- Institutional project grants are grants that support the implementation of a comprehensive science improvement plan, which may include any combination of activities for improving the preparation of minority students for careers in science.
- There are two types of special project grants. First, there are special project grants for which only minority institutions are eligible. These special project grants support activities that: Improve quality training in science and engineering at minority institutions; or enhance the minority institutions' general scientific research capabilities.
- Cooperative project grants assist groups of nonprofit accredited colleges and universities to work together to conduct a science improvement program.
- Design project grants assist minority institutions that do not have their own appropriate resources or personnel to plan and develop long-range science improvement programs. The department will not award design project grants in the FY 2015 competition.

NEXT DEADLINE: The 2015 deadline was June 1st. Similar deadlines are anticipated annually.

ELIGIBILITY: Eligible applicants are limited to:

- Public and private nonprofit institutions of higher education that: Award baccalaureate degrees and are minority institutions
- Public or private nonprofit institutions of higher education that: Award associate degrees and are minority institutions that have a curriculum that includes science or engineering subjects and enter into a partnership with public or private nonprofit institutions of higher education that award baccalaureate degrees in science and engineering.

AWARD AMOUNTS: In 2015 approximately $2,800,918 was available.

FOR MORE INFORMATION: http://www2.ed.gov/programs/iduesmsi/index.html

GRANTSCAST EVENTS

GRANTS OFFICE

UPCOMING GRANTSCAST EVENTS

- **2016 Healthcare Grants Forecast: Funding Increased Data Agility in an Era of Data Mobility** - Sponsored by NetApp

January 19, 2016 at 2:00 pm EST
Register: http://tinyurl.com/hzglmat

- **Tapping Into Technology: Best Practices for IHEs to Leverage Technology in Their Grant-Funded Research & Education Projects** - Sponsored by NetApp

January 26, 2016 at 2:00 pm EST
Register: http://tinyurl.com/oadaxc4

RECENT GRANTSCAST RECORDINGS

- **Funding to Help You Do More with the Data You're Collecting**- Sponsored by NetApp

Watch: http://tinyurl.com/po967dl

- **Technology and Strategies to Ramp-up and Fund Your Workforce Development Project** - Sponsored by NetApp

Watch: http://tinyurl.com/q2ezj5l

- **Winning Technology-friendly Grants for K-12** - Sponsored by NetApp

Watch: http://tinyurl.com/ndadsce

- **Funding Campus Technology Projects - And They're Nearly All Technology Projects** - Sponsored by NetApp

Watch: http://tinyurl.com/nndpyxs

LEARN MORE AT WWW.GRANTSOFFICE.COM

AND FOLLOW US!