



January 19, 2018

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) # **67-75**.

All questions regarding this RFA must be directed in writing by e-mail to **loanrepayment@pa.gov**, no later than **February 2, 2018**. All questions must include the specific section of the RFA about which the potential applicant is questioning. Answers to all questions will be posted at [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8) on or before February 9, 2018.

Please submit an application via the on-line Pennsylvania Primary Care Loan Repayment Program Practitioner Application found at the following website [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8) beginning Friday, January 19, 2018. Your completed application must be submitted **before 11:59 p.m. on Wednesday, February 21, 2018**.

LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.

We expect that the evaluation of applications and the selection of grantees will be completed within six weeks of the submission due date.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Stubbs", enclosed within a large, hand-drawn oval.

Lori Stubbs
Director
Bureau of Administrative and Financial Services

Enclosure

Request for Application

Pennsylvania Primary Care Loan Repayment Program

RFA Number

67-75

Date of Issuance

January 19, 2018

Issuing Office:

Pennsylvania Department of Health
Bureau of Administrative and Financial Services
Division of Contracts
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Harrisburg, Pennsylvania 17120-0701

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Pennsylvania Primary Care Loan Repayment Program

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Any grant resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Program Specific Provision
- Standard General Terms and Conditions (Rev. 3/15)
- Audit Requirements (Rev. 2/15)
- Commonwealth Travel and Subsistence Rates (Rev. 4/15)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 4/12)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Pro-Children Act of 1994 (Rev. 12/05)

Request for Applications

Pennsylvania Primary Care Loan Repayment Program

Information for Practitioner Applicants,
Application Procedures
and
Application Instructions

A. Information for Applicants

Please read the Pennsylvania Primary Care Loan Repayment Program (LRP) Request For Applications (RFA) in its entirety before proceeding with an application. Applicants should have a complete understanding of the commitment to serve at an LRP-approved community-based primary care medical or dental health center (practice site) and the consequences of failing to fulfill that commitment prior to submitting an application.

1. Introduction

The LRP is administered by the Pennsylvania Department of Health (Department), Bureau of Health Planning. The LRP is designed to assist community-based primary health care centers, located in or serving underserved populations, in recruiting and retaining practitioners. The LRP does this by providing grant funding to primary care practitioners employed at these centers to assist with repayment of their outstanding qualifying educational loans.

Primary care practitioners include physicians, certified registered nurse practitioners, certified nurse-midwives, physician assistants, general dentists, registered dental hygienists, psychologists, licensed clinical social workers, licensed professional counselors and marriage and family therapists. Primary care practitioners wishing to submit an application must meet all eligibility requirements stated in this RFA and must be currently employed at an LRP-approved practice site either (1) located in a federally designated Health Professional Shortage Area (HPSA) or (2) serving a minimum of 30% low-income patients. In return for grant funding, a participating practitioner must fulfill a two year full-time or half-time LRP service commitment at the practitioner's LRP-approved practice site.

The LRP seeks practitioners who demonstrate the characteristics for and an interest in serving medically underserved populations and remaining in underserved areas beyond the service commitment. **The primary purpose of the LRP is to increase access to primary care services in underserved areas, not the repayment of educational loans.**

a. Service Commitment

The LRP will provide Grant funds through a Participation Grant Agreement (Agreement) to practitioners to repay their outstanding qualifying educational loans in exchange for providing primary healthcare services at an LRP-approved outpatient primary care practice site for a contracted grant period of two years. The anticipated Grant Agreement term is **July 1, 2017 to June 30, 2019** subject to the availability of funding.

For the purposes of this RFA, primary healthcare services include basic primary and preventive health services related to family medicine, internal medicine, pediatrics, geriatrics, obstetrics and gynecology, dentistry, or behavioral and mental health that are provided by physicians, physician assistants, certified registered nurse practitioners, certified nurse midwives, dentists, registered dental hygienists, psychologists, licensed clinical social workers, licensed professional counselors, and marriage and family therapists.

For the purposes of this RFA primary health care services ***do not include*** medical specialty services (such as, but not limited to, hospice, rehabilitation, oncology, rheumatology, endocrinology, gastroenterology, and cardiology) or dental specialty services (such as, but not limited to, orthodontics, endodontics, periodontics, or other dental specialty services).

1) Full-Time Service Commitment

For full-time practitioners, LRP participation will be contingent upon continuous, full-time practice at an LRP-approved practice site(s) for the period of **July 1, 2017, through June 30, 2019**. Full-time practice is defined as not less than 40 hours per week, 48 weeks per year. Furthermore, the 40-hour week must include not less than four days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 40 hours per week, a minimum of 32 hours must be spent providing direct patient care at the LRP-approved practice site(s). Up to eight hours per week may be spent providing patient care in alternative settings (for example, hospitals, nursing homes, shelters) as directed by the approved sites(s) or performing clinical-related administrative activities. Practitioners who provide obstetric services may spend up to 19 hours a week providing direct obstetric patient care at a hospital. Practitioners do not receive service credit for hours worked over the required 40 hours per week and excess hours cannot be applied to any other work week. Also, time spent while in an “on-call” status will not be counted toward the service commitment.

2) Half-Time Service Commitment

For half-time practitioners, LRP participation will be contingent upon continuous, half-time practice at an LRP-approved practice site(s) for the period of **July 1, 2017, through June 30, 2019**. Half-time practice is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), 48 weeks per year. Furthermore, the 20 hour week must include not less than two days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 20 hours per week, a minimum of 16 hours must be spent providing direct patient care at the LRP-approved practice site(s). Up to four hours per week may be spent providing patient

care in alternative settings (for example, hospitals, nursing homes, shelters) as directed by the approved sites(s) or performing clinical-related administrative activities. Practitioners who provide obstetric services may spend up to nine hours per week providing direct obstetric patient care at a hospital. Practitioners do not receive service credit for hours worked over the required 20 hours per week and excess hours cannot be applied to any other work week. Also, time spent while in an “on-call” status will not be counted toward the service commitment. A half-time service commitment is not available to practitioners who are employed full-time.

For the purposes of this RFA, administrative activities are defined as clinical related administrative, management or other activities and may include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure and other non-treatment related activities pertaining to the practitioner’s LRP-approved practice site(s).

Any time spent in a management role is considered to be an administrative activity. The duties of a medical director are also considered primarily administrative and LRP applicants serving in such a capacity must meet the minimum hourly requirements for direct patient care – 32 hours for full-time and 16 hours for half-time. Clinical services provided by an LRP practitioner while precepting students/residents may be counted as direct patient care.

b. Eligibility Requirements

1) To be eligible all applicants must:

- i. Be a U.S. Citizen (either U.S. born or naturalized) or a U.S. National;
- ii. Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Program, as appropriate;
- iii. Meet discipline and specialty-specific education, training and licensure requirements, as described in paragraph A.1.c (below); and
- iv. Have provided full-time or half-time primary health care services at an LRP-approved practice site since July 1, 2017 as described above.

2) The following factors will make an individual *ineligible* for participation:

- i. Having any outstanding service obligation for health professional or other service to the Federal government (for example, National Health Service Corps (NHSC) Loan Repayment Program obligation, NHSC Scholarship Program obligation or a NURSE Corps Loan Repayment Program obligation) or other entity (for

example, a recruitment bonus that obligates you to remain employed at a certain site); or

- ii. History of having breached a prior health professional service obligation to the Federal, state, or local government or other entity.

c. Eligible Disciplines

1) Primary Medical Care

i. Allopathic (MD) or Osteopathic (DO) Physicians

- a) Board certified or board eligible and practicing primary care in one of the following specialties: family medicine, general internal medicine, general pediatrics, geriatrics, or obstetrics/gynecology. OB/GYN practitioners must provide prenatal care and obstetric services. Practitioners who practice only gynecology are not eligible for participate in the LRP.
- b) Completed an approved residency program in a primary care specialty defined in Paragraph A.1.c.1)i.a (above).
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

ii. Physician Assistants (PA-Cs)

- a) Practicing primary care in one of the following specialties: adult, family, pediatrics, geriatrics, or women's health. Women's Health practitioners must provide prenatal care and obstetric services. Practitioners who practice only gynecology are not eligible to participate in the LRP.
- b) Has a degree or certificate from an accredited physician assistant education program.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

iii. Certified Registered Nurse Practitioners (CRNPs)

- a) Practicing primary care in one of the following specialties: adult, family, pediatrics, geriatrics, or women's health. Women's Health practitioners must provide prenatal care and obstetric services. Practitioners who practice only

gynecology are not eligible to participate in the LRP.

- b) Has a degree or certificate from an accredited nursing school.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

iv. Certified Nurse-Midwives (CNMs)

- a) Practicing primary care in obstetrics/gynecology. OB/GYN practitioners must provide prenatal care and obstetric services. Practitioners who practice only gynecology are not eligible to participate in the LRP.
- b) Has a degree or certificate from an accredited nursing school.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

2) Primary Dental Care

i. General Dentists

- a) Practicing dentistry in general dentistry or pediatric dentistry.
- b) Has a DDS or DMD degree from an accredited program.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

ii. Registered Dental Hygienists (RDHs)

- a) Has a degree or certification from an accredited dental hygiene training program.
- b) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

3) Primary Behavioral and Mental Health Care

i. Allopathic (MD) or Osteopathic (DO) Physicians

- a) Board certified or board eligible and practicing psychiatry.

- b) Completed an approved residency or fellowship program in psychiatry.
 - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.
- ii. Physician Assistants (PA-Cs)
- a) Practicing in mental health or psychiatry.
 - b) Has a degree or certificate from an accredited physician assistant education program.
 - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.
- iii. Certified Registered Nurse Practitioners (CRNPs)
- a) Practicing in mental health or psychiatry.
 - b) Has a degree or certificate from an accredited nursing school.
 - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.
- iv. Psychologists
- a) Practicing in mental or behavioral health.
 - b) Has a doctoral degree (Ph. D. or equivalent) from an accredited program for applicable discipline.
 - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.
- v. Licensed Clinical Social Workers (LCSWs)
- a) Practicing in mental or behavioral health.
 - b) Has a master's degree or doctoral degree in social work from an accredited program for applicable discipline.

- c) Possess a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.
- vi. Licensed Professional Counselors (LPCs)
- a) Practicing in mental or behavioral health.
 - b) Has a master's degree or higher with a major study in counseling from an accredited program for applicable discipline.
 - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.
- vii. Marriage and Family Therapists (MFTs)
- a) Practicing in mental or behavioral health.
 - b) Has a master's or doctoral degree from an accredited program for applicable discipline.
 - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.

Additional information about how to apply, evaluation of applications, and grant awards is set forth in Section B.

This RFA provides interested persons with instructions for submitting applications to the Department. Questions about this RFA or submitting an application can be directed to the Loan Repayment Program Administrator by e-mail at loanrepayment@pa.gov no later than Dec. 12, 2017. Answers to all questions will be posted at: [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8). Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania practitioners are required to enroll in the SAP system. Applicants may enroll at www.vendorregistration.state.pa.us/ or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

2. Availability of Funds

LRP Participation Grant Agreements (Agreements) will be awarded based on the availability of funding. All Agreements will include a commitment of service at an LRP-approved practice site for a period of two years.

Maximum Grant awards for loan repayment for eligible **full-time** practitioners are as follows:

Physician	\$100,000
Dentist	\$100,000
Physician Assistant	\$60,000
Certified Registered Nurse Practitioner	\$60,000
Certified Nurse-Midwife	\$60,000
Registered Dental Hygienist	\$60,000
Psychologist	\$60,000
Licensed Clinical Social Worker	\$60,000
Licensed Professional Counselor	\$60,000
Marriage and Family Therapist	\$60,000

Maximum grant awards for loan repayment for eligible **half-time** practitioners are as follows:

Physician	\$50,000
Dentist	\$50,000
Physician Assistant	\$30,000
Certified Registered Nurse Practitioner	\$30,000
Certified Nurse-Midwife	\$30,000
Registered Dental Hygienist	\$30,000
Psychologist	\$30,000
Licensed Clinical Social Worker	\$30,000
Licensed Professional Counselor	\$30,000

Marriage and Family Therapist

\$30,000

The amount that the Department agrees to grant for loan repayment will not exceed the total student indebtedness for each individual practitioner. For each year of the Agreement the practitioner will receive 50% of the total award indicated in the Agreement.

a. Grant Payments

Grant funds will be distributed once each state fiscal year. The LRP will send approved grant payments directly to the practitioner no later than June 30 of each year of the Agreement.

The practitioner MUST provide verification that all grant payments received through this program were paid against the outstanding balances of the qualifying educational loans that were approved as part of the Agreement. A verification document must be provided to the LRP within 90 calendar days of receipt of the LRP funds and clearly show that the entire award was applied to the approved loans. The verification document must be an official document or webpage that includes the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the Agreement period. Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.

Failure to provide a verification document within 90 calendar days of receipt of LRP funds may result in a breach of the Agreement with penalties imposed on the practitioner as described in Paragraph B.3.b., the Breach of Contract/Default, below.

b. Taxability

- 1) Federal Taxability - Effective with loan repayments received in taxable years beginning after December 31, 2008, the Patient Protection and Affordable Care Act (PL 111-148), Section 10908, excludes assistance provided to participants in state student loan repayment programs for certain health professionals. Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows: "In the case of an individual, gross income shall not include any amount received under section 338(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."
- 2) State Taxability – Student loan repayments or the forgiveness of student loan debt received as an inducement to enter or as a result of employment in a certain

profession or field are considered taxable compensation for Pennsylvania personal income tax purposes according to the Pennsylvania Department of Revenue. Program participants should seek the advice of a qualified tax counselor regarding this matter.

3. Qualification Factors

Applicants who have a history of not honoring prior legal obligations to the NHSC or LRP will not be selected.

a. Qualifying Loans

An approved LRP practitioner will receive grant funding to be applied to the principal, interest, and related expenses of outstanding Government (Federal, state, or local) and commercial loans for undergraduate or graduate education obtained by the practitioner for school tuition, other reasonable educational expenses, and reasonable living expenses. The educational loans must be obtained prior to the date of application to the LRP and must be applicable to the health professions degree attained for qualification for the LRP. The LRP does not provide repayment for educational loans to be utilized in the pursuit of current or future education.

Consolidated or refinanced loans will only be considered for repayment if *each original* loan in the consolidation or refinance would have been considered a qualifying educational loan to the applicant at the time each original loan was granted (and can be documented as such) and the consolidated or refinanced loan is from a government (Federal, state, or local) or private student lender. An educational loan that would have been considered an LRP qualifying loan that has been consolidated or refinanced with an ineligible (non-qualifying) debt of the applicant will not be considered for loan repayment. Qualifying educational loans consolidated with loans owned by any other person, such as a spouse or parent, are ineligible for repayment.

1) Non-Qualifying Educational Expenses

Examples of **non-qualifying** educational expenses include:

- i. Eligible education loans owned wholly or in part by any person other than the applicant.
- ii. Loans for which the applicant incurred a service obligation which has not been fulfilled.

- iii. Financial damages or loans obtained to repay damages incurred as a result of a breach of contract with any Federal, state, or local agency or any commercial lending institution.
- iv. Loans for which the associated documentation does not identify the loan as applicable to undergraduate or graduate education.
- v. Loans not obtained from a government or commercial lending institution.
- vi. Loans that have been repaid in full.
- vii. Personal lines of credit.
- viii. Credit card debt.

The Department will be the final authority in determining qualifying educational loans.

2) Documentation and Verification of Loans

Applicants will be required to provide the following documentation for each loan that is being submitted for consideration. It is permissible to submit multiple documents, if necessary, to provide all the required information. Please note that the online application system allows only two documents to be uploaded for each loan. If multiple documents are required, they must be attached as a single document in pdf format.

- i. Account Statement – This document is used to provide current information on qualifying educational loans. Often borrowers receive monthly statements indicating the status of loan balances. This document must:
 - a) Be on official letterhead or other clear verification that it comes from the lender/holder
 - b) Include the name of the borrower
 - c) Contain the account number
 - d) Include the date of the statement (cannot be more than 30 calendar days from the date of LRP application submission)
 - e) Include the current outstanding balance or the current payoff balance

- f) Include the current interest rate
- ii. Disbursement Report – This report is used to verify the originating loan information and must:
 - a) Be on official letterhead or other clear verification that it comes from the lender/holder
 - b) Include the name of the borrower
 - c) Contain the account number
 - d) Include the type of loan
 - e) Include the original loan date
 - f) Include the original loan amount
 - g) Include the purpose of the loan

For applicants with Federal loans, a National Student Loan Data System (NSLDS) Aid Summary Report may be uploaded and will satisfy the requirement for the Disbursement Report.

b. Practice Site Information

In order to qualify for the LRP, the applicant must have been continuously employed (full-time or half-time) since July 1, 2017, at a practice site which must be approved by the Department. Employment at multiple practice sites will be considered as long as all practice sites belong to the same parent organization and all are LRP-approved. LRP-approved practice sites will be required to verify employment status prior to an application being selected for an LRP award. To become approved for participation in the LRP, practice sites must be healthcare facilities that provide outpatient primary and preventive medical, dental, or behavioral and mental health services to (1) populations residing in HPSAs or (2) that serve a minimum of 30% low-income patients. (For the purposes of this RFA, low-income patients are defined as patients who are uninsured or underinsured and receive services at no charge or utilizing a sliding/discounted fee schedule for patients whose income is at or below 200% of the Federal Poverty Level. Medicaid patients are also counted as low-income patients.)

Examples of community-based healthcare centers include:

- 1) Federally Qualified Health Centers (FQHCs)
- 2) FQHC Look-Alikes
- 3) Certified Rural Health Clinics (RHCs)
- 4) Public Health Departments
- 5) Hospital-Affiliated Outpatient Primary Care Practices
- 6) Community-Based Primary Behavioral Health Facilities
- 7) General Dental Clinics
- 8) Group or Solo Private Practices
- 9) State Correctional Institutions (with facility HPSA designation)
- 10) Free Clinics

The following are not eligible, even if they are located in a HPSA: Federal, county and local prisons; inpatient hospitals; other inpatient facilities; home-based health care settings; specialty clinics; and clinics that limit care to veterans and active duty military personnel. Also, behavioral and mental health sites that **do not** provide primary care or comprehensive behavioral health services (such as , but not limited to, sites that only provide crisis intervention, addiction treatment, or substance abuse treatment) are not eligible for the LRP.

LRP practitioners may be either employees or independent contractors of the practice site. Contract negotiations are solely the responsibility of the practitioner and are between the practitioner and the practice site. The LRP Agreement is separate and independent from a practitioner's contract with the practice site.

Practitioner applications cannot be submitted until the practice site at which the practitioner is working is LRP-approved and is available in the drop down menu within the practitioner application system. For practitioners working at multiple practice sites, each practice site must be LRP-approved. Practitioners should verify with their practice site director or administrator that their practice site has been LRP-approved for loan repayment prior to beginning a practitioner application. Practice site applications must be submitted by the practice site director or administrator and

can be found at [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8).

A list of LRP-approved practice sites current as of the date of this RFA is available at: [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8). Practice sites approved subsequent to the publishing of this RFA will appear in the drop down menu within the Practitioner Application.

Selecting a practice site where you are not providing clinical services will disqualify your application.

B. Application Procedures

1. General

An online application for the Pennsylvania Primary Care Loan Repayment Grant Program can be found at: [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8).

Practitioner Applications will be accepted from Jan. 19, 2018, through Feb. 21, 2018. For Applications to be considered, a complete online application must be submitted by 11:59 pm on Feb. 21, 2018.

Applications must be received by the Department by the time and date stated in the cover letter.

If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the Department of Health website [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8).

The decision of the Department with regard to selection of applicants is final. The Department reserves the right to negotiate separately with competing applicants and the right to reject any and all applications received in response to this RFA.

2. Evaluation of Applications

All applications meeting stated requirements in this RFA and received by the designated date

and time will be reviewed by the Department.

A limited number of Agreements will be awarded. The LRP is expected to be competitive. In order to determine which applicants are funded, consideration will first be given to community need as determined by such factors as the type of practice site, HPSA designation, and service to low-income and underserved populations. Priority will then be given to applicants who:

- a. Are legal residents of Pennsylvania at the time of application;
- b. Are graduates of Pennsylvania institutes of education for high school, undergraduate, post graduate and residency programs;
- c. Have attained their health professional license within the past 10 years; and
- d. Have a connection to the community where they are practicing.

The LRP will award funding based on the criteria identified above to the extent that funding is available. Awards will be made as follows, except that the Department may reallocate funds among the categories if sufficient qualified applications in each category are not received:

Primary care medical practitioners	50% of available funding
Dental practitioners	25% of available funding
Behavioral and mental health practitioners	25% of available funding

3. Awards

All applicants will receive official written notification of the status of their application from the Department.

When an applicant is approved for an award, a Grant Agreement will be prepared for signature by the practitioner and the Commonwealth. All Grant Agreements will be administered through the Department.

- a. Suspension, Waiver, or Cancellation

The LRP expects that a practitioner will fulfill his or her obligation at the LRP-approved practice site identified in the Agreement. If a practitioner feels that he or she can no

longer continue working at the LRP-approved practice site, the practitioner should discuss the situation with the LRP Administrator as soon as concerns arise. If the practitioner leaves his or her LRP-approved practice site without prior written approval of the Department, he or she may be placed in default.

Practitioners asked by their employer to work at a practice site that is not listed in the Agreement shall immediately notify the LRP Administrator. Site Applications for additional community-based primary care medical or dental health centers must be completed and pre-approved by the Department prior to any changes in, or additions to, employment locations.

Practitioners who become unemployed or are informed of a termination date must contact the LRP Administrator immediately. The Department can provide assistance to help unemployed practitioners identify a position at an alternate LRP-approved practice site, so long as the unemployment is not the result of termination for cause.

Practitioners who voluntarily resign from their LRP-approved practice sites without prior approval from the Department or are terminated by their employer for cause will be placed in default and become liable for damages as described in the Breach of Contract/Default section below.

While the LRP will work with practitioners to assist them in avoiding default and fulfilling the service commitment, failure to fulfill the service commitment, regardless of the reason, is a breach of the LRP obligation.

1) Suspension

A suspension of the LRP service commitment may be granted if compliance with the commitment by the practitioner is temporarily impossible or would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the practitioner's LRP service commitment end date. Reasons for suspension are:

- i. Leave of Absence for Medical or Personal Reasons
- ii. Maternity/Paternity/Adoption Leave for up to 12 weeks
- iii. Call to Active Duty in the Armed Forces

2) Waiver

A waiver permanently relieves the practitioner of all or part of the LRP service commitment. A waiver may be granted only if the practitioner demonstrates that compliance with the LRP service commitment is permanently impossible or would involve an extreme hardship such that enforcement of the LRP service commitment would be unconscionable. A waiver request must be submitted in writing and include the reasons the waiver is being sought. The practitioner may be required to submit additional documentation necessary to complete the waiver request. Waivers are not routinely granted and require a showing of compelling circumstances.

3) Cancellation

If a practitioner were to die before completing the LRP service commitment, the obligation will be cancelled in its entirety.

4) Withdrawal

An applicant may request the withdrawal of his or her application at any time before an Agreement is fully executed by the Commonwealth. After the contract is considered fully executed, failure to begin or complete the service obligation will be considered a breach of the Agreement and the practitioner will be liable for default penalties.

b. Breach of Contract/Default

Any practitioner who fails to complete his or her term of obligated service under the terms and conditions of the Agreement will be considered to have breached the Agreement and is liable for breach of Agreement penalties.

Practitioners who falsify or misrepresent information on the Application or Verification Forms or other required documents will be disqualified from participating, or, if placement has already occurred, be considered to have breached the Agreement.

If the practitioner's employment is terminated for good cause, as determined by the employer and confirmed by the Department, the practitioner is automatically considered to have breached the Agreement. If the practitioner's employment is terminated for reasons beyond the practitioner's control (for example, closure of the site), the practitioner's LRP service commitment will be temporarily suspended. The LRP will provide assistance in seeking employment at another approved LRP-approved practice site. The LRP will be the final determiner as to whether a suspended practitioner is considered to have breached the Agreement or whether the remainder of their LRP

service commitment will be waived.

An LRP practitioner who breaches the LRP Agreement will be required to repay the amount of loan repayment grant assistance received. Therefore, any practitioner placed in breach status shall be liable to repay the total amount of loan repayment grant assistance received under this program. This amount shall be repaid within three months of the date of breach of the Agreement. Failure to pay the debt may result in the debt being reported as delinquent to credit reporting agencies.

Any practitioner who has breached an Agreement will not be eligible to apply for the LRP at any time in the future.

If any person who has received funds and has been declared in breach of contract under this program at any time becomes an employee of the Commonwealth, he or she shall be deemed to have agreed, as a condition of employment, to voluntary or involuntary withholding of his or her wages to repay the default damages.

4. Verification of Service

Monitoring of the service by practitioners shall be conducted on an ongoing basis by the LRP. Service Verification Forms will be sent out by the LRP in accordance with the practitioner's payment schedule and must be returned to the Department, countersigned by the practice site director, certifying continuous service by the practitioner. Scheduled Grant payments for loan repayment will not be released until completed Service Verification Forms are received by the Department.

The practitioner is required to maintain practice records in such form and containing such information that the Department may readily determine if the individual has complied with or is complying with the terms and conditions of the Agreement. The Department reserves the right to conduct a regular survey to assure that all practitioners (and their practice sites) are maintaining practices which accept Medicaid, Medicare and Children's Health Insurance Program (CHIP) assignment, fully implement a discounted/sliding fee schedule with discounts for patients whose income is at or less than 200% of the Federal Poverty Level, and do not discriminate based upon ability to pay.

C. Application Instructions

An online application for the Pennsylvania Primary Care Loan Repayment Grant Program can be found at: [//www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8](http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Wfs3YqPD9D8).

1. Create User Account

- a. To connect to the LRP portal, select the link to the LRP Application (On-line) from the Loan Repayment Program main webpage.
- b. Create a user account in the LRP portal by selecting “Request Account” on the main logon page.

The screenshot shows the logon interface for the Pennsylvania Primary Care Loan Repayment Program. At the top, there is a dark header with the text "pennsylvania PA" on the left and "Pennsylvania Primary Care Loan Repayment Program" in the center. Below the header, on the left side, there is a dark sidebar with a "Logon" link. The main content area contains a logon form with two input fields: "Username:" and "Password:". Below these fields is a "Submit" button. At the bottom of the form, there are two links: "Request Account" and "Reset Password".

- c. Fill in the required information selecting Practitioner Application as the Application Type. Select and note a Username and Password. After clicking on Save, the system returns you to the main logon page. Re-enter your Username and Password and hit Submit.

The screenshot shows the 'Create Account' page for the Pennsylvania Primary Care Loan Repayment Program. The page header includes the Pennsylvania state logo and the program name. A navigation menu on the left contains a 'Logon' link. The main content area is titled 'Create Account' and contains the following fields:


- First Name: [Text Input]
- Last Name: [Text Input]
- Date of Birth: [Calendar Icon] (MM/DD/YYYY) [Text Input]
- Phone: [Text Input]
- Email: [Text Input]
- Application Type: Practitioner Application (Dropdown Menu)
- Question 1: - Select One - (Dropdown Menu)
- Answer 1: [Text Input]
- Question 2: - Select One - (Dropdown Menu)
- Answer 2: [Text Input]
- Question 3: - Select One - (Dropdown Menu)
- Answer 3: [Text Input]
- Username: [Text Input]
- Password: [Text Input]
- Confirm Password: [Text Input]
- [Save Button]

2. Application Instructions

Applicants must complete each of the sections below to be able to submit an online application.

a. Personal Information

This is the section for all of the applicant's contact information, demographics, and employer organization. The organization may or may not be the same as the practice site. If your practice site is one of many within an organization, this field is for the name of the managing umbrella organization. If the organization name is not located in the drop down menu, the organization must submit an online Site Application and receive Department approval of the application before the applicant can continue with the Practitioner Application. For the purpose of this RFA, the Service Commitment is 2 Years. Be sure to indicate your Time Commitment.

pennsylvania 

Pennsylvania Primary Care Loan Repayment Program
 Welcome Primary Care Practitioner Wednesday, October 22, 2014

Personal Information
Educational Information
Professional Information
Certification
Service Obligation

Site Information
Loan Information
Submit Application


First Name
Middle Name
Last Name
Organization Name - Select One -
Gender - Select One -
Address
City
State
Zip Code
Home Phone
Cell Phone
Email
Date of Birth (MM/DD/YYYY)

Are you an American Citizen? Yes No
Hispanic Ethnicity Yes No
What race are you?
 American Indian Or Alaskan Native
 Unknown
 Asian Or Pacific Islander
 White
 Black

Service Commitment 2 Years 3 Years 4 Years
Time Commitment Half-Time Full-Time

b. Educational Information

The name and address of the high school, undergraduate school and the professional school where the applicant attained the education required for licensure in the discipline for which he or she is applying for loan repayment must be provided. When providing dates of education, the day can be estimated as long as the month and year are correct.

pennsylvania 
Pennsylvania Primary Care Loan Repayment Program
Tuesday, August
 Welcome Primary Care Practitioner

[Personal Information](#) | [Educational Information](#) | [Professional Information](#) | [Certification](#) | [Service Obligation](#)
[Site Information](#) | [Loan Information](#) | [Submit Application](#)

- Logoff
- User Maintenance
- Practitioner Application

Professional Education

Name of School* _____

Address _____

City _____

State _____

Zip Code _____

Beginning Date of Education _____ (MM/DD/YYYY)

Graduation date _____ (MM/DD/YYYY)

Degree _____

Major _____

* School attended where education required for licensure in eligible discipline was obtained.

Undergraduate Education

Name of School _____

Address _____

City _____

State _____

Zip Code _____

Graduation date _____ (MM/DD/YYYY)

Degree _____

Major _____

High School Education

Name of School _____

Address _____

City _____

State _____

Zip Code _____

Graduation date _____ (MM/DD/YYYY)

c. Professional Information

This section applies to the licensing required for the discipline and specialty for which the applicant is applying for loan repayment. Residency Program information must be provided if applicable. Fill in the box with the number of hours you normally are scheduled to provide direct out-patient primary care in a workweek.

Pennsylvania Primary Care Loan Repayment Program

Welcome J Holbert

Thursday, July 21, 2016

- Personal Information
- Educational Information
- Professional Information
- Certification
- Service Obligation
- Site Information
- Loan Information
- Submit Application

- Select Discipline:
- Physician
 - General Dentist
 - Certified Registered Nurse Practitioner
 - Physician Assistant
 - Certified Nurse-Midwife
 - Registered Dental Hygienist
 - Psychologist
 - Licensed Clinical Social Worker
 - Licensed Professional Counselor
 - Marriage and Family Therapist

- Select Specialty:
- Adult
 - Family Medicine
 - Pediatrics
 - Geriatrics
 - Psychiatry
 - Mental Health
 - Women's Health

License Number:

Residency Program (if applicable)

Name Completion Date (MM/DD/YYYY)

Address City

State Zip Code

Will you be providing prenatal care? Yes No

How many hours do you spend providing direct out-patient primary medical, dental, or behavioral health care during normally scheduled work hours?

d. Certification

The applicant is to complete this section if he or she is Board Certified.

<p>pennsylvania PA</p> <p>Welcome Primary Care Practitioner</p> <p>Friday, August 12, 2011 10:58 AM</p> <ul style="list-style-type: none"> • Logoff • User Maintenance • Practitioner Application 	<h2>Pennsylvania Primary Care Loan Repayment Program</h2>				
	Personal Information	Educational Information	Professional Information	Certification	Service Obligation
	Site Information	Loan Information	Submit Application		
	<p>Date of Certification <input type="text"/> (MM/DD/YYYY)</p> <p>Name of Board <input type="text"/></p> <p>Sub-Specialty Board <input type="text"/></p> <p style="text-align: center;"> <input type="button" value="Back"/> <input type="button" value="Save and Continue"/> </p>				

e. Service Obligation

The applicant must complete this section if he or she has or had any other service obligation. Loan repayment is not available for practitioners who currently have other service obligations.

If you have, had, or anticipate having any other contractual service obligation for the payment of educational loans you must declare this to the Pennsylvania primary Care Loan Repayment Program (LRP). The LRP is not available for practitioners who currently have other contractual service obligations though there are specific exceptions. Based on the information provided below, an LRP representative may contact you for additional information regarding your service obligation to determine your eligibility for this program.

Do you NOW have a contractual service obligation with any other entity?

Yes No

Anticipated Completion date (MM/DD/YYYY)

Have you successfully completed a contractual service obligation with any other entity?

Yes No

Completion Date (MM/DD/YYYY)

If you answered yes to either question, with which entity is or was the obligation with?

- National Health Service Corps Loan Repayment Program
- National Health Service Corps Scholarship Program
- NURSE Corps Loan Repayment Program
- Employer-Provided Sign-On Bonus
- Employer-Provided Moving Expenses
- Active Military
- National Guard
- Reserved Military
- Private Foundation
Specify Foundation
- Employer-Provided Educational Loan
- NURSE Corps Scholarship Program
- State Loan Repayment Program
Specify State
- Other
Specify

Provide any additional information you would like to be considered.

Back

Save and Continue

f. Site Information

This section pertains to the actual site where the applicant will be practicing primary care. Only LRP-approved practice sites will appear in the drop down menu. If your practice site is not available, contact the LRP Administrator, Monday through Friday, 8:30 am – 5:00 pm, exclusive of state holidays. When selected, the practice site information will prepopulate. Fill in the number of hours you will be working at this site and the date you started employment at this site. Applicants can add up to four practice sites. The number of hours spread across all sites must equal the required number of hours for the service commitment option chosen (full-time or half-time).

Pennsylvania Primary Care Loan Repayment Program
Welcome J Holbert Thursday, July 21, 2016

Personal Information | Educational Information | Professional Information | Certification | Service Obligation

Site Information | Loan Information | Submit Application

Practice Site - 1 :

Select Site Name	- Select One -	Hours Worked Per Week	
Organization Name		Site Address	
Approved till		City	
Started at sight on	(MM/DD/YYYY)	HPSA ID	
HPSA Name			

g. Loan Information

This section pertains to each qualifying educational loan for which the applicant is seeking repayment. List all current loans with a balance that you wish to be considered for repayment here. If the loan is a consolidated loan, all original loan information must be included in the Disbursement Report. All loans submitted require verification. For each current loan listed, be sure to scroll to the right to attach an Account Statement and Disbursement Report.

Information for at least one qualifying loan must be provided. Please note there is a short time-out window on the application which also applies to the time spent uploading

documentation. It is recommended that you enter one loan at a time and save after each entry. Additional loan information can be added by returning to the Loan Information tab and clicking on the Edit button at the bottom of the page.

There is a size limit on the uploaded documentation within the LRP application. Account statements and disbursement reports verifying multiple loans with the same lender and having the same account number **do not** need to be listed individually on the application.

Pennsylvania Primary Care Loan Repayment Program

Welcome J Holbert Thursday, July 21, 2016

Personal Information |
 Educational Information |
 Professional Information |
 Certification |
 Service Obligation

Site Information |
 Loan Information |
 Submit Application

List all educational loans with remaining balances that you would like to be considered for loan repayment. List only those loans incurred to finance your undergraduate or graduate education and training that led to the professional license necessary for the discipline through which you are applying and will fulfill your PA LRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated or refinanced loan is eligible for loan repayment and must not be included below. An Account Statement and Disbursement Report for each loan must be attached to the application.

Loan #	Account #	Academic Period		Loan program Name	Lender	Lender Address
		From	To			
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Back
Save and Continue

Pennsylvania Primary Care Loan Repayment Program

Welcome J Holbert

Thursday, July 21, 2016

- Personal Information
- Educational Information
- Professional Information
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- Loan Information
- Submit Application

List all educational loans with remaining balances that you would like to be considered for loan repayment. List only those loans incurred to finance your undergraduate or graduate education and training that led to the professional license necessary for the discipline through which you are applying and will fulfill your PA LRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated or refinanced loan is eligible for loan repayment and must not be included below. An Account Statement and Disbursement Report for each loan must be attached to the application.


Upload Loan Documentation				
	Lender PAYMENT Address	Balance	Account Statement	Disbursement Report
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
□	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>

Back

Save and Continue

h. Submit Application

In this section, the applicant must upload his or her resume or curriculum vitae (CV) and include a statement of personal commitment. Successful submission will result in an "Application Submitted Successfully" message. It is recommended that a copy of the Practitioner Application be downloaded by the applicant and saved for future reference.

pennsylvania 

Friday, August 08, 2014
 Welcome Primary Care Practitioner

Pennsylvania Primary Care Loan Repayment Program

Personal Information | Educational Information | Professional Information | Certification | Service Obligation |

Site Information | Loan Information | **Submit Application**

• Logoff
 • User Maintenance
 • Practitioner Application

Upload Curriculum vitae or Resume

Statement of Personal Commitment

Describe your education and practice experience which you believe qualifies you to participate in the Loan Repayment Program below. This statement should include the following:

- Your training and experience in providing services to underserved populations.
- Practice experience in shortage areas.
- Personal origins or other factors which describe your commitment to practice in a shortage area.
- Service awards received during your education or practice.
- Pre-professional experiences which caused you to decide to practice in a shortage area.

Signature Agreement

By typing my name in the indicated fields, I hereby certify that all of the information submitted in this entry is true, accurate and complete. I understand that transactions and/or signatures in record may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement. I further understand that false statements made knowingly and willfully are punishable by fine and/or imprisonment under the provisions of 16 U.S.C. § 1857 and U.S.C. § 1001

I have read and understand the statement above

Signature:

Pennsylvania Primary Care Loan Repayment Program

Welcome J Holbert Thursday, July 21, 2016

Application Submitted Successfully

Once "submitted", practitioners will not be able to edit information in their applications.

PROGRAM SPECIFIC PROVISIONS**I. CANCELLATION OF AGREEMENT**

Should the Grantee die or become totally or permanently disabled during the term of this Agreement, the Grantee's service commitment identified in Appendix A, Attachment 1 will be cancelled in its entirety by the Department with a corresponding cancellation of loan repayment assistance beginning with the next payment period immediately following the payment period during which the Grantee dies or becomes totally or permanently disabled.

II. SUSPENSION OF SERVICE COMMITMENT

A. A suspension of the Grantee's service commitment may be approved for the following reasons:

1. Leave of absence for serious medical or personal reasons.
2. Maternity, paternity or adoption leave for up to twelve weeks.
3. Call to active duty in the armed forces.

The Grantee shall submit a written request to the Department for prior written approval of suspension of the service commitment for the reasons stated above.

B. Approval of a request for suspension will be through a written notice signed by the Department which will contain an extension of the Grantee's service commitment end date identified in Appendix A, Attachment 1 by the time period of the approved suspension.

C. The Department's decision on the request for a suspension will be final.

III. BREACH OF AGREEMENT

A. Should the Grantee be convicted of or plead guilty or no contest to a felony or misdemeanor or if the appropriate licensing board has determined that the Grantee has committed an act of gross negligence in the performance of the Grantee's service commitment or Grantee's license to practice has been suspended or revoked, the Department will consider the Grantee to be in breach of this Agreement and will have the authority to terminate the Grantee's service commitment and demand repayment of assistance rendered to date. The Grantee shall make such repayment within three months of the date of termination of this Agreement.

B. Should the Grantee fail to begin or complete the service commitment identified in Appendix A, Attachment 1 including any approved extension of that service commitment, the Grantee shall be considered to be in breach of this Agreement and shall repay to the Department the amount of grant assistance received within three months from the date of breach of this Agreement as determined by the Department.

C. Should employment be terminated by the practice site(s) identified in Appendix A, Attachment 1, the Department will determine if a breach of this Agreement has occurred. If a breach is determined, the Grantee may be required to repay the Department the amount of grant assistance received within three months of the date of such determination by the Department.

- D. Should the Grantee falsify or misrepresent information supplied on the application or service verification forms, the Grantee shall be considered to be in breach of this Agreement and may be required to repay the DOH the amount of grant assistance received within three months from the date of the breach as determined by the Department.
- E. Should the Grantee fail to provide documentation that the full amount of grant payments received were applied to outstanding balances or fail to return funds paid in excess of the balances on the loan(s) identified in Appendix A, Attachment 1, the Grantee shall be considered in breach of this Agreement and may be required to repay the Department the amount of grant assistance received within three months from the date of the breach as determined by the Department.

IV. WAIVER OF AGREEMENT

- A. A waiver permanently relieves the Grantee of all or part of the service commitment identified in Appendix A, Attachment 1. A waiver may be granted only when the Grantee demonstrates that compliance with this Agreement is permanently impossible or would involve an extreme hardship.
- B. The Grantee shall submit a request for a waiver in writing and include justification with sufficient detail for the Department to determine the compelling nature of the request.
- C. The Department's decision on the request for a waiver is final.

V. NONDISCRIMINATION/SEXUAL HARASSMENT CLAUSE.

The following language replaces Paragraph 35 of the Standard General Terms and Conditions (Rev. 3/15) in its entirety:

The Grantee agrees:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Grant Agreement or any subgrant Agreement, Contract, or subcontract, the Grantee, a subgrantee, a Contractor, a subcontractor, or any person acting on behalf of the Grantee shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the *Pennsylvania Human Relations Act* (PHRA) and applicable Federal laws, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- B. The Grantee, any subgrantee, Contractor or any subcontractor or any person on their behalf shall not in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against or intimidate any of its employees.
- C. The Grantee, any subgrantee, Contractor or any subcontractor shall establish and maintain a written nondiscrimination and sexual harassment policy and shall inform their employees of the policy. The policy must contain a provision that sexual harassment will not be tolerated and employees who practice it will be disciplined. Posting this Nondiscrimination/Sexual Harassment Clause conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the Grant services are performed shall satisfy this requirement for employees with an established work site.
- D. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable Federal laws, against any subgrantee,

Contractor, subcontractor or supplier who is qualified to perform the work to which the Grant relates.

- E. The Grantee and each subgrantee, Contractor and subcontractor represents that it is presently in compliance with and will maintain compliance with all applicable Federal, state, and local laws and regulations relating to nondiscrimination and sexual harassment. The Grantee and each subgrantee, Contractor and subcontractor further represents that it has filed a Standard Form 100 Employer Information Report ("EEO-1") with the U.S. Equal Employment Opportunity Commission ("EEOC") and shall file an annual EEO-1 report with the EEOC as required for employers' subject to *Title VII* of the *Civil Rights Act of 1964*, as amended, that have 100 or more employees and employers that have Federal government Contracts of first-tier subcontracts and have 50 or more employees. The Grantee, any subgrantee, any Contractor or any subcontractor shall, upon request and within the time periods requested by the Commonwealth, furnish all necessary employment documents and records, including EEO-1 reports, and permit access to their books, records, and accounts by the granting agency and the Bureau of Diversity, Inclusion and Small Business Opportunities for purpose of ascertaining compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.
- F. The Grantee, any subgrantee, Contractor or any subcontractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subgrant Agreement, Contract or subcontract so that those provisions applicable to subgrantees, Contractors or subcontractors will be binding upon each subgrantee, Contractor or subcontractor.
- G. The Grantor's and each subgrantee's, Contractor's and subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Grant Agreement through the termination date thereof. Accordingly, the Grantee and each subgrantee, Contractor and subcontractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Grant Agreement, it becomes aware of any actions or occurrences that would result in violation of these provisions.
- H. The Commonwealth may cancel or terminate the Grant Agreement and all money due or to become due under the Grant Agreement may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place the Grantee, subgrantee, Contractor, or subcontractor in the Contractor Responsibility File.

VI. ADDITIONAL PROVISIONS RELATING TO NONDISCRIMINATION/SEXUAL HARASSMENT.

The following language replaces Paragraph 36 of the Standard General Terms and Conditions (Rev. 3/15) in its entirety:

- A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the Contract or any subcontract, the Contractor each subcontractor, or any person acting on behalf of the Contractor or subcontractor shall not, by reason of religion, age, gender, sexual orientation, gender identity or expression, handicap or national origin discriminate against any citizen of this commonwealth who is qualified and available to perform the work to which the employment relates.
- B. Neither the Contractor nor any subcontractor or any person on their behalf shall in any manner discriminate against or intimidate any of its employees on account of religion, age, gender, sexual orientation, gender identity or expression, handicap or national origin.
- C. The Grantee, any subgrantee, Contractor or any subcontractor shall not discriminate by reason of religion, age, gender, sexual orientation, gender identity or expression,

handicap or national origin against any subgrantee, contractor, subcontractor or supplier who is qualified to perform the work to which the contracts relates.

- D.** The Contractor and any subcontractors shall ensure that any services or benefits available to the public or other third parties by way of this Contract shall not be denied or restricted for such persons due to race, creed, color, religion, gender, sexual orientation, gender identity or expression, age, handicap, or national origin (national origin protections include persons who are limited English proficient) consistent with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act and The Age Discrimination Act of 1975 as well as applicable provisions of the Omnibus Reconciliation Act of 1981.
- E.** The Contractor and each subcontractor shall furnish all necessary employment documents and records to and permit access to its books, records, and accounts by the contracting officer and the Department of General Services' Bureau of Diversity, Inclusion and Small Business Opportunities for purposes of investigation to ascertain compliance with the provisions of this Additional Provisions relating to Nondiscrimination/Sexual Harassment Clause. If the Contractor or any subcontractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the contracting officer or the Bureau of Diversity, Inclusion and Small Business Opportunities.