

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Maternal and Child Health Bureau

Division of Child, Adolescent and Family Health

Emergency Medical Services for Children State Partnership

Funding Opportunity Number: HRSA-23-063

Funding Opportunity Type(s): Competing Continuation, New

Assistance Listings Number: 93.127

Application Due Date: November 7, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: August 9, 2022

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 300w-9 (Title XIX, § 1910 of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Emergency Medical Services for Children State Partnership Program. The purpose of this program is to support demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. This program will achieve these goals by expanding the uptake of Pediatric Readiness Guidelines in Emergency Departments; developing Pediatric Readiness in Emergency Medical Services Systems; increasing pediatric disaster readiness by supporting the integration of pediatrics in hospital and prehospital disaster plans; and prioritizing family partnership and leadership to improve EMSC systems of care. Consistent with these goals, this program aims to attain equitable access to pediatric emergency care and everyday readiness for all children across the nation, especially for those children living in racial/ethnic minority, tribal, and rural communities.

Funding Opportunity Title:	Emergency Medical Services for Children State Partnership Program
Funding Opportunity Number:	HRSA-23-063
Due Date for Applications:	November 7, 2022
Anticipated FY 2023 Total Available Funding:	\$12,095,000
Estimated Number and Type of Award(s):	Up to 59 grants
For multi-year awards Estimated Annual Award Amount:	Up to \$205,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2023 through March 31, 2027 (4 years)
Eligible Applicants:	State governments and accredited schools of medicine in States. See

	Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in [HRSA's SF-424 Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, August 31, 2022
4 – 5 p.m. ET

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#) (Ctrl key plus link)

Or join by entering a meeting ID

Meeting ID: 210 643 930 215
Passcode: mXfa35

Or call in (audio only)

[+1 240-800-7959, 363267923#](#) United States, Bethesda

Phone Conference ID: 363 267 923#

HRSA will record the webinar and make it available at:
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Emergency Medical Services for Children (EMSC) State Partnership (SP) Program. The purpose of this program is to support demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. This program will achieve these goals by expanding the uptake of Pediatric Readiness Guidelines in Emergency Departments;¹ developing Pediatric Readiness in Emergency Medical Services Systems;² increasing pediatric disaster readiness by supporting the integration of pediatrics in hospital and prehospital disaster plans; and prioritizing family partnership and leadership to improve EMSC systems of care. Consistent with these goals, this program aims to attain equitable access to pediatric emergency care and everyday readiness for all children across the nation, especially for those children living in racial/ethnic minority, tribal, and rural communities.

GOALS, OBJECTIVES, and PRIORITIES

The EMSC SP Programs must implement specific, measurable, achievable, realistic, time-bound, inclusive, and equitable (SMARTIE) objectives that align with HRSA EMSC national goals, objectives, and priorities, as described in this notice of funding opportunity. For this purpose, these are:

By 2027:

- 1) Expand the uptake of Pediatric Readiness in Emergency Departments by establishing a standardized pediatric readiness recognition program for EDs, designating Pediatric Emergency Care Coordinators (PECC) in EDs, and ensuring hospital EDs weigh and record children's weight in kilograms.

¹ Remick K, Gausche-Hill M, Joseph MM, Brown K, Snow SK, Wright JL; American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Section on Surgery; American College of Emergency Physicians Pediatric Emergency Medicine Committee; Emergency Nurses Association Pediatric Committee. Pediatric Readiness in the Emergency Department. *Pediatrics*. 2018 Nov;142(5):e20182459. doi: 10.1542/peds.2018-2459. Erratum in: *Pediatrics*. 2019 Mar;143(3): PMID: 30389843.

² Moore B, Shah MI, Owusu-Ansah S, Gross T, Brown K, Gausche-Hill M, Remick K, Adelgais K, Lyng J, Rappaport L, Snow S, Wright-Johnson C, Leonard JC; American Academy of Pediatrics, Committee on Pediatric Emergency Medicine and Section on Emergency Medicine EMS Subcommittee; American College of Emergency Physician, Emergency Medical Services Committee; Emergency Nurses Association, Pediatric Committee; National Association of EMS Physicians, Standards and Clinical Practice Committee; National Association of Emergency Medical Technicians, Emergency Pediatric Care Committee; Pediatric Readiness in Emergency Medical Services Systems; Policy Statement; Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children. Pediatric Readiness in Emergency Medical Services Systems. *Ann Emerg Med*. 2020 Jan;75(1):e1-e6. doi: 10.1016/j.annemergmed.2019.09.012. PMID: 31866028

- 2) Improve Pediatric Readiness in EMS Systems by establishing a standardized pediatric readiness recognition program for prehospital EMS agencies; increasing PECCs in prehospital EMS agencies; and increasing the number of prehospital EMS agencies that have a process for pediatric skills-check on the use of pediatric equipment.
- 3) Increase pediatric disaster readiness in hospital EDs and prehospital EMS agencies by ensuring that disaster plans address the needs of children.
- 4) Prioritize and advance family partnership and leadership in efforts to improve EMSC systems of care by including and engaging family representatives who can speak to the emergency care needs of children in their community on EMSC state advisory committees.

Successful applicants will report on their progress through annual grantee performance reports. Additionally, successful applicants will collaborate and support the EMSC Data Center to collect the performance measure data where the Center is noted as the Data Source in the table below. [For more details, see item number 3 in the Program Requirements and Expectations](#) section of this NOFO.

This national program will monitor its progress toward achieving the four goals through nine defined performance measures included in the table that follows. Column 1 describes the performance measure. Column 2 describes where HRSA will gather the data. Column 3 describes the frequency of data collection. Column 4 describes the current status of the performance measure. Column 5 describes the national targets established for this program.

Guidance to Understand the Table:

As an example, using the first performance measure, which reads: States/jurisdictions have a standardized pediatric readiness recognition program for EDs. Successful applicants will report annually by completing a performance report in the HRSA EHB as to whether they have a standardized pediatric readiness recognition program for EDs. As of the last reporting period, which is the baseline data, 29% (n=17/58) of the States/jurisdictions had a standardized pediatric readiness recognition program for EDs. The national target is to increase the number of states/jurisdictions that have a pediatric readiness recognition program to 59%.

Column 1 National Performance Measure and Program Objective	Column 2 Data Source	Column 3 Frequency of Data Collection	Column 4 Baseline Data	Column 5 Target
States/jurisdictions have a standardized pediatric readiness recognition program for EDs	Grantee Performance Report	Annual	2020 national baseline: 29% (n=17/58)	59%
States/jurisdictions have a standardized pediatric readiness recognition program for prehospital EMS agencies	Grantee Performance Report	Annual	2021 national baseline: 7% (n=4/58)	21%
States/jurisdictions have a family representative on their EMSC state advisory committee who represents the emergency needs of children in their community	Grantee Performance Report	Annual	Maintain 98% (n=57/58)	100%
Prehospital EMS agencies have a designated PECC	EMSC Data Center Survey and National Prehospital Pediatric Readiness Assessment	Annual	2022 national baseline: 36% (n=2934/8234)	50%
Prehospital EMS agencies have a process for pediatric skills-check on the use of pediatric equipment	EMSC Data Center Survey and National Prehospital Pediatric Readiness Assessment	Annual	2022 national baseline: 26% (n=2,145/8,234)	46%
Prehospital EMS agencies have disaster plans that address the needs of children	EMSC Data Center National Prehospital Pediatric Readiness Assessment	2024 (national survey every 5 years)	Baseline: 0% (developmental)	75%
Hospital EDs have a designated PECC	EMSC Data Center National Pediatric Readiness Assessment	2026 (national survey every 5 years)	2021 national baseline: 46% (n=1,666/3645)	75%
Hospital EDs weigh and record children's weight in kilograms	EMSC Data Center National Pediatric Readiness Assessment	2026 (national survey every 5 years)	2021 national baseline: 74% (n=2713/3645)	84%
Hospital EDs have disaster plans that address the needs of children	EMSC Data Center National Pediatric Readiness Assessment	2026 (national survey every 5 years)	2021 national baseline: 47% (n=1724/3639)	75%

2. Background

Authority

The HRSA EMSC Program was established by Congress in 1984 to fund demonstration projects to expand and improve EMS for children who need treatment for trauma or critical care, and is authorized by 42 U.S.C. § 300w-9 (Title XIX, § 1910 of the Public Health Service Act). The HRSA EMSC Program is the only federal program focused specifically on improving the care of pediatric patients across all emergency medical systems. Since its inception, this program has driven federal and professional organizations to improve the management of pediatric patients in hospital EDs and prehospital EMS agencies. The EMSC SP Program is one of five EMSC grant programs administered by the HRSA MCHB.

Thirty million children receive pediatric emergency services each year in the U.S.; 80% of these children are taken to a community hospital ED that primarily serves adults.^{3,4} Critically ill children cared for in EDs with lower pediatric readiness have higher risk for mortality than those cared for in EDs with higher pediatric readiness.⁵ Additionally, many prehospital first responders or EMS practitioners in the U.S. respond to fewer than 100 pediatric calls each year, which makes it challenging for these providers to develop and maintain pediatric care competencies.⁶ Furthermore, the COVID-19 pandemic has underscored disparities in pediatric emergency readiness, resulting in significant physical and mental health disparities particularly impacting children and adolescents living in racial/ethnic minority, tribal, and rural communities.

Health equity⁷ is foundational to the EMSC SP Program, which aims to ensure that all children and adolescents in the U.S., no matter where they live, attend school, or travel, receive appropriate emergency medical care when needed. This is especially important for those children living in medically underserved communities. MCHB's health equity approach relies on bringing together and supporting partnerships which include family representatives, local and state EMS agencies, pediatric and emergency care providers, and state maternal and child health programs. As such, each EMSC SP recipient is expected to facilitate an EMSC Advisory Committee with required core members. It is

³ Tang N, Stein J, Hsia RY, et al. Trends and characteristics of US emergency department visits, 1997–2007. *JAMA*. 2010;304(6):664–70.

⁴ Gausche-Hill M, Ely M, Schmuhl P, et al. A national assessment of pediatric readiness of emergency departments. *JAMA Pediatr* 2015;169:527-534

⁵ [Ames SG, Davis BS, Marin JR, L. Fink EL, Olson LM, Gausche-Hill M, Kahn JM. Emergency Department Pediatric Readiness and Mortality in Critically Ill Children. *Pediatrics*. 2019;144\(3\):e20190568](#)

⁶ Hewes HA, Ely M, Richards R, Shah MI, Busch S, Pilkey D, Hert KD, Olson LM. Ready for Children: Assessing Pediatric Care Coordination and Psychomotor Skills Evaluation in the Prehospital Setting. *Prehosp Emerg Care*. 2019 Jul-Aug;23(4):510-518. doi: 10.1080/10903127.2018.1542472. Epub 2018 Dec 7. PMID: 30380953

⁷ Definition of Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

also strongly encouraged that an MCH Title V representative is included on the EMSC Advisory Committee.

The EMSC SP Program is a national Pediatric Readiness program designed to drive pediatric emergency system improvements across the U.S. The goals of this program are to:

- 1) Expand the uptake of Pediatric Readiness in Emergency Departments by establishing a standardized pediatric readiness recognition program for EDs, designating PECCs in EDs, and ensuring hospital EDs weigh and record children's weight in kilograms.
- 2) Improve Pediatric Readiness in EMS Systems by establishing a standardized pediatric readiness recognition program for prehospital EMS agencies; increasing PECCs in prehospital EMS agencies; and increasing the number of prehospital EMS agencies that have a process for pediatric skills-check on the use of pediatric equipment.
- 3) Increase pediatric disaster readiness in hospital EDs and prehospital EMS agencies by ensuring that disaster plans address the needs of children.
- 4) Prioritize and advance family partnership and leadership in efforts to improve EMSC systems of care by including and engaging family representatives who can speak to the emergency care needs of children in their community on EMSC state advisory committees.

About MCHB and Strategic Plan

The HRSA Maternal and Child Health Bureau (MCHB) administers programs with focus areas in maternal and women's health, adolescent and young adult health, perinatal and infant health, child health, and children with special health care needs. To achieve its mission of improving the health and well-being of America's mothers, children, and families, MCHB is implementing a strategic plan that includes the following four goals:

Goal 1: Assure access to high quality and equitable health services to optimize health and well-being for all MCH populations

Goal 2: Achieve health equity for MCH populations

Goal 3: Strengthen public health capacity and workforce for MCH

Goal 4: Maximize impact through leadership, partnership, and stewardship

The EMSC SP Program expands and improves access to pediatric readiness in emergency care and disaster readiness for all children across the nation, especially for those children living in racial/ethnic minority, tribal, and rural communities that are medically underserved (Goals 1 & 2); and strengthens public health capacity and MCH workforce by increasing pediatric emergency care coordinators (PECCs) in hospital EDs and prehospital EMS agencies (Goal 3).

To learn more about MCHB and the bureau's strategic plan, visit [Mission, Vision, and Work | MCHB](#).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation, New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$12,095,000 to be available annually to fund 59 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$205,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is from April 1, 2023 to March 31, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the EMSC SP Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. Based on performance, HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application. The award will be for 4 years and may be extended for an optional 5th year based on performance.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

See HRSA [Grants Policy Bulletin 2017-03 Indirect Cost Rate Agreements in the NOFO](#).

III. Eligibility Information

1. Eligible Applicants

The EMSC SP Program, authorized by the Public Health Service Act, Title XIX, 1910 (42 U.S.C. 300w-9), allocates funds through competitive grants to state governments and accredited schools of medicine in States. One HRSA EMSC SP award will be made per state/jurisdiction applicant. Should HRSA receive more than one eligible application from a specific state/jurisdiction, the higher-scoring applicant will be funded.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov [application due date](#).

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-063 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA’s [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 Application Guide](#). You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) “Project Abstract Summary.” If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. However, if you use an OMB-approved form that is not included in the workspace application package for HRSA-23-063, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 7: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e), which sunsets / terminates on September 30, 2023. Please reference detailed information available on the [HHS Office of the Assistant Secretary for Preparedness and Response \(ASPR\)](#) website.

Program Requirements and Expectations

EMSC SP Program recipients are required to:

1. **Establish an EMSC Advisory Committee** with the required core members, convening at least four times each grant year. An EMSC Advisory Committee is important to assist EMSC grantees in meeting program goals and objectives. Members of an EMSC Advisory Committee can assist with strategic planning, obtaining buy-in from the state/jurisdiction leadership to effect system change,

and ensuring that family issues are not overlooked. The core members are included in the [EMSC Performance Measures Manual](#) on page 75.

2. **Ensure sufficient oversight of the EMSC grant program** by maintaining one full-time SP program manager that is dedicated solely to the EMSC SP Program. A State EMSC manager is an integral staff member of the EMSC Program tasked to manage and coordinate the activities of the program. Having at least one full-time manager dedicated solely to the EMSC Program is an indication that the program is achieving permanence in the state/jurisdiction EMS system.
3. **Support data collection, analysis, and continuous quality improvement.** Monitoring and oversight of the EMSC SP grant program activities include the collection of data from hospital EDs and prehospital EMS agencies. Sufficient personnel support will be necessary to ensure that data are collected and submitted consistent with program reporting deadlines of this program. Some examples of data collection activities include collaborating with the EMSC Data Center to manage and maintain the Program's Contact List Management System for your state/jurisdiction; disseminating information to hospital EDs and prehospital EMS agencies regarding data collection activities; and providing technical assistance for EMSC surveys and national pediatric readiness assessments of hospital EDs and prehospital EMS agencies.
4. **Expand the uptake of Pediatric Readiness in Emergency Departments** where not already done, by establishing a state, territorial, or regional Pediatric Readiness Recognition Program for hospital EDs; designating PECCs in EDs; and ensuring hospital EDs weigh and record children's weight in kilograms.
5. **Improve Pediatric Readiness in EMS Systems** where not already done, by establishing a state, territorial, or regional standardized Prehospital Pediatric Readiness Recognition Program for prehospital EMS agencies; increasing PECCs in prehospital EMS agencies; and increasing the number of prehospital EMS agencies that have a process for pediatric skills-check on the use of pediatric equipment.
6. **Increase pediatric disaster readiness in hospital EDs and prehospital EMS agencies** by ensuring that disaster plans address the needs of children.
7. **Prioritize and advance family partnership and leadership** in efforts to improve EMSC systems of care. Within 6 months of the start of funding cycle, create a strategic plan (including all 4 years) for your Family Advisory Network (FAN) representative that engages them as an indispensable and equal partner in your work by centering and integrating the patient and family perspective in your efforts. **You may budget funds to support FAN activities to include, but not limited to travel, continuing education, and attendance at conferences and meetings.** The minimum requirement for the strategic plan is the inclusion of the FAN representative on Advisory Committee meetings and quarterly meetings. Include the frequency and details that explain how the FAN representative will be involved in developing and/or implementing the strategic plan and the goals and

objectives of this NOFO. Examples of activities include contributing to educational content, reviewing fliers/handouts/websites, and presenting at events or trainings.

8. **Submit four 12-month budgets**, each totaling up to \$205,000 per year for Years 1 to 4 at the time of application. You are required to focus activities toward the achievement of goals, objectives, and priorities of this NOFO.
9. **Attend HRSA EMSC Grantee Meetings in FY2023 and FY2025.**
10. **Provide updates**, as requested by HRSA that include, at a minimum, data to monitor progress related to items 4-7 of this section.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. **Project Abstract**

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need and (2) Response
Methodology	(2) Response and (3) Evaluative Measures
Work Plan	(2) Response and (3) Evaluative Measures
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. **Project Narrative**

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Include proposed goals, SMARTIE objectives, and performance measures that you will use to assess performance and progress each year. Include your plan to collect baseline and annual data to report achievement toward meeting annual targets. SMARTIE objectives should align with HRSA EMSC national goals, objectives, and priorities.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion [Need](#)

Briefly describe the purpose of the proposed project.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion 1 [Need](#) and 2 [Response](#)

This section discusses issues of importance. Details should help reviewers understand the needs of hospital EDs and prehospital EMS agencies in the state/jurisdiction to be able to care for children. This section should include the barriers that impact access to emergency care for children who need treatment for trauma or critical care. Demographic and health-systems data should be used and cited whenever possible to support the information provided. In addition to the information requested above, details in this section may describe prevalence and incidence of pediatric health conditions encountered by hospital EDs and EMS agencies in your state/jurisdiction and or region; challenges and gaps in pediatric readiness that were pre-existing, highlighted by, and/or resulting from the COVID-19 pandemic; and the average pediatric readiness score in the state/jurisdiction.

- **METHODOLOGY** -- Corresponds to Section V's Review Criterion 1 [Response](#) and 3 [Evaluative Measures](#)

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. If applicable, include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

Include a description of any innovative methods that you will use to address the stated needs.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects (e.g., strategies

or services and interventions), which have been effective in improving practices and those that have led to improved outcomes for the target population.

- **WORK PLAN** -- Corresponds to Section V's Review Criteria 2 [Response](#) and 3 [Evaluative Measures](#)

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review Criterion 2 [Response](#)

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Applicants are expected to demonstrate sufficient administrative and programmatic capacity within the state/jurisdiction to anticipate and overcome challenges for successfully implementing project activities.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review Criteria 3 [Evaluative Measures](#), 4 [Impact](#), and 5 [Resource Capabilities](#)

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure progress and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criteria 5 [Resources/Capabilities](#) and 6 [Support Requested](#)

Describe succinctly your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's

ability to implement the program requirements and meet program expectations. Include an organizational chart (upload as Attachment 5). Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

iii. **Budget**

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

The project period is from April 1, 2023 to March 31, 2027. The award will be for 4 years and may be extended for an optional 5th year based upon performance.

HRSA encourages budgeting costs for attendance at national meetings and conferences that provide pediatric emergency care education opportunities.

Subject to the Program review and approval: Additional activities may be proposed, provided efforts and sufficient resources have been directed to activities that directly support achievement of the goals, objectives, and priorities of the EMSC SP program. Additional activities proposed must clearly explain how the activity will contribute to advancing the EMSC Program's mandate - to expand and improve emergency medical services for children and youth who need treatment for trauma or critical care, with the ultimate goal of demonstrating an impact to reducing pediatric morbidity and mortality related to medical or traumatic emergencies. Funds of up to 10 percent may be allocated for other project activities. You must ensure that the proposed activity is clearly explained in the project narrative within the required sections (Introduction, Needs Assessment, Methodology, Work Plan, Resolution of Challenges, Evaluation and Technical Support Capacity).

v. Program-Specific Forms

Program-specific forms are not required for this application.

vi. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment.** You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachments 7–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a

commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is **November 7, 2022 at 11:59 p.m. ET**. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

EMSC SP Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$205,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022(P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you

in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria. However, if a progress report is submitted with a competing continuation application, HRSA program staff will review the report after the objective review process.

Six review criteria are used to review and rank EMSC SP applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

The extent to which the application describes needs relevant to the program, including the number of hospital EDs and prehospital EMS agencies in the state/jurisdiction; the number of prehospital EMS practitioners; the number of PECCs in the state; and the prevalence of pediatric acute illnesses and severe injuries.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's [Introduction](#), [Needs Assessment](#), and [Methodology](#)

The extent to which the proposed project responds to the “[Purpose](#)” included in the program description.

- The strength of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the proposed project describes the Methodology, Work Plan and Resolution of Challenges.
- The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV's [Methodology](#) and [Work Plan](#)

The strength and effectiveness of the method proposed to monitor and evaluate the project results.

- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#)

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of

project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's [Organizational Information](#), [Budget Narrative](#)

The extent to which the proposed staffing plans match those outlined in the program requirements and expectations.

- The extent to which the application describes family engagement consistent with the program expectations.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget Narrative](#) and [Organizational Information](#)

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#). In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other

support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of April 1, 2023. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA’s [SF-424 Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender

identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

[Executive Order on Worker Organizing and Empowerment](#)

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the

recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to [45 CFR § 75.322\(b\)](#), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to [45 CFR § 75.322\(d\)](#), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (<https://www.cdc.gov/grants/additional-requirements/ar-36.html>).

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **DGIS Performance Reports.** Available through the HRSA Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures

for this program are available at <https://grants4.hrsa.gov/DGISReview/programmanual?NOFO=HRSA-23-063&ActivityCode=H33>. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	April 1, 2023 to March 31, 2024 <i>(administrative data and performance measure projections, as applicable)</i>	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	April 1, 2024 to March 31, 2026	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	April 1, 2026 to March 31, 2027	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at <https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection>

- 2) **Progress Report(s).** The recipient must submit a progress report to HRSA annually. More information will be available in the NOA.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Devon Cumberbatch
Grants Management Specialist

Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-7532
Email: dcumberbatch@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Jocelyn Hulbert
Public Health Analyst/Project Officer
Division of Child, Adolescent and Family Health
Maternal Child Health Bureau
Health Resources and Services Administration
Phone: (301) 443-7436
Email: JHulbert@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).