U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health

Emergency Medical Services for Children Innovation and Improvement Center

Announcement Type: New
Funding Opportunity Number: HRSA-16-052

Catalog of Federal Domestic Assistance (CFDA) No. 93.127

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: January 20, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: October 22, 2015

Issuance Date: October 22, 2015

Theresa Morrison-Quinata, EMSC Program Director
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau, Health Resources and Services Administration
E-mail: tmorrison-quinata@hrsa.gov
Telephone: (301) 443-1527

Authority: Public Health Service Act, Title XIX, § 1910 (42 U.S.C. 300w-9), as amended by § 5603 of the Patient Protection and Affordable Care Act, P.L. 111-148.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health (DCAFH) is accepting applications to establish an Emergency Medical Services for Children (EMSC) Innovation and Improvement Center (EIIC) cooperative agreement for fiscal year (FY) 2016. This cooperative agreement will provide support to State Partnership, State Partnership Regionalization of Care, Targeted Issues, and Pediatric Emergency Care Applied Research Network EMSC Program grant recipients. The EIIC will provide consultative and technical support to help EMSC Program grant recipients to develop and implement Quality Improvement (QI) strategies to improve pediatric emergency medical services throughout the entire continuum of care in both prehospital and hospital care settings, and reduce childhood death and disability due to severe illness or injury.

Funding Opportunity Title:	Emergency Medical Services for Children Innovation and Improvement Center
Funding Opportunity Number:	HRSA-16-052
Due Date for Applications:	January 20, 2016
Anticipated Total Annual Available Funding:	$1,500,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to $1,500,000 per year
Cost Sharing/Match Required:	No
Project Period:	July 1, 2016 through June 30, 2020 (four (4) years)
Eligible Applicants:	States[1] and accredited schools of medicine in states. [See Section III-1 of this Funding Opportunity Announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance Webinar

A technical assistance webinar will be held on Thursday, November 5, 2015 at 4:00 pm Eastern time. Log on at https://hrsa.connectsolutions.com/hrsa-16-052/. For audio, dial 866-692-3158

[1] Under Section 2(f) of the Public Health Service Act, 42 U.S.C. 201(f), the term "State," except as otherwise noted, includes, in addition to the several States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands. The Trust Territory of the Pacific Islands now refers to the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and the Commonwealth of the Northern Mariana Islands.

and enter participant code 85316847#. Program staff will be available to answer questions related to this FOA.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the *Emergency Medical Services for Children (EMSC) Innovation and Improvement Center (EIIC)*. The purpose of the EMSC program is to support the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. The goal of the EMSC Program is to reduce child and youth mortality and morbidity sustained as a result of severe illness or injury. The cooperative agreement will fund an EIIC to provide consultative and technical support to EMSC State Partnership, State Partnership Regionalization of Care, Targeted Issues, and Pediatric Emergency Care Applied Research Network Program grant recipients, in order to help them to develop and implement Quality Improvement (QI) strategies to improve pediatric emergency medical services in both prehospital and hospital care settings.

The EMSC Program does not intend to promote the development of a separate EMS system for children, but rather to enhance the pediatric capabilities of EMS systems, which were originally designed primarily for adults. "EMS for Children" is understood broadly as a continuum of care relative to emergency medical services that includes the following components: prevention, prehospital care, hospital-based emergency care, and rehabilitation and reentry of the child from the emergency care environment into the community.

The EIIC will support the work of EMSC grant recipients to achieve this goal of optimal pediatric emergency care by:

- Identifying evidence-based, evidence-informed, and innovative strategies and tools to improve pediatric emergency medical services;
- Educating the EMSC community regarding evidence-based, evidence-informed, and innovative strategies and tools; and
- Advancing the National EMSC Performance Measures through the development and implementation of QI collaboratives.

SMART (specific, measurable, achievable, relevant and time measurable) objectives for the EMSC program for the next four years are as follows:

- By 2017, at least 90% of the EMSC State Partnership recipients will be prepared for the prehospital baseline assessment of the new EMSC performance measures.
- By 2019, 20 states will have adopted and or engaged in at least one QI strategy/ process.
- By 2019, at least 30% of hospitals will show an increase in their Pediatric Readiness score by 10%.

The overarching activities listed below are required as part of this funding opportunity and additional details are included in Section IV of this FOA.

1) Provide education, training and consultation on prehospital and hospital pediatric emergency care through subject matter experts;
2) Establish and implement QI collaboratives;
3) Develop QI tools and products needed by EMSC grant recipients;

4) Disseminate QI tools and products;
5) Facilitate communication within the EMS community and recipients; and
6) Collaborate and communicate with the EMSC Program and key stakeholders.

Through the work of the EIIC, the EMSC program seeks measurable system and EMSC performance measures improvements.

The EIIC applicant should identify specific, measurable, achievable, relevant and time measurable (SMART) objectives that are consistent with the abovementioned Program SMART objectives and must include objectives that will result in the activities, products and outcomes specified in the EMSC Innovation and Improvement Cooperative Agreement Program Logic Model (see Appendix). This FOA includes the expected activities, products, and outcomes to achieve these objectives. Additional SMART objectives that align with the expected activities, products, outcomes should be consistent with detailed action steps describing how objectives will be attained.

2. Background

Emergency Medical Services for Children Program[2]

The Emergency Medical Services for Children Program is authorized by the Public Health Service Act, Title XIX, § 1910 (42 U.S.C. 300w-9); as amended by the Patient Protection and Affordable Care Act, § 5603 (P.L. 111-148). The federal EMSC Program is funded at approximately $21 million per year and is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), within the Division of Child, Adolescent, and Family Health (DCAFH).

The EMSC program, which began in 1984, focuses on ensuring that every child has access to optimal pediatric emergency care no matter where they live or travel. This federal initiative evolved out of recognition that children have unique needs in emergency situations -- needs that often vary from those of adults due to physiological, developmental and psychological differences.

The EMSC Program allocates funds through competitive demonstration grants or cooperative agreements to state governments and accredited schools of medicine. The four main programs are: 1) State Partnership grants that ensure that pediatric emergency care is integrated into the larger emergency medical services system (58 grants); 2) Targeted Issues grants that support innovative cross-cutting pediatric emergency care projects of national significance (six grants); 3) State Partnership Regionalization of Care grants that develop systems of care models to improve pediatric emergency care capacity in rural and tribal communities (six grants): and 4) the Pediatric Emergency Care Applied Research Network (PECARN) which supports the infrastructure to conduct meaningful and rigorous multi-institutional studies in the management of acute illness and injury in children across the continuum of emergency medicine (six cooperative agreements). The newly funded cooperative agreements for PECARN also include an EMS affiliate to implement pediatric prehospital emergency care research in addition to the existing 18 Emergency Departments.

[2] Schenk E, Edgerton EA. A Tale of Two Populations: Addressing Pediatric Needs in the Continuum of Emergency Care. Ann Emerg Med. 2015 Jun;65 (6):673-678.

The EMSC State Partnership (SP) grant program furthers opportunities to improve the pediatric readiness of emergency departments and prehospital provider systems. At present, SP grants provide infrastructure support to 58 jurisdictions, which includes states and the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. By having a universal presence across the United States, the program aims to reach its goal of ensuring that all children receive optimal emergency care no matter where they are. Each of these entities works towards implementing the same prehospital and hospital performance measures, which represents the largest national effort for standardized pediatric emergency care. The Program measures its success through ten performance measures that address: 1) quality of care provided in the prehospital and hospital setting, and 2) the sustainability and permanence of EMSC. Furthermore, EMSC recipients strategically align their activities to successfully achieve MCHB discretionary grant performance measures associated with their grant. All EMSC State Partnership recipients are required to collect and report data on these ten performance measures. These performance measures are available at: http://www.emscnrc.org/Grantee_Portal/Performance_Measures.aspx.

The EMSC Program currently supports a National Data Center and National Resource Center (NRC). The National Data Center consists of the Data Coordinating Center (DCC) that supports the PECARN grantees in study, data management, and analysis; and the National EMSC Data Analysis Resource Center (NEDARC) which supports state grantees on the collection, management and dissemination of data for EMSC performance measures. The EMSC Program also funds the NRC. Since 1990, the NRC has supported the EMSC federal program by providing technical support and resources to EMSC grant recipients. This FOA seeks to build on the previous work of the EMSC NRC. The proposed EIIC, through its Subject Matter Experts (SMEs), will be expected to guide states to integrate pediatric considerations into policy and make system changes where needed, and implement best practices to improve both the delivery and access children have to healthcare systems. The EIIC will utilize QI and innovative strategies to help advance both prehospital and hospital-based pediatric emergency care systems and promote the attainment of the EMSC program performance measures.

Over the last 10 years, the EMSC program has successfully achieved two of the ten performance measures demonstrating that about 90% of Basic Life Support (BLS) and Advance Life Support (ALS) EMS providers have access to medical direction when caring for a child; and over 93% of BLS and 98% of ALS providers have access to written pediatric protocols.[3] However, there is room for improvement. Only 25% of BLS and 38% of ALS vehicles carry 100% of the recommended pediatric equipment on ambulances transporting children. Only 66% of hospitals have an interfacility transfer agreement for the transfer of children to a higher level of care and 69% of hospitals have transfer guidelines, with only 50% of these having all of the essential elements.

In addition, based on the 2013 National Pediatric Readiness Project Assessment of hospital readiness, only 45% of Emergency Department (ED) respondents reported having a QI plan that addressed the needs of children. Less than half of EDs (48%) had a physician pediatric

[3] 2013-2014 data collection from the EMSC State Partnership program assessment. More information on existing performance measures (with 2010-11 data) available at: http://www.nedarc.org/performanceMeasures/nationalData/201011GrantYear.html

emergency care coordinator (PECC). Furthermore, there were significant differences based on the hospital's pediatric patient volume. Overall, the median Pediatric Readiness score for high-volume EDs was 89.8 while it was 61.4 for low-volume EDs.[4]

EMSC recipients need support, education, and skills to effectively implement QI strategies. The EIIC will:

- help recipients to achieve the national EMSC performance measures and improve pediatric readiness in both prehospital and hospital systems.
- employ a cadre of subject matter experts and create a technical support arm that facilitates cross-state collaboration, peer learning and data sharing. The approach will use current performance measure data to identify areas for improvement, and develop interim QI measures in this process that ultimately lead to the performance measures.
- work closely with the EMSC Data Center to facilitate the collection, synthesis and use of performance measure data.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, **HRSA Program involvement will include**:

- Assure the availability of the services of experienced MCHB personnel to participate in the planning and execution of EIIC activities under this cooperative agreement;
- Work closely with the recipient in identifying staff to support the implementation of activities;
- Participate in, including the planning and scheduling any meetings and seminars conducted during the period of the cooperative agreement;
- Participate in regular meetings and/or communications with the recipients to assess progress (at minimum quarterly check-ins, in person at least twice a year);
- Provide clearance of the planning, development, implementation, and evaluation of QI initiatives funded under this cooperative agreement;
- Assist in establishing federal interagency and state contacts necessary for the successful completion of tasks and activities identified in the approved scope of work;
- Participate in the design, direction and evaluation of innovative activities;
- Facilitate efforts in the provision of technical support and training/education to specified individuals;

[4] Gausche-Hill, M, Ely M, Schmuhl P, Telford R, Remick K, Edgerton E, Olson L. A National Assessment of Pediatric Readiness of Emergency Departments. JAMA Pediatr. 2015 Jun;169(6):527-34.
http://www.pediatricreadiness.org/About_PRP/

- Review procedures to be established for ongoing monitoring and successful accomplishment of the scope of work proposed;
- Assist in identifying other recipients and professional and national organizations with whom the recipient will be asked to develop cooperative and collaborative relationships;
- Provide review and advisory input of any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement; and
- Review and consider for approval all travel for meetings and conferences.

As a cooperative agreement, **recipient responsibilities will include:**

- Adhere to the process of planning and executing the EIIC activities as outlined in this FOA;
- Adhere to HRSA guidelines pertaining to acknowledgment and disclaimer on all products supported (in whole or in part) by HRSA-awarded funds and during all meetings supported by HRSA funding under this cooperative agreement;(see "**Acknowledgment of Federal Funding"** in HRSA's *SF-424 Application Guide*);
- Establish quarterly check-ins with federal EMSC Program staff and more as needed. At least two of these should be in-person each year;
- Respond in a flexible manner to collaborating on short-term, long-term and ongoing projects;
- Work closely with the federal Project Officer when selecting and hiring new key project staff;
- Work closely with the federal Project Officer when planning/implementing new activities;
- Consult with the federal Project Officer when scheduling any meetings, including project advisory/steering committee meetings, that pertain to the scope of work and at which the Project Officer's attendance would be appropriate (as determined by the Project Officer);
- Provide the federal Project Officer with adequate time and opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced, as well as meetings planned, under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products);
- Provide the federal Project Officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project;
- Ensure that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public;
- Coordinate with HRSA regarding any travel to attend national meetings to keep informed of and involved in initiatives of national significance to the EMSC Program and its recipients. Coordination of all travel must be in consultation with the federal Project Officer;
- Submit a quarterly travel schedule (due 30 days before the start of each quarter) which includes all future planned EIIC staff and SMEs (if paid by the EIIC cooperative agreement). For each meeting, include the anticipated date and location (if known) and purpose of attendance. Each meeting must be listed and should include attendance for one staff member per meeting;

- Acknowledge that HRSA/MCHB has full access rights to any and all data and products generated under this cooperative agreement, and agree to provide a royalty-free, nonexclusive, and irrevocable license to the government to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement;
- Assure seamless transfer of all web-based and non-web-based materials developed and stored throughout this cooperative agreement within 90 days of the project period expiration; and
- Support the activities outlined in this FOA. Overarching activities include:
    - Provide education, training and consultation on prehospital and hospital pediatric emergency care through subject matter experts;
    - Establish and implement QI collaboratives;
    - Develop QI tools and products needed by EMSC grant recipients;
    - Disseminate tools and products;
    - Facilitate communication between the EMS community and recipients; and
    - Collaborate and communicate with the EMSC Program and key stakeholders.

HRSA/MCHB/EMSC and the recipient have a joint responsibility to develop a plan of action for issues to be addressed during the project period, the sequence in which they will be addressed, what approaches and strategies will be used to address them, and how relevant information will be transmitted to specified target audiences and used to enhance project activities and advance the Program.

2. Summary of Funding

This program will provide funding over a four-year period during federal fiscal years 2016 – 2019. Approximately $1,500,000 is expected to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to $1,500,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is four (4) years. Funding beyond the first year is dependent on the continued availability of appropriated funds for the EMSC Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance 2 CFR Part 200, as codified by HHS at 45 CFR Part 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

Limitations on indirect cost rates: This FOA does NOT support research activities, therefore, applicants may not use research indirect cost rates. The "Other Sponsored Program/Activities" rate should be applied. Those applicants without an established indirect cost rate for “other sponsored programs” may only request 10% of salaries and wages, and must request an “other sponsored programs” indirect cost rate from the Program Support Center’s Division of Cost Allocation (DCA). Visit DCA’s website at: https://rates.psc.gov/ http://rates.psc.gov/ to learn more about rate agreements, the process of applying for them, and the offices that negotiate them.

III. Eligibility Information

1. Eligible Applicants

The authorizing legislation for the EMSC Program, Public Health Act, Title XIX, § 1910, as amended by the Patient Protection and Affordable Care Act, § 5603 (P.L. 111-148) (42 U.S.C. 300w-9), defines eligible applicants for this funding opportunity as state governments and accredited schools of medicine.

Under Section 2(f) of the Public Health Service Act, 42 U.S.C. 201(f), the term "State," except as otherwise noted, includes, in addition to the several States, only the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands. The Trust Territory of the Pacific Islands now refers to the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and the Commonwealth of the Northern Mariana Islands.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Per § 1910(a) of the Public Health Service Act, only three awards under this subsection may be made in a state (to a state or to a school of medicine in such state) in any fiscal year.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative
This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Section headers should include Need, Methodology, Work Plan, Resolution of Challenges, Evaluation, and Technical Support Capacity and Organizational Information. Specific details to include related to each section are as follows:

I: NEED -- *Corresponds to Section V's Review Criterion #1*

- Applicants should briefly describe the purpose of the proposed project.
- Applicants should describe the needs of the EMSC target population, workforce, and recipients as well as the need to make EMS system improvements along the continuum of pediatric emergency care. The applicant should identify gaps and areas for further development to improve emergency medical services for children to include:
    - Needs of HRSA EMSC recipients as it relates to QI infrastructure, process and workforce;
    - Gaps in evidence, tools, protocols, and other products necessary to improve quality of systems and services; and
    - Knowledge and communication gaps of EMS systems as it relates to pediatric populations.

II: METHODOLOGY -- *Corresponds to Section V's Review Criteria #2, #3, and #4*

- Applicants should propose methods that will be used to meet the program expectations in this FOA.
- The EIIC applicant should identify specific, measurable, achievable, relevant, and time measurable (SMART) objectives that are consistent with the abovementioned Program SMART objectives. This FOA includes the expected activities, products, and outcomes to achieve these objectives (see Appendix). Additional SMART objectives that align with the expected activities, products, outcomes should be consistent with detailed action steps describing how objectives will be attained. At a minimum, provide details that explain how each of the following activities will be accomplished:

1) Provide prehospital and hospital education, training and consultation through subject matter experts.
(approximately 25% of effort)

- Assemble multidisciplinary subject matter experts (SMEs) and consultants with the breadth and depth necessary for key content areas[5] and best practices. SMEs should have knowledge and experience working with emerging technologies and methods around QI and QI training. SMEs will assist the EIIC and EMSC recipients in the form of training, development of products and tools, providing consultative expertise for recipient site visits, and consultation support as appropriate. SMEs collectively must have QI expertise in pediatric prehospital and hospital emergency medical services. SMEs must be capable of assisting EMSC Program grant recipient states, territories, and the freely associated states, and must possess knowledge and experience in working with rural and tribal communities.
    - SMEs should have pediatric emergency care knowledge and experience in patient care settings such as nursing, medicine, prehospital and hospital. The SMEs should have knowledge and experience to support EMSC investments, to include, but not limited to, State Partnership, Targeted Issues, and State Partnership Regionalization of Care grant programs, and the Pediatric Emergency Care Applied Research Network cooperative agreements. SMEs should also be able to

[5] Key content areas – pediatric emergency medicine, emergency medical services, quality improvement, learning collaboratives, emergency nursing, pediatric emergency care research

provide assistance on state and national policy and emerging EMSC initiatives (e.g., emergency department pediatric readiness, hospital readiness, regionalization of care, pediatric disaster preparedness, prehospital provider training, etc.).
    - SMEs may be employees of the applicant, consultants, volunteers, and / or organizations such as the National Association of State EMS Officials (NASEMSO), National Association of Emergency Medical Technicians (NAEMT), National Registry of Emergency Medical Technicians (NREMT), National Association of EMS Educators (NAEMSE), National Association of EMS Physicians (NAEMSP), American Academy of Pediatrics (AAP), Emergency Nurses Association (ENA), American College of Emergency Physicians (ACEP), American College of Surgeons (ACS), and Pediatric Trauma Society (PTS).

2) Establish and Implement QI Collaboratives
(approximately 20% of effort)

- Develop and implement QI collaboratives that will focus on facilitating state implementation of strategies to improve EMSC state performance measures and outcomes. The EIIC will launch QI collaborative activities with at least two distinct cohorts of EMSC grant recipients and relevant SMEs across the four-year cooperative agreement program.
- Assemble multidisciplinary teams who will participate in the QI collaboratives. Participants must commit to working and learning from each other and from expert faculty over a period of 12 to 18 months. Teams will progress through iterative cycles of Plan-Do-Study-Act (PDSA). The collaboratives could be organized based on specific performance measures, strategies or regions. These collaboratives and PDSA cycles may overlap, and will be hosted virtually with at least one time in-person annually.
- Evaluate QI collaboratives using predefined metrics to evaluate the effectiveness and impact of the collaborative(s).

3) Develop QI Tools and Products Needed by EMSC funding recipients
(approximately 15% of effort)

- QI Tools and Products, to include policies and technologies, must be linked to the EMSC performance measures, as well as other prehospital and hospital related efforts identified by recipients and the EMSC Program. Examples of QI Tools and Products may include, but are not limited to, the following:
    - Products (How To Guides for Recipients, EMSC Program Manager Tool Kit, EMSC Performance Measures Manual, and others identified by EMSC recipients);
    - Policy (Legislative Updates, Health Policy News, Legal Issues in Inter-Facility Transfer, Public Policy, Guides on the legislative process).

4) Disseminate Tools, Products, and Findings
(approximately 10% of effort)

- Disseminate EMSC products, offerings and findings from EMSC initiatives and grants that are targeted towards various EMSC stakeholders and others, using multiple venues and methods to reach broader audiences beyond the EMSC community. A clear, concise,

and detailed dissemination plan must be provided to HRSA as products, offerings and findings are identified for dissemination.

- Track and evaluate reach and impact of EMSC products, offerings, and findings for continuous QI.
- Facilitate collaborative learning among recipients and provide a platform for QI skills building and strategy planning using virtual learning opportunities, such as webinars. The EIIC will coordinate, host and facilitate webinars which offer accredited continuing education (CE) units. Webinars should be accessible simultaneously by at least 500 attendees/viewers. All webinars must be archived and accessible for the duration of this cooperative agreement and must be transferrable to a publicly accessible federal web-based platform upon completion of this cooperative agreement.

5) Facilitate communication within the EMS Community and Recipients
(approximately 15% of effort)

- Facilitate communication on a systematic basis and as requested with and among EMSC funding recipients and other audiences including patients, families, communities, first responders and health care providers involved in pediatric emergency care.
- Educate funding recipients on EMSC performance measures.
- Develop and maintain an EIIC website that incorporates information at the state, federal and program level. The website will serve as a repository for a wide array of EMS related information, guidance, tools, and products. The website will also include a collaborative workspace accessible to recipients, federal partners, and SMEs actively involved in the collaborative.
- Plan and facilitate EMSC Program meetings (virtual and in-person). For larger audiences of approximately 100-250 people, in-person sessions will be hosted to ensure active engagement of attendees in meeting activities such as: collaboration and interaction on QI issues, education on best practices, and relevant innovation and improvement projects. The applicant will provide subject matter expertise in both prehospital and hospital systems to guide in the development of agendas and educational sessions to meet the needs identified by EMSC recipients, to include SP, SPROC, TI and PECARN recipients. Program meetings for each type of EMSC recipient are included in the budget section of this FOA, under the travel category.

6) Collaborate and coordinate with the EMSC Program and Key Stakeholders
(approximately 15% of effort)

- Coordinate and plan work with HRSA EMSC Program Director and project leads as directed and needed.
- Provide rapid response to EMS/EMSC related data and information inquiries, as needed by the HRSA EMSC Program.
- Attend essential national meetings, as needed or requested by the federal EMSC program, to promote pediatric emergency care.
- Monitor improvement in EMSC performance measures and pediatric readiness through collaboration with the National EMSC Data Center to collect data, synthesize results and understand gaps.
- Collaborate, in partnership with the EMSC federal Program, with organizations that support EMSC awardee EMS activities to include but not limited to the National Association of State EMS Officials (NASEMSO), National Association of Emergency

Medical Technicians (NAEMT), National Registry of Emergency Medical Technicians (NREMT), National Association of EMS Educators (NAEMSE), National Association of EMS Physicians (NAEMSP), American Academy of Pediatrics (AAP), Emergency Nurses Association (ENA), American College of Emergency Physicians (ACEP), American College of Surgeons (ACS), and the Pediatric Trauma Society (PTS). Collaboration with national organizations is necessary to ensure coordination of EMSC activities, as well as maintain support of current efforts underway to improve emergency medical services.

- Assist with the coordination and facilitation of meetings, stakeholder engagement, collaboration, and SME consultation.
- Facilitate, manage and coordinate technology to host an EMSC Program website; provide web-based education; manage web-based collaboratives and meetings; create collaborative workspace; and interact frequently using social media and other technology available to reach a broader audience.

III: WORK PLAN -- *Corresponds to Section V's Review Criteria #2 and #4*

As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities including development of the application. Applicant should include how cultural, racial, linguistic and geographic diversity of the populations and communities will be served. Include letters of support from key stakeholders involved in the development of this application, as well as future engagement in project activities, to include but not limited to national organizations (e.g. see section II, item 6). Letters of support should include the expertise the stakeholder brings to EMSC grantees, previous accomplishments and scope/focus of future engagement around project activities.

- Applicants should include a Work Plan as Attachment 1 that describes the goals and objectives and the sequence of specific activities and steps that will be used to carry out each proposed methodological approach, organized by the components of activity set forth in the Purpose section of this FOA.
- Applicants should explicitly describe who will conduct each activity, as well as when, where, and how each activity will be carried out. Strategies in the work plan should reflect the needs and challenges that have been identified and include metrics by which elements of the work plan will be evaluated.
- A detailed Timeline of proposed project activities should be included as Attachment 6. The timeline should link activities to project objectives and should cover the four (4) years of the project period.
- Applicants should describe an effective plan for monitoring and tracking project activities.
- Applicants should describe an efficient and effective plan for managing the project, including its personnel and resources. NOTE: Provide information on how the lines of communication with partner organizations or agencies will be established to ensure consistent, timely, high quality work, irrespective of which organization is leading the specific task. Also include as Attachment 4, Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific).

IV: RESOLUTION OF CHALLENGES -- *Corresponds to Section V's Review Criterion #2*

- Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges. Potential barriers, alternative strategies to address anticipated barriers, and benchmarks for success should be presented. A strategy should be outlined to establish management of any risky aspects of the project.

V: EVALUATION -- *Corresponds to Section V's Review Criteria #3, #4 and #5*

- Applicants should provide a well-conceived and logical evaluation plan with evaluation metrics for assessing the achievement of the project's activities and process and outcome objectives as well as impact. The program performance evaluation should monitor ongoing processes and the progress towards achieving the goals and objectives of the project.
- Applicants should include an example Driver diagram based on an EMSC performance measure as Attachment 7. [6] Applicants should describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.
- The applicant must develop at least three (3) performance metrics by which it will track its progress over time. At least one metric must focus on project QI. A performance metric is a quantifiable indicator of progress and achievement that includes outcome, output, input, efficiency, and explanatory indicators. It can measure such domains as productivity, effectiveness, quality, and timeliness (Government Accounting Standards Board, http://www.seagov.org/aboutpmg/performance_measurement.shtml). The performance metrics should also be included as part of the Applicant's logic model, specifically within the logic model section "Measures of Success."

VI: TECHNICAL SUPPORT CAPACITY AND ORGANIZATIONAL INFORMATION -- *Corresponds to Section V's Review Criterion #5*

The response should be organized by the activities listed in the Purpose section and should also address how project personnel are qualified by training and/or experience to:

- Provide technical support related to QI;
- Develop tools, products, publications;
- Plan and implement QI collaboratives and QI strategies;
- Disseminate information to varied audiences using technology accessible to a variety of audiences with limited access to advanced communication systems; and
- Develop and host webinars, web-based trainings and meetings for large audiences.

[6] A driver diagram provides information on proposed activities to show the relationship between the aim of the QI project and the changes to be tested and implemented. A driver diagram generally has three columns - Outcome, Primary drivers and Secondary Drivers. More information on Driver Diagrams can be found at: http://www.qihub.scot.nhs.uk/knowledge-centre/quality-improvement-tools/driver-diagram.aspx

In this section of the narrative, the applicant should:

- Provide information on the applicant organization's current mission and structure, scope of current activities, and a project organizational chart (include as Attachment 5). Describe how this organizational structure impacts the organization's ability to meet program requirements and expectations.
- Provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of project personnel, project collaborators, and consultants;
- Describe leadership and management skills, as well as experience and expertise in directing the activities related to the objectives and activities. Particular attention should be focused on the organization's ability to provide guidance and expertise consultation to program partners, government entities and national organizations as it relates to successful implementation of projects. Include experience that demonstrates qualifications to perform the work described in this FOA, specifically successful collaboration with stakeholders, government entities and national organizations in integrating healthcare system improvements and pediatric considerations into the nation's healthcare system.
- A summary curriculum vitae (Biographical Sketch), maximum of two (2) pages, must be provided for each key professional or technical staff member as part of Attachment 3. It must contain information about education; professional certifications and licensure; professional positions/employment in reverse chronological order; current grant and contract support; representative publications and any additional information that would contribute to the Objective Review Panel's understanding of relevant qualifications, expertise and experience.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Need	(1) Need
Methodology	(2) Response , (3) Evaluative Measures and (4) Impact
Work Plan	(2) Response and (4) Impact Attachments 1, 2, 4, and 6
Resolution of Challenges	(2) Response
Evaluation	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities Attachments 1 and 7
Technical Support Capacity and Organizational Information	(5) Resources/Capabilities Attachments 2, 3, and 5
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, *if applicable*, the additional budget instructions provided below.

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, "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." Please 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 FY 2016, if required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition to requirements set forth in HRSA's SF-424 Application Guide, please adhere to the following:

Provide a narrative that explains the amounts requested for each line item in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (usually one to four years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to four (4) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to four (4) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the four-year project period is subject to availability of funds, satisfactory progress of the recipient, and a determination that continued funding would be in the best interest of the Federal Government.

Please use the budget periods and corresponding fiscal years when preparing your budgets for each fiscal year.

Year 1	July 1, 2016 to June 30, 2017	Fiscal Year 2016
Year 2	July 1, 2017 to June 30, 2018	Fiscal Year 2017
Year 3	July 1, 2018 to June 30, 2019	Fiscal Year 2018
Year 4	July 1, 2019 to June 30, 2020	Fiscal Year 2019

Include a Budget Spreadsheet and Narrative organized by the following budget categories:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary.

To assure sufficient oversight of the program, list specific positions and personnel who will be responsible for completing the deliverables, such as the project director. Other examples of personnel may include, but is not limited to project consultant(s) to provide subject matter expertise and or a medical director. These costs may be budgeted in this budget category or contractual services and should ensure adequate time is dedicated to the project support, management and oversight.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. **The budget should also reflect the travel expenses for subject matter experts and planned meetings, proposed trainings, workshops and site-visits. Also include anticipated out-of-state costs for personnel and SME costs associated with logistical, collaborative learning, and technical support for in-person EMSC program meetings, specifically for the following:**

- Collaborative Learning and QI skills development for all EMSC Grantees, approximately 250 people, fiscal year 2016 and 2018.
- Regional collaboration with State Partnership, SPROC and TI regional meetings, approximately 50 people, fiscal year 2017 and 2019.
- PECARN evaluation of pediatric studies meetings, approximately 120 people, two per year
- Support for Stakeholder meetings, at least 10 per year for one EIIC personnel or an identified EIIC SME.
- Site-visits to SP, SPROC, TI, and PECARN recipients' sites to provide SME consultation, 10 per year.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers, pediatric medical equipment, and furniture items that meet the definition of equipment (a

unit cost of $5,000 or more and a useful life of one or more years). Equipment items must be described in clear detail and include the purpose and how it will contribute to the overall goal of the project. These items are subject to HRSA's review and approval.

Examples of equipment to support the activities of this cooperative agreement may include items related to the development and creation of medical facilities to address telemedicine options or items to improve pediatric transport systems; equipment to support webinars or internet live communication systems similar to Skype or office communicator for educational seminars or to create communication systems to reach the community; and other items directly related to improving communication and access.

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include computers (if the unit cost is below $5,000), paper, pencils, and the like; medical supplies; educational supplies. Office supplies and medical/educational supplies must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Examples of contractual costs could include contractual services for subject matter expert consultants. It could also be for professional services provided such as educational training, case reviews, quality improvement activities or technical assistance. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the System for Award Management (SAM) and provide the recipient with their Dun and Bradstreet Universal Numbering System (DUNS) number.

Other examples of contractual services may include, but are not limited to a project consultant(s) to provide subject matter expertise related to pediatric emergency patient care, and or a medical director.

Other: Place all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate. Include anticipated costs associated with EMSC program in-person meetings for EMSC recipients, specifically for the following:

- Collaborative Learning for all EMSC Grantees, approximately 250 people, fiscal year 2016 and 2018.
- Regional collaboration with State Partnership, SPROC and TI regional meetings, approximately 50 people, fiscal year 2017 and 2019.
- PECARN evaluation of pediatric studies meetings, approximately 120 people, two per year

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions formerly subject to OMB Circular A-21, superseded by the Uniform Guidance as codified by HHS at 45 CFR part 75, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Program Support Center Division of Cost Allocation (DCA). Visit DCA's website at: https://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the offices thatnegotiate them.

If federal funds were not budgeted in the budget category "Personnel" or "Contractual Services," please include a listing of each staff member who will be dedicated to the project through other sources. Include the individual's name (if possible), position title, percent of time (FTE) dedicated to the project, source of funding and annual salary. These individuals and their responsibilities as it relates to this project must also be reflected in the Staffing Plan and Personnel Requirements section of the application.

v. Program-Specific Forms

1) Performance Standards for Special Projects of Regional or National Significance (SPRANS) and Other MCHB Discretionary Projects

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other grant programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect. An electronic system for reporting these data elements has been developed and is now available.

2) Performance Measures for the Emergency Medical Services for Children Program

The MCHB's Discretionary Grant Information System (DGIS) collects program and performance measure data for more than 900 grants annually. These data help MCHB assess the effectiveness of its programs and help monitor the progress made under these grants. MCHB discretionary grants help to ensure that quality health care is available to the MCH population, which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs. Recipients of the EIIC are required to report annually on DGIS performance measures assigned to the EIIC program. In fiscal year 2016, upon approval from the Office of Management and Budget (OMB), MCHB will release new performance measures. Once the specific performance measures have been assigned to each MCHB discretionary grant, performance measures and administrative forms for this discretionary grant program will be assigned to the EIIC.

vi. Attachments

Please 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.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see page 39 of Section 4.1. of HRSA's *SF-424 Application Guide)*

Keep each job description to one page in length as much as possible. Include the role, responsibilities, and qualifications of proposed project staff.

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. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

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

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Timeline

Attachment 7: Driver Diagram

Attachments 8-13: 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. Dun and Bradstreet Universal Numbering System Number and System for Award Management

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/recipient organization has 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 three separate systems:

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *January 20, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

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

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than $1,500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The EIIC has six (6) review criteria:

Criterion 1: NEED (5 points) – Corresponds to Section IV's Project Narrative section I, Need

- The extent to which the application describes the purpose of the project and demonstrates an understanding of the needs of the EMSC community and recipients and gaps in EMSC Systems that need improvement. The applicant understands and describes:
    - Needs of population impacted by EMSC;
    - Needs of HRSA EMSC recipients as it relates to QI infrastructure, process and workforce;
    - Gaps in evidence, tools, protocols, and other products necessary to improve quality of systems and services; and
    - Knowledge and communication gaps of EMS systems as it relates to pediatric populations.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Project Narrative section II, III, and IV (Methodology, Work Plan, and Resolution of Challenges)

For Methodology (25 points)
The extent to which the proposed project:

- identifies appropriate SMEs with content expertise in the areas of EMS, pediatric emergency care, regionalization of care, QI, systems integration, research methods and knowledge transfer as well as an understanding of the Federal EMSC programs which include State Partnership, Targeted Issues, PECARN and Regionalization of Care;
- provides a sound methodology for assessing the performance of the QI collaborative and demonstrates the ability, knowledge and skills to implement QI collaboratives with specific groups (key EMS partner organizations and stakeholders) mentioned in the FOA;
- includes SMART objectives and a dissemination plan that demonstrates the use of innovative venues and methods and addresses various types of products;
- includes use of technology that is accessible and compatible for a variety of audiences with limited system capabilities;
- includes strategies to increase user access and capability with limited system capabilities;
- provides for ongoing as well as emergent communication;
- demonstrates the ability to host webinars for large audiences of at least 500 attendees/viewers on an ongoing basis;
- demonstrates the ability to host and maintain a web-based repository for information that can also serve as a workspace for recipients participating in QI collaboratives; and
- demonstrates the capacity to provide continuing education for EMS, nursing and medical professionals.

For Work Plan and Resolution of Challenges (15 points)
The extent to which the proposed project:

- includes and covers the four years of the project with associated metrics of success for activities;
- provides an effective and efficient plan for managing the project activities and personnel; and
- includes details of potential challenges/ problems and strategies to manage any risky aspects of the project.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Project Narrative section II, and V (Methodology and Evaluation)

The extent to which the proposed project:

- describes effective methods to monitor and evaluate the project results;
- proposes evaluative measures that will be able to assess the extent to which the program objectives have been met and can be attributed to the project;
- proposes SMART Objectives to the performance and outcomes of this project;
- Includes a driver diagram and the applicant identified three relevant performance metrics;
- proposes a sound method for assessing the performance of the QI collaborative; and

- describes potential obstacles to evaluation and described how they would be addressed.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Project Narrative sections II, III, and V (Methodology, Work Plan, and Evaluation)

The extent to which the proposed project:

- provides targets for improvement in EMSC performance measures and pediatric readiness. Targets are achievable given the resources and work plan provided.
- clearly identifies a target, the magnitude of change anticipated given proposed resources and activities, and how, specifically, they expect to achieve the target;
- describes feasible and effective plans for dissemination of project results;
- is national in scope;
- describes how they intend to mobilize audiences to learn from and promote maximized use of the materials, products and resources developed through the project;
- describes an appropriate strategy to monitor actual improvement in quality;
- describes clearly the national, state, and local significance of the project that include the following:
    - How cultural, racial, linguistic and geographic diversity of the populations and communities will be served. and stakeholder reach
    - Potential achievements in healthcare systems and process improvements
    - Potential improvements in quality of care

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Project Narrative sections V and VI (Evaluation and Technical Support Capacity and Organizational Information)

For Evaluation (10 points):
The extent to which the proposed project:

- provides a well-conceived and logical evaluation plan with evaluation metrics for assessing the achievement of the project's activities and process and outcome objectives as well as impact; and
- includes an example Driver diagram based on an EMSC performance measure and at least three (3) performance metrics by which it will track its progress over time.

For Technical Support Capacity and Organizational Information (15 points):
The extent to which the application:

- demonstrates the capabilities of the applicant organization and the quality and availability of facilities, equipment, and personnel to fulfill the needs and requirements of the proposed project.
- includes an organizational chart that details the organization's current mission and structure, and demonstrates its' ability successfully manage the project; and an

organizational plan for management of the project that details the roles of personnel, collaborations and consultants.

- includes biographical sketches for all key personnel and demonstrates project personnel are qualified by training and/or experience to:
    - manage multi-stakeholder collaborations at a national level;
    - provide technical support;
    - plan , implement and evaluate QI collaboratives and QI strategies;
    - disseminate information to varied audiences using technology that is accessible to a variety of audiences with limited system capabilities;
    - develop and host webinars, web trainings and meetings; and
    - develop tools, products, publications.
- discusses plans for ensuring ongoing communication and coordination with HRSA.
- demonstrates national leadership in convening and facilitating diverse stakeholders in efforts to increase coordination and synergy of efforts to improve emergency care, especially pediatric emergency care.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's iii: Budget and IV: Budget Justification

The extent to which the application:

- provides reasonable costs for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results;
- provides a detailed, itemized budget narrative for each fiscal year;
- includes required budget items as listed in this FOA; and
- includes dedicated key personnel with adequate full time equivalent personnel devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.

This program does not have any funding priorities, preferences or special considerations.

Please Note: The Health Resources and Services Administration 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). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

Human Subjects Protection:
Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR Part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

2) **Performance Reports.** HRSA has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

a) Performance Measures and Program Data
To prepare successful applicants for their reporting requirements, the listing of MCHB administrative forms and performance measures for this program can be found at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U07_2.html.

The MCHB's Discretionary Grant Information System (DGIS) collects program and performance measure data for more than 900 grants annually. These data help MCHB assess the effectiveness of its programs and help monitor the progress made under these grants. MCHB discretionary grants help to ensure that quality health care is

available to the MCH population, which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs. Recipients of the EIIC are required to report annually on DGIS performance measures assigned to the EIIC program. In fiscal year 2016, upon approval from the Office of Management and Budget (OMB), MCHB will release new performance measures. Once the specific performance measures have been assigned to each MCHB discretionary grant, performance measures and administrative forms for this discretionary grant program will be assigned to the EIIC.

b) Performance Reporting

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U07_2.html. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each year of the project period. Recipients will be required, within 120 days of the NOA, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/U07_2.html. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Mickey Reynolds
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 10W-01B
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0724
Fax: (301) 443-5461
E-mail: MReynolds@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Theresa Morrison-Quinata
Program Director, Emergency Medical Services for Children
Attn: Funding Program
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18W-12
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1527
E-mail: tmorrison-quinata@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

A technical assistance webinar will be held on Thursday, November 5, 2015 at 4:00 pm Eastern time. Log on at https://hrsa.connectsolutions.com/hrsa-16-052/. For audio, dial 866-692-3158 and enter participant code 85316847.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix: Logic Model

EMSC Innovation and Improvement Cooperative Agreement Program Logic Model

INPUTS	OUTPUTS		OUTCOMES	IMPACT
	ACTIVITIES	PRODUCTS/SYSTEMS		
Partners & Resources Needed	Develop & Implement QI Education, Training, & Technical Support Infrastructure	Strengthened State EMSC Recipient Capability & Capacity	Improved Prehospital & Hospital care	Improved Health Outcomes
• EMSC State Partnership Managers and other recipients • Data and statistical support from the National EMSC Data Coordinating Center (DCC) • National and Federal stakeholders and emergency medicine / nursing/EMS/ subject matter experts • Family Representatives and Cultural Liaisons	• Assemble Subject Matter Experts/ Consultants • Establish QI Collaborative system & protocol • Develop and Deliver QI Tools & products (Website, Webinars, Social Media, etc.) • Coordinate with the EMSC Programs and Key Stakeholders • Collaborate with DCC to collect performance data; evaluate data and target tools and strategies to identified gaps	• EMSC Program recipients (SP, TI, PECARN, SPROC) & EMSC community know evidence & best practices • QI Strategies adopted • Learning and knowledge management systems implemented, evaluated and maintained (Collaborative, Website, Experts, Tools, Products, etc.) • EMSC performance measures and pediatric readiness data monitored and gaps targeted	• 1st Responders are pediatric-ready • Patients treated in pediatric-ready hospitals • Pediatric specialists available when necessary • EMSC continuum routinely communicates and collaborates	Reduced morbidity and mortality for pediatric patients requiring emergency medical services.
Measures of success	• SME identified and successfully recruited • QI Collaborative implemented • Tools & products developed/ disseminated (e.g. Functional, user-friendly website, # trainings provided, etc.) • Strategies for coordination implemented • Data collected and analyzed	• % of States & Territories that have adopted or engaged in at least one QI strategy/ process • % of hospitals showing improvement in readiness score • % states educated and ready to obtain baseline performance data for new EMSC performance measures	• Improvement of the EMSC prehospital performance measures • Improvement of the EMSC hospital-based emergency care performance measures	Injury mortality for children with severe pediatric injuries presenting to the Emergency Department