U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Emergency Medical Services for Children
State Partnership Program

Funding Opportunity Number: HRSA-18-063
Funding Opportunity Type(s): New, Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.127

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 8, 2018

MODIFIED on November 16, 2017:
Rescheduled TA Call, Updated Application Package and Guide

Ensure your 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 1 month to complete.

Issuance Date: November 3, 2017

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

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 for the Emergency Medical Services for Children State Partnership (EMSC SP) Program. The purpose of this Program is to expand and improve emergency medical services for children who need treatment for trauma or critical care. This Program will provide funding for demonstration projects in each state and jurisdiction in the United States (U.S.) for the expansion and improvement of state EMS systems that respond to and care for children in emergencies involving trauma or critical care. Recipients will demonstrate new models of EMS system and patient outcome improvements for children by testing innovative methods to promote electronic health information systems; coordination of pediatric emergency care; increased education for the emergency workforce; integration of pediatric components in emergency systems; and national quality improvement (QI) initiatives.

The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. Applicants should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Emergency Medical Services for Children State Partnership Program
Funding Opportunity Number:	HRSA-18-063
Due Date for Applications:	January 8, 2018
Anticipated Total Annual Available FY2018 Funding:	$7,670,000
Estimated Number and Type of Award(s):	Up to 59 grants
Estimated Award Amount:	Up to $130,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	April 1, 2018 through March 31, 2022 (4 years)
Eligible Applicants:	State governments and accredited schools of medicine in states and jurisdictions. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

You (the applicant organization/agency) 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 NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

The HRSA EMSC Program invites you to a Technical Assistance Webinar.

Day and Date: Wednesday, November 15, 2017 **– RESCHEDULED**
Time: 4 p.m. ET
Call-In Number: 1-888-566-5969
Participant Code: 7586629#
Weblink: https://hrsa.connectsolutions.com/emsc-sp-hrsa-18-063/

RESCHEDULED WEBINAR

Day and Date: Tuesday, November 21, 2017
Time: 4 p.m. ET
Call-In Number: 1 888-946-8383
Participant Code: 6305078#
Weblink: https://hrsa.connectsolutions.com/emsc-sp-hrsa-18-063/

You may also write to HRSAEMSC@hrsa.gov for the recorded webinar link within 2 days of the technical assistance webinar.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Emergency Medical Services for Children State Partnership Program.

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health is accepting applications for the Emergency Medical Services for Children State Partnership (EMSC SP) Program. This Program will provide funding for demonstration projects in each U.S. state and jurisdiction for the expansion and improvement of state emergency medical services (EMS) for children who need treatment for trauma or critical care. Through state, national, and federally coordinated efforts, the EMSC SP Program will systematically improve the delivery and quality of emergency care to improve patient outcomes, thus reducing pediatric morbidity and mortality. Recipients will demonstrate new models of EMS system and patient outcome improvements for children by testing innovative methods to promote electronic health information systems; coordination of pediatric emergency care; increased education for the emergency workforce; integration of pediatric components in emergency systems, and national quality improvement (QI) initiatives aimed to improve health outcomes. Each grant recipient will work to achieve the following EMSC SP Program objectives, which are designed to monitor and measure impact at the state/jurisdiction level and are in alignment with established targets for the Program's performance measures:

1) By 2020, increase to 30 percent the proportion of EMS agencies that have a designated individual responsible for the coordination of pediatric emergency care.
2) By 2020, increase to 30 percent the proportion of EMS agencies that evaluate EMS practitioners' pediatric skills at least once per year.
3) By 2021, increase to 80 percent the proportion of EMS agencies that collect and submit uniform data to the National EMS Information System.[1]
4) By 2022, increase by 10 points from 2016 baseline the average National Pediatric Readiness Assessment (NPRA) score of the state/jurisdiction's hospital emergency departments.[2]

[1] The National EMS Information System collects data from pre-hospital EMS providers which are used to monitor patient care in a systematic way to improve pediatric performance and outcomes.
[2] A subpanel of experts from the national steering committee was assembled to develop weighting criteria for the National Pediatric Readiness Assessment. Based on the results of the expert panel and the California Readiness Project, 24 of the questions were weighted in the national assessment to generate an overall weighted pediatric readiness score (WPRS) for each hospital. The WPRS was normalized to a 100-point scale. The final weighting for each section for the national assessment included 19 points for coordination of care, 10 points for physician/nurse staffing, 7 points for quality improvement, 14 points for patient safety, 17 points for policies/procedures, and 33 points for equipment and supplies. The national median score in 2013 was 69.

5) Achieve the following improvements within hospital systems:
    - By 2022, increase to 25 percent the proportion of hospitals recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and manage pediatric medical emergencies;
    - By 2022, increase to 50 percent the proportion of hospitals recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and manage pediatric trauma;
    - By 2021, increase to 90 percent the proportion of hospitals that have written inter-facility transfer guidelines that cover pediatric patients and that include specific components of transfer; and
    - By 2021, increase to 90 percent the proportion of hospitals that have written inter-facility transfer agreements that cover pediatric patients.
6) Annually demonstrate:
    - Permanence of pediatric EMS in the state/jurisdiction EMS systems; and
    - Integration of EMSC priorities into hospital/health care facility statutes or regulations.
7) By 2022, engage in at least one QI collaborative designed to improve pediatric outcomes.

EMSC SP Program Activities:

The EMSC SP Program will collaborate with key EMS stakeholders to demonstrate the effectiveness of the following activities:

Activity 1: Facilitate a multi-disciplinary state/jurisdiction EMSC Advisory Committee, ensuring representation of the eight core required members[3] to:

- Provide advice to the recipient regarding the activities of the EMSC SP Program, including key strategies to improve EMSC Performance Measures.
- Recommend opportunities for sustainable integration of unique pediatric considerations within the state/jurisdiction's EMS system.[4]
- Assure representation from families whose children have accessed the EMS system due to a medical emergency.

Activity 2: Collaborate with pre-hospital EMS agencies and key stakeholders to:

- Promote, support, and facilitate the coordination of pediatric emergency care, including the designation of an individual within pre-hospital EMS agencies responsible for pediatric coordination.
- Promote the submission of patient care data to electronic health information systems, ensuring that pre-hospital EMS agencies collect and submit uniform data to the National EMS Information System for all 911 emergency calls.

[3] EMS for Children Performance Measures: Implementation Manual for State Partnership Grantees. (2017). National EMSC Data Analysis Resource Center. Retrieved from http://nedarc.org/performanceMeasures/documents/EMS%20Perf%20Measures%20Manual%20Web_0217.pdf. Page 75.

[4] EMS for Children Performance Measures: Implementation Manual for State Partnership Grantees. (2017). National EMSC Data Analysis Resource Center. Retrieved from http://nedarc.org/performanceMeasures/documents/EMS%20Perf%20Measures%20Manual%20Web_0217.pdf. Pages 90-91.

- Improve the readiness of pre-hospital EMS agencies to care for children.

Activity 3: Collaborate with Hospital Emergency Departments and key stakeholders to:

- Increase the proportion that conduct continuous QI through the National Pediatric Readiness Project (NPRP).
- Address pediatric readiness gaps identified through the NPRP.
- Ensure that pediatric needs are specifically addressed in hospital preparedness plans.
- Engage with and support state health care coalitions, in partnership with the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program.
- Develop pediatric medical recognition systems that ensure facilities are prepared to care for children in both medical and traumatic events.

Activity 4: Collaborate with both pre-hospital and hospital emergency departments to:

- Promote, support, and facilitate education/training for the emergency workforce to include, but not limited to the correct protocol and equipment for optimal pediatric treatment.
- Address gaps in the EMS system.

Activity 5: Participate in EMSC QI collaboratives led by HRSA, the EMSC Innovation and Improvement Center, and the National EMSC Data Analysis Resource Center. The use of QI strategies provides an opportunity to see the incremental benefits of your efforts. The focus of the EMSC QI collaboratives will be determined by several factors, such as the prevalence of pediatric acute illness or severe injury within the states/jurisdictions and HRSA priorities. Examples of topics to be addressed through EMSC QI collaboratives include:

- the EMS Compass[5] Performance Measures on Pediatric Respiratory or Medication Error.
- Hospital Preparedness Program[6] pediatric-focused initiatives.
- National Pediatric Readiness Project[7] components of facility preparedness to care for children.

Activity 6: Collect and report EMSC performance measure data.

2. Background

The HRSA EMSC Program is authorized by the Public Health Service Act, Title XIX, §1910 (42 U.S.C. 300w-9). The HRSA EMSC Program's goal is to reduce pediatric morbidity and mortality related to severe illness and trauma by 1) improving the delivery and quality of EMS systems; and 2) demonstrating improved patient outcomes.

The HRSA EMSC Program is the only federal program focused specifically on improving the pediatric components of the EMS system. The Program was established

[5] https://www.emscompass.org/about-ems-compass/
[6] https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx
[7] http://pedsready.org

by Congress in 1984 to fund demonstration projects aiming to expand and improve state emergency medical services (EMS) for children who need treatment for trauma or critical care.

Pediatric emergency care begins with the 911 call, continues through the delivery of the patient to the appropriate hospital, and ultimately concludes with the child returning to the community. The HRSA EMSC Program encourages a multifaceted approach to health care from project planning to development and implementation. Injury prevention, intervention, tertiary care, rehabilitation, and return to the community are all key parts of this multi-faceted approach.

The success of the HRSA EMSC Program requires community engagement and involvement of key stakeholders. These stakeholders include family representatives, state and local EMS agencies, hospitals, state maternal and child health programs, as well as representatives from state offices of rural health, highway safety, hospital preparedness programs, and tribal health. As such, each EMSC SP recipient is required to facilitate an EMSC Advisory Committee with eight core members:

- EMSC project director
- EMSC grant manager
- EMS state agency representative (e.g., EMS medical director, EMS administrator)
- Nurse with emergency pediatric experience
- Physician with pediatric training (e.g., pediatrician or pediatric surgeon)
- Emergency physician (a physician who primarily practices in the emergency department; does not have to be a board-certified emergency physician)
- Emergency medical technician (EMT)/Paramedic who is currently a practicing, ground level pre-hospital provider (i.e., must be currently licensed and riding in a patient care unit such as an ambulance or fire truck)
- Family representative

EMSC family representatives play a unique role in program success. These representatives sit on state EMS advisory committees and serve on the EMSC Family Advisory Network (FAN). The EMSC FAN representatives foster partnerships within their communities, and the consumers' perspective to improve the delivery of patient care, and promote the integration of family- and patient-centered practices within health care systems.

The EMSC SP Program aims to establish a universal presence across all 59 U.S. states and jurisdictions to ensure that children receive optimal emergency care no matter where they live or travel. Each state and jurisdiction works to improve the same pre-hospital and hospital performance measures, representing the largest national effort to standardize pediatric emergency care.

Past Efforts

In 2004, HRSA MCHB instituted a set of performance measures (PM) for the EMSC SP Program in response to the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62), which mandated federal programs to be accountable for achieving

outcomes. The EMSC SP Program PMs have guided national efforts for more than 10 years to make progress toward the following outcomes:

1) nationally recommended pediatric equipment is readily available in ambulances;
2) pre-hospital providers receive pediatric-focused training regularly and frequently to ensure that they are prepared to manage pediatric medical and traumatic emergencies;
3) pre-hospital providers have access to pediatric medical direction whenever needed to ensure the right care at the right time;
4) hospitals are equipped to manage pediatric medical and traumatic emergencies;
5) health care facilities have well-defined guidelines and clearly understood processes that ensure the immediate transfer of children to the most appropriate facility when medically necessary; and
6) EMSC is integrated and institutionalized within state EMS systems.

The EMSC SP Program has systematically demonstrated improvements through the tracking of these PMs. Examples of change over time are included in the table below.

Measure	2010	2013	Change
Pre-Hospital			
The percent of EMS agencies in the state/jurisdiction that have a pediatric protocol available	77.8%	84.5%	+6.7%
The percent of EMS patient care units in the state/jurisdiction that have the essential pediatric equipment and supplies as outlined in national guidelines	24%	28%	+4%
Hospital			
The number of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and manage pediatric medical emergencies	344[8]	375	+31
The percent of hospitals in the state/jurisdiction that have written inter-facility transfer guidelines that cover pediatric patients	43%	53%	+10%
Sustainability			
The number of states/jurisdictions that have established permanence of EMSC in the state/jurisdiction EMS system	0[9]	29	+29

In 2013, the HRSA EMSC Program collaborated with the American Academy of Pediatrics, the Emergency Nurses Association, the American College of Emergency Physicians, and others in a QI initiative called "The National Pediatric Readiness Project." The QI initiative allows hospital emergency departments (EDs) to self-assess their readiness to care for children based on the recommended 2009 joint policy statement, "Guidelines for Care of Children in the Emergency Department."[10] Through a collaborative process, the national organizations and EMSC grant recipients reached

[8] In 2010, five states had statewide recognition systems. In 2013, nine states had a statewide recognition system.

[9] A set of six criteria are used to measure the degree to which a state has established permanence of EMSC. In 2010, the number of states that met the criteria include one state meeting one criteria, three meeting two of the criteria, 13 meeting three of the criteria, and 17 meeting four of the criteria. No states had met five or all six of the criteria.

[10] Joint Policy Statement—Guidelines for Care of Children in the Emergency Department. (2009). American Academy of Pediatrics, Volume 124. Retrieved from http://pediatrics.aappublications.org/content/124/4/1233.

out to EDs to encourage their participation. As a result, over 4,000 EDs across the U.S. participated in the QI project, representing 83 percent of the nation's EDs. The results from the initiative prompted the HRSA EMSC Program to focus on initiatives that promoted the following system-level changes:

- children are weighed in kilograms rather than pounds to prevent medical errors;
- inter-facility transfer agreements are in place to prevent any delays when there is an urgent need to transfer a child to a higher level of pediatric emergency care;
- disaster plans address issues specific to the care of children; and
- EDs have a physician or nurse champion for pediatric emergency care.

The NPRP online portal, accessed at http://pedsready.org, is managed by the National EMSC Data Analysis and Resource Center (NEDARC). HRSA intends to sustain support for the portal to allow hospitals the opportunity to gauge and monitor their progress, and to support local and national QI activities.

In 2016, the HRSA EMSC Program piloted the use of a QI collaborative model to help states develop systems and or programs that would support the readiness of hospital EDs to care for children during an emergency. A cohort of 13 states and the District of Columbia are actively participating in a QI collaborative to promote pediatric readiness efforts at the state level.

Future Efforts

Previous successes have informed key focus areas of this next stage of the EMSC SP Program. These focus areas include:

- align program investments to amplify and demonstrate impact;
- develop the workforce across the continuum of emergency care to ensure capability in demonstrating impact;
- mobilize the partnership community to achieve impact; and
- promote the value and impact of the HRSA EMSC Program by communicating outcomes.

Improvements in the National EMSC Performance Measures

Data reports from EMSC SP recipients indicate that there is still a need to improve the capabilities of facilities to stabilize, manage, treat, and transport pediatric patients during emergencies. There is also an indication that the EMSC SP Program still needs to ensure that inter-facility transfer guidelines and agreements are in place and that pediatric needs are uniquely addressed within state pre-hospital and hospital systems. Together, the new and continuing PMs aim to highlight the EMSC SP Program's policy and practice improvements at the state and national level. The PMs are available in the EMSC Performance Measures Manual at http://nedarc.org/performanceMeasures/documents/EMS%20Perf%20Measures%20Manual%20Web_0217.pdf.

HRSA will work with EMSC stakeholders to develop relevant metrics to describe progress in pediatric health outcomes, which may be incorporated to supplement and/or revise program performance measures identified in this NOFO during the grant period.

Quality Improvement Collaboratives

Additional EMSC QI collaboratives will be launched to support recipients, and the NPRP Assessment will be launched in future years. Recipients will be required to participate in at least one QI collaborative aimed to improve health outcomes. In partnership with HRSA, the EMSC Innovation and Improvement Center, and NEDARC, the health outcome priorities will be determined in collaboration with the states and national health care priorities such as behavioral health and the opioid crisis.

National Pediatric Readiness Project

Recipients will be expected to continue promoting the National Pediatric Readiness Project (NPRP) as an ongoing quality improvement tool to help hospitals improve care for children.

II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a grant.

2. Summary of Funding

Approximately $7,670,000 is expected to be available annually to fund 59 recipients. You may apply for a ceiling amount of up to $130,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. The FY 2018 President's Budget does not request funding for this program. 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, applications can be processed, and funds awarded in a timely manner. The project period is April 1, 2018 through March 31, 2022 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for the EMSC SP Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on indirect cost rates: This program does NOT support research activities, therefore, you may not use research indirect cost rates. The "Other Sponsored

Program/Activities" rate should be applied. If you are without an established indirect cost rate for “other sponsored programs” may only request 10 percent of salaries and wages, and must request an “other sponsored programs” rate from HHS’s Cost Allocation Services (CAS). Visit CAS’s website at https://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include state governments and accredited schools of medicine in states and jurisdictions. Under the authorizing statute for HRSA-supported EMSC programs, only three EMSC grant awards per state or jurisdiction may be awarded to a state or jurisdiction during any fiscal year subject to this limitation

The term “school of medicine” for the purpose of this funding opportunity (and under 42 U.S.C. 300w-9(c)) has the same meaning as set forth in section 799B(1)(A) of the Public Health Service Act (42 U.S.C. 295p(1)(A)), i.e.:.

> an accredited public or nonprofit private school in a state that provides training leading … to a degree of doctor of medicine.

The term “accredited” in this context has the same meaning as set forth in section 799B(1)(E) of the Public Health Service Act (42 U.S.C. 295p(1)(E)), which, when applied to a school of medicine, means

> a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this subchapter, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this subchapter, if the Secretary of Education finds, after consultation with appropriate accreditation body or bodies that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

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 notice.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

Letters of Support must be included (Attachment 7) from key stakeholders, including the EMSC family representative(s), state EMS agency (if not the main applicant), local EMS agencies, hospitals, and state maternal and child health programs. Additional stakeholders include representatives from state offices of rural health, highway safety, hospital preparedness programs, Indian health, and others responsible for the continuum of care for children in each state. If the main applicant is not the State Office of EMS, a letter of support must be included from the State Office of EMS. Letters must be current and dated. If Letters of Support cannot be obtained, the reasons for this, along with documentation showing timely and reasonable attempts to obtain them, must be documented in the application. Failure to attach Letters of Support or the documentation described above will result in the application being considered non-responsive and not considered for funding under this announcement.

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 your **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*** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an

earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, 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. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *SF-424 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 including biographical sketches (bio sketches), and letters of commitment and support required in HRSA's *SF-424 Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Biographical sketches **do** count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your 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 this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included. Include as part of Attachment 7-15, Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

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*
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.

Applications must contain the information below. Please use the **section headers** for the Project Narrative in the following order:

I. Introduction
II. Needs Assessment
III. Methodology
IV. Work Plan
V. Resolution of Challenges
VI. Evaluation and Technical Support Capacity
VII. Organizational Information

Specific details to include related to each section are as follows:

- ***INTRODUCTION*** *-- Corresponds to Section V's Review Criterion 1 (Need)*

  Briefly describe the state's health care system and purpose of the proposed project. Key information may include: number of hospitals, including critical access hospitals, and EMS agencies in the state; number of EMS patient transports per year and of those how many are pediatric patients (up to 18 years of age); the five most common types of severe injury and acute illnesses within the state's pediatric population; number of ED visits and of those visits, how many are pediatric patients; and any other information that may help describe the state's health care system and the prevalence of pediatric illness and injury in the state. If this information is not known at this time, include details that are available to help describe the health care system in the state.

- ***NEEDS ASSESSMENT*** *-- Corresponds to Section V's Review Criterion 1 (Need)*

  Describe the health care needs of the state as they relate to the EMSC SP Performance Measures. Provide a descriptive analysis to show the degree of change over time across each performance measure, and which performance measures are most likely to improve the health care for the pediatric population in the state or jurisdiction.

- ***METHODOLOGY*** *-- Corresponds to Section V's Review Criteria 2, 3 and 4 (Response, Evaluative Measures, Impact)*

  This section outlines the proposed methods used to address the aforementioned needs and how you intend to meet each of the previously described objectives in this NOFO. You must develop specific, measurable, achievable, relevant, and time-related (SMART) objectives that directly contribute to achieving the seven program objectives and six program activities listed in the Purpose section of this funding notice included on pages 1 to 3.

  You must clearly describe the activities in the form of detailed action steps. Methods proposed must be clear and concise, include monitoring and evaluation to measure progress and results, and describe how project results will be disseminated.

  Proposed activities must demonstrate the active engagement of a FAN representative in project development and implementation. Some examples of FAN activities include: outreach and education; participating in planning, implementation, and evaluation of program activities at all levels; strategic planning; materials development; and other activities aimed to achieve a specific EMSC PM standard.

- ***WORK PLAN*** *-- Corresponds to Section V's Review Criteria 2, 3 and 4 (Response, Evaluative Measures and Impact)*

  Use a timeline that includes each activity and identifies responsible staff. As appropriate, describe meaningful support and collaboration with the EMSC Advisory Committee, FAN representative(s), and other key stakeholders. This may include support and collaboration in planning, designing, and implementing activities, including development of the application. The active engagement of FAN representatives in state and national activities demonstrates an important connection with the community and the families served by the EMSC SP Program.

  Ensure that the activities align with the objectives listed in the purpose and methodology section of this NOFO.

  Note: the timeline (referenced above) must include all 4 years of the anticipated project period, and must be uploaded with the application as part of Attachment 1.

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

  You must discuss anticipated challenges in designing and implementing the activities described in the work plan, and the approaches that will be used to resolve such challenges.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY*** *-- Corresponds to Section V's Review Criteria 3, 4, 5 (Evaluative Measures, Impact and Resources/Capabilities*

  This section of the project narrative serves to illustrate a plan to evaluate current status, monitor progress, demonstrate impact, and ensure resources and support are available to manage, implement, and sustain the project beyond federal funding. You must include evaluation plans that demonstrate how outcomes can be attributed to the project.

  This section must include a carefully designed evaluation plan capable of demonstrating and documenting measurable progress toward reaching the seven stated objectives found in the Purpose section, as well as the SMART objectives included in the state/jurisdiction's proposal. The evaluation plan must include strategies for collection, analysis, and evaluation of the EMSC performance measures and the NPRP Project objectives.

  Details in this section should also describe the technical support capacity of the staff supporting the project. Include the current experience, skills, and knowledge of EMSC SP staff. Include materials published and previous work with the key stakeholders.

- ***ORGANIZATIONAL INFORMATION*** *-- Corresponds to Section V's Review Criterion 5 (Resources/Capabilities)*

  You must succinctly describe the organization's current mission, scope of current activities, and provide an organizational chart.[11] Describe how these elements all contribute to the organization's ability to meet the program requirements and expectations. Describe how key stakeholders, including the EMSC Advisory Committee, contribute to the ability of the organization to meet program requirements and expectations. The names of the EMSC SP project director, EMSC SP program manager, and the FAN representative must be included in this section. Also include brief descriptions of roles and responsibilities for these individuals. Describe the percent of time dedicated to the project by the EMSC SP program manager and project director. Indicate if the time dedicated is supported by federal or non-federal funds, or both. Provide each individual's name and background. The staffing plan and job descriptions for the program manager, project director and any other key faculty/staff must be included in Attachment 2

[11] A one-page figure that depicts the organizational structure of the project, including subcontractors and other significant key stakeholders.

(Staffing Plan and Job Descriptions). The organizational chart must be included in Attachment 3. As a key role for the EMSC SP Program, the FAN representative must also be included in the organizational chart, regardless of paid or unpaid status.

Discuss how the organization will follow the approved plan, as outlined in the application; properly account for the federal funds; and document all costs so as to avoid audit findings.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures, and (4) Impact
Work Plan	(2) Response, (3) Evaluative Measures, and (4) Impact
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 and Budget Narrative (below)	(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* may differ from those offered by Grants.gov. Follow the instructions included in the *Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if the application is selected for funding, you will have a well-organized plan and by carefully following the approved plan can 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) 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 Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, 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." 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 2018, as required by law.

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

The budget narrative should clearly describe how each item supports the proposed objectives.

The project period is from April 1, 2018 to March 31, 2022. The award will be for 4 years and may be extended for an optional 5th year, subject to an annual evaluation by the Secretary.

Each budget period is for 12 months. The 12-month budget periods and corresponding fiscal years are as follows:

Year 1	April 1, 2018	to	March 31, 2019	Fiscal Year 2018
Year 2	April 1, 2019	to	March 31, 2020	Fiscal Year 2019
Year 3	April 1, 2020	to	March 31, 2021	Fiscal Year 2020
Year 4	April 1, 2021	to	March 31, 2022	Fiscal Year 2021

In addition, the EMSC SP Program requires the following:

You **must** submit four 12-month budgets, each totaling up to $130,000 per year for year 1 to 4 at the time of application. The budget narrative and activities proposed must be consistent with the objectives, methods, and activities in the Purpose section of this NOFO. You are required to focus activities toward the achievement of the EMSC Performance Measures.

You are encouraged to show that the proposed activities and associated costs clearly demonstrate the active engagement of a FAN representative in project development and implementation. Related activities and cost associated with activities that engage a FAN representative may be included. A FAN representative must be named and a description of the person's background must be provided in the Project Narrative and Organizational Information sections.

Subject to the Program review and approval: Program PMs are priorities for the EMSC SP Program. Additional activities may be proposed, provided efforts and sufficient resources have been directed to activities that directly support the advancement of the EMSC PMs. 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 by improving the quality and delivery of EMS

systems; 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).

Note: Pediatric Education, Disaster Preparedness, Pediatric Emergency Department Readiness, and Pediatric Regionalization activities directly relate to EMSC SP Program objectives and activities included in this funding notice. These types activities are not considered "Additional Activities."

Include a Budget Spreadsheet and Narrative organized by the following budget categories: Personnel Costs, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Other, and Indirect Costs.

***Personnel Costs**:* Personnel costs should be explained by listing each staff member who will be supported with funds. Include the individual's name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or $187,000.

You must budget for a **full-time program manager** to oversee the EMSC SP Program. **EMSC federal funds do not need to be the primary source of funding for a program manager position**. However, a full-time (40 hours per week) program manager must be designated/assigned to the EMSC SP Program. Include the full salary of the program manager position, the name of the program manager, the percent of time and salary that will be paid by EMSC federal funds, as well as the percent of time and salary that will be paid by other sources to support a 100 percent full-time equivalent program manager. Include all funding sources and a detailed scope of work for the program manager. If a program manager position is dependent upon successful grant award of the EMSC SP Program, include a plan for hire, proposed budget for the position (pro-rated), and the job description. Ensuring the engagement of a FAN representative is a requirement of the EMSC SP Program. Hence, you may budget for a part-time FAN representative to assure that patient-centered and culturally sensitive considerations in the delivery of care remain central in planning, development, and implementation of EMSC projects.

***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. If an individual's base salary exceeds the legislative salary cap (i.e., $187,000), adjust fringe accordingly.

***Travel**:* Funds may be used for travel to meetings, workshops, or other activities that would support efforts to improve the quality of pediatric EMS care in your state. List costs by local and out-of-state travel. For local travel, the mileage rate, number of

miles, reason/purpose for travel, and staff member/advisory member/FAN representative completing the travel should be outlined. For out-of-state travel, the budget should reflect the travel expenses (such as airfare, per diem, transportation, etc.), the role of the individual(s) traveling, the reason/purpose of attending, and the expected impact as a result of attending.

The recipient is **required** to attend program-sponsored meetings and at least one Technical Assistance Workshop. The specific meetings and workshops are as follows:

- **Program-sponsored meetings.** EMSC SP Program grant award recipients **are required to attend HRSA-sponsored EMSC meetings each year**, as indicated by the HRSA EMSC Program. HRSA may designate either an all-EMSC grantee meeting or a Program Manager's meeting to meet this requirement each budget period.

    - The all-EMSC grantee meeting will be held every other year during the 2019 and 2021 EMSC fiscal years. You **must** budget for at least three program representatives (the project director or EMSC medical director, program manager, and FAN representative) to attend this meeting. Should any of the EMSC representatives not be available to attend, please contact HRSA staff immediately to discuss alternate state representatives. Appropriate alternate representatives may include **active** members of the state EMSC advisory committee. Include costs for travel to the Washington, D.C. area for at least 4 nights/5 days. Include associated travel costs to include airfare, lodging, local transportation, and per diem. All budgeted costs for this meeting may not be used for any other purpose, unless approved by HRSA.

    - A Program Manager's meeting will be held every other year during the 2018 and 2020 EMSC budget periods.. You should budget for at least two program representatives (the project director or EMSC medical director and the program manager) to attend this meeting, assuming costs for travel to the Washington, D.C. area for at least 3 nights/4 days. Should any of the EMSC representatives not be available to attend, appropriate alternate representatives may include **active** members of the state EMSC advisory committee. . Include costs for travel to the Washington, D.C. area for at least 2 nights/3 days. Include airfare, lodging, local transportation and per diem for the Washington, D.C. area.

- **Technical Assistance Workshop.** EMSC SP grant award recipients should budget for and attend at least one technical assistance workshop held by the National EMSC Data Analysis Resource Center (NEDARC) **each year.** It is critical that each grant recipient improve its capacity to collect and analyze data about EMS/EMSC outcomes. With this aim in mind, Partnership grants should budget sufficient funds to cover travel expenses for at least one person to attend a 2-day workshop hosted by the National EMSC Data Analysis Resource Center. You are encouraged to budget approximately $1,500 per person per year. These

workshops will emphasize the use of EMS data to drive quality improvement, data collection and analysis to support informed public policy decisions, and integration and linkage of EMS data with other state health data sources. Three to four workshops will be available in selected sites around the U.S. each fiscal year, and EMSC SP Program managers should plan to participate in a workshop that is best suited for their project needs. The NEDARC will provide upcoming workshop information through the EMSC website as it becomes available.

- **State EMSC Advisory Committee meetings**. EMSC SP grant award recipients should budget for costs associated with conducting EMSC Advisory Committee meetings each year. The EMSC SP Program requires recipients to meet with their EMSC Advisory Committees at least four times per year, with at least one of the meetings in-person (see performance measure EMSC 08). Costs should be budgeted for at least one in-person EMSC Advisory Committee meeting.

Equipment*:* List equipment costs and provide an itemized, detailed budget narrative for the equipment and how the item(s) support the achievement of goals and objectives. Extensive justification and a detailed status of current equipment must be provided when requesting funds for items that meet the definition of equipment **(items with a per unit cost of $5,000 or more and a useful life of 1 or more years).**

Materials and Supplies*:* List the items that the project will use. In this category, list purchases for office, medical, and educational supplies separately. Office supplies could include paper, pencils, and the like; medical supplies could include syringes, blood tubes, plastic gloves, and pediatric equipment bags; and educational supplies may be course curriculum and any other items needed for emergency personnel training. Other supply items may include electronics (below $5,000 per unit cost) to support medical direction and educational consulting. **No promotional items may be included**.

Contractual*:* You are responsible for ensuring that your organization or institution has an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Examples of contractual costs could include consulting services for a **FAN representative** and **pediatric medical director**. **FAN representatives** help foster partnerships and community engagement, and **pediatric medical directors** provide pediatric-focused medical oversight and quality assurance. You must provide a clear purpose of each contract, how the costs are estimated, and the expected deliverables. Recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Other*:* Put 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. Other examples include stipend funds to reimburse **FAN representatives** for attendance at meetings, community-based activities, parking, etc.

***Indirect Costs**:* Indirect costs are those costs incurred for common or joint objectives that 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 subject to OMB Circular A-21, 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, you may wish to obtain one through HHS's Cost Allocation Services (CAS). Visit CAS's website at: http://rates.psc.gov/ to learn more.

v. *Program-Specific Forms*

Program-specific forms are not required for 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.** 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 Timeline*

Attach the work plan timeline for the project that includes all information detailed in Section IV. ii. Project Narrative. If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.

***Attachment 2**: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1.vi. 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 time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

***Attachment 3**: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the organization and includes the details requested in this NOFO.

***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. Letters of agreement must be signed and dated.

***Attachment 5**: Tables, Charts, etc.*

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

***Attachment 6**: Progress Report*

(FOR COMPETING CONTINUATIONS ONLY)

A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating specific program accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you are advised to include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff review the progress report after the competing continuation applications are reviewed by the objective review committee.

The progress report should be a brief presentation of accomplishments, in relation to the objectives of the program during the current project period. The report should include:

(1) The period covered (dates).

(2) Specific Objectives - Briefly summarize the specific objectives of the project.

(3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

***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.). Include letters of support from key stakeholders such as Maternal and Child Health, Rural Health, Highway Safety, EMS agencies/regions in the state, the Hospital Association, the FAN representative, key partners in the Department of Public Health, the ASPR HPP, and any other partner mentioned in the project narrative that will be key to the success of the EMSC SP Program. List all other letters of support on one page.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You 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 you have 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 you have already completed Grants.gov registration for HRSA or another federal agency, confirm that it 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://www.dnb.com/duns-number.html)
- 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*.

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 due date for applications under this NOFO is ***January 8, 2018*** *at 11:59 p.m. Eastern Time*.

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

5. Intergovernmental Review

The EMSC SP Program is not a program 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 project period of up to 4 years, at no more than $130,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. 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, applications can be processed, and funds awarded in a timely manner.

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 H of the Consolidated Appropriations Act, 2017 (P.L.115-31) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2018, 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 use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

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 you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the competing continuations' progress report that will be reviewed by HRSA program staff.

Review criteria are used to review and rank applications. The EMSC SP Program has six (6) review criteria:

*Criterion 1**:** **NEED** (5 points) – Corresponds to Project Narrative sections Introduction, and Needs Assessment Section IV)*

The extent to which the application demonstrates and describes:

- the state's health care system and includes key information requested in the Introduction section.
- the health care needs of the state, as well as the needs related to the EMSC SP Performance Measures, as described in the Need section.

*Criterion 2: **RESPONSE** (25 points) – Corresponds to Project Narrative sections Methodology, Work Plan, and Resolution of Challenges (Section IV)*

The extent to which:

- The proposed project directly aligns with Activities 1-6 as outlined in the Purpose section on pages 1-2.
- The activities described in the application are capable to accomplish the seven Program objectives stated in the Purpose section on pages 1 and 2. Applicant has provided data to establish a baseline data for each SMART objective.
- The application discusses the challenges that they are likely to encounter and the approaches they will use to resolve such challenges.

*Criterion 3: **EVALUATIVE MEASURES** (25 points) – Corresponds to Project Narrative sections Methodology, Work Plan, and Evaluation and Technical Support Capacity (Section IV)*

The extent to which the application:

- describes clear and realistic methods for collecting and reporting data on performance measures.
- proposes evaluative outcomes to assess that can be attributed to the project.
- includes an evaluation plan capable of demonstrating and documenting measurable progress toward reaching the seven stated Program objectives stated in the Purpose section on pages 1 and 2, as well as the state/jurisdiction's proposed SMART objectives.

*Criterion 4: **IMPACT** (25 points) – Corresponds to Project Narrative sections Methodology, Work Plan, and Evaluation and Technical Support Capacity (Section IV)*

The extent to which:

- plans for dissemination of project results are feasible and effective.
- project activities are replicable.
- plans for project sustainability beyond federal funding have been included.

Criterion 5: ***RESOURCES/CAPABILITIES*** *(10 points) – Corresponds to Project Narrative sections Evaluation and Technical Support Capacity and Organizational Information (Section IV)*

The extent to which:

- project personnel are qualified by training and/or experience to implement and carry out the project.
- the applicant organization has demonstrated capacity and capability to fulfill the needs and requirements of the proposed project. The names of the EMSC SP project director, program manager, and the FAN representative have been included and descriptions of each individuals' background. The staffing plan and job descriptions for key faculty/staff is included as Attachment 2, and an organizational chart is included as Attachment 3.

Criterion 6: ***SUPPORT REQUESTED*** *(10 points) – Corresponds to the Budget and Budget Narrative sections (Section IV)*

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research 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.
- key personnel have adequate time devoted to the project to achieve project objectives. Specifically, the degree to which the applicant has dedicated a full time equivalent (FTE) staff person as a program manager to oversee and manage the grant program. The name of the project director has also been included, along with a brief description of roles and responsibilities and percent of time dedicated to the project.
- required meetings have been included in the budget narrative.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. 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.

3. Assessment of Risk and Other Pre-Award Activities

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).

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked 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 an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, 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.

Effective January 1, 2016, 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 any of 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 posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of April 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of April 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 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, you 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 new Discretionary Grant Information System (DGIS) reporting system will continue to be available through HRSA's Electronic Handbooks (EHBs). HRSA is enhancing the DGIS and will have these improvements available for recipient reporting on October 1, 2017. Once the new DGIS has been developed, tested, and deployed, HRSA will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

Recipients with active awards should be able to access the new DGIS between October 1, 2017 and February 28, 2018 to report their performance objectives for the remaining years of the grant/cooperative agreement. Once all recipients have reported their performance objectives, they will then return to the normal reporting schedule for reporting final 2017 performance data.

The updated and final reporting package incorporating all OMB accepted changes (OMB Number: 0915-0298, Expiration Date: 06/30/2019) can be reviewed at: **https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection**

Award recipients 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) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project. Specifics to be included in the final report will be provided by the HRSA EMSC SP Program.

3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other grant/cooperative agreement programs administered by HRSA to include national performance measures that were developed in accordance with the requirements of GPRA. GPRA 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.

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/H33_4.HTML
Performance reporting is conducted for each year of the project period.

Administrative Forms			
Products, Publications, and Submissions Data Collection Form Form 1: Project Budget Details Form 2: Project Funding Profile Form 4: Project Budget and Expenditures Form 6: Maternal & Child Health Discretionary Grant Form 7: Discretionary Grant Project			
Updated DGIS Performance Measures, Numbering by Domain *(All Performance Measures are revised from the previous OMB package)*			
Performance Measure	New/ Revised Measure	Prior Performance Measure Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – Maternal and Child Health Outcomes
Capacity Building			
CB 4	Revised	5	Sustainability
CB 6	New	N/A	Products

EMSC SP Program:

Performance Measure	New/ Revised Measure	Prior Performance Measure Number (if applicable)	Topic
EMSC 01	New	N/A	Use of National EMS Information System data to identify pediatric patient care needs
EMSC 02	New	N/A	Pediatric emergency care coordination
EMSC 03	New	N/A	Use of pediatric-specific equipment
EMSC 04	Unchanged	74	Pediatric medical emergencies
EMSC 05	Unchanged	75	Pediatric traumatic emergencies
EMSC 06	Unchanged	76	Written inter-facility transfer guidelines
EMSC 07	Unchanged	77	Written inter-facility transfer agreements
EMSC 08	Unchanged	79	Established permanence of EMSC
EMSC 09	Revised	80	Integration of EMSC priorities into statutes/regulations

a) Performance Reporting Timeline

Upon successful award, recipients will be required, within 120 days of the budget period start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract, other grant summary data, and objectives for the performance measures.

Each year thereafter, performance reporting is required. Recipients will be required, within 120 days of the budget period start date, to enter HRSA's EHBs and complete the program-specific forms. In addition to the initial reporting requirement mentioned above, grant recipients are required to report expenditure data, finalize the abstract and grant/cooperative agreement summary data, as well as finalize 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 for this program. 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.

4) **Annual Budget Narrative.** Recipients are required to submit an updated annual budget for the forthcoming budget period along with each annual non-competing continuation application.

5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information 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
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7532
Fax: (301) 443-4293
Email: DCumberbatch@hrsa.gov

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

Jocelyn Hulbert
Project Officer, EMSC SP Program
Email: HRSAEMSC@hrsa.gov

or

Sarah O'Donnell, MPH
Project Officer, EMSC SP Program
Email : HRSAEMSC@hrsa.gov

Emergency Medical Services for Children
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18-54N
Rockville, MD 20857

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
Telephone: 1-800-518-4726 (International Callers, dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: 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 EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Acknowledgment of Federal Funding

As required in legislation and per Section 4.1 of the HRSA *SF-424 Application Guide*, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all award recipients receiving federal funds included in this Act, including but not limited to state and local governments and recipients of federal research grants, shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with federal money; (2) the dollar amount of federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources. For all materials produced with support from the EMSC SP Program, contact your federal project officer for details on proper acknowledgment of federal funding.

Technical Assistance

The HRSA EMSC Program invites all potential applicants to a Technical Assistance Webinar.

Day and Date: Wednesday, November 15, 2017 **– RESCHEDULED**
Time: 4 p.m. ET
Call-In Number: 1-888-566-5969
Participant Code: 7586629#
Weblink: https://hrsa.connectsolutions.com/emsc-sp-hrsa-18-063/

You may also write to HRSAEMSC@hrsa.gov for the recorded webinar link within 2 days of the technical assistance webinar.

RESCHEDULED WEBINAR

Day and Date: Tuesday, November 21, 2017
Time: 4 p.m. ET
Call-In Number: 1 888-946-8383
Participant Code: 6305078#
Weblink: https://hrsa.connectsolutions.com/emsc-sp-hrsa-18-063/

You may also write to HRSAEMSC@hrsa.gov for the recorded webinar link within 2 days of the technical assistance webinar.

IX. Tips for Writing a Strong Application

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