

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

Office of Rural Health Policy  
Public Access to Defibrillation Demonstration Project

***Public Access to Defibrillation Demonstration Project***

**Announcement Type:** New  
**Announcement Number:** HRSA-14-130

**Catalog of Federal Domestic Assistance (CFDA) No. 93.259**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2014

**Application Due Date: April 30, 2014**

*Ensure SAM and Grants.gov registration and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
SAM.gov registration may take up to two weeks and  
Grants.gov registration may take up to one month to complete.*

**Release Date: March 20, 2014**

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Authority: Section 313 of the Public Health Service Act (42 U.S.C. 245)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration, Office of Rural Health Policy is accepting applications for fiscal year (FY) 2014 Public Access to Defibrillation Demonstration Project Grant Program. The purpose of this grant program is to: develop and implement innovative, comprehensive, community- based public access defibrillation demonstration projects that: (1) provide cardiopulmonary resuscitation and automated external defibrillation to cardiac arrest victims in unique settings; (2) provide training to community members in cardiopulmonary resuscitation and automated external defibrillation; and (3) maximize community access to automated external defibrillators (AED).

Funding Opportunity Title:	Public Access to Defibrillation Demonstration Project Grant Program (PADDP)
Funding Opportunity Number:	HRSA-14-130
Due Date for Applications:	April 30, 2014
Anticipated Total Annual Available Funding:	\$300,000
Estimated Number and Type of Award(s):	Two (2) grants
Estimated Award Amount:	Up to \$150,000 per year
Cost Sharing/Match Required:	N/A
Length of Project Period:	Three years
Project Start Date:	September 1, 2014
Eligible Applicants:	An applicant must be a political subdivision of a State, a federally recognized Native American Tribe, or a Tribal organization.  [See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]

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 funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

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## **I. Funding Opportunity Description**

### **1. Purpose**

This announcement solicits applications for the Office of Rural Health Policy's Public Access to Defibrillation Demonstration Project (PADDP) Grant Program. The purpose of this grant program is to: (1) purchase AEDs that have been approved, or cleared for marketing by the Food and Drug Administration; (2) provide basic life training in automated external defibrillator usage through nationally recognized courses; (3) provide information to community members about the public access defibrillation demonstration project to be funded with the grant; (4) provide information to the local emergency medical services (EMS) system regarding the placement of AEDs in the unique settings; and (5) further develop strategies to improve access to AEDs in public places.

### **2. Background**

The program is authorized by Section 313 of the Public Health Service Act (42 U.S.C. 245); and the Consolidated Appropriations Act, 2014 (P.L. 113-46).

AED programs have proven to be highly effective when the device is applied within the first minutes of a cardiac arrest. Increasing the number and efficacy of delivery systems in communities can be expected to have a significant effect on survival. A high quality and sustainable community access defibrillation program requires integration of resources and cooperation among many community entities, most notably policy makers within that community or county.

The intent of this grant program is to support projects that will increase public access to emergency medical devices and services. Applications will be evaluated on criteria such as how well the project: (1) demonstrates the greatest community need for services and programs; (2) uses innovative, comprehensive, community-based public access to defibrillation; and (3) proposes an effective mechanism for the collection of data regarding resuscitation, defibrillation, and survival rates within the setting served by the project. Additionally, projects should be responsive to the unique cultural needs, social beliefs, and linguistic needs of the target population.

## **II. Award Information**

### **1. Type of Award**

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2014 – 2016. Approximately \$300,000 is expected to be available annually to fund two (2) grantees. Applicants may apply for a ceiling amount of up to \$150,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for "PADDP" in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

An applicant must be a political subdivision of a State, a federally recognized Native American Tribe, or a Tribal organization.

Applicants proposing to use a regional approach and distance learning to address common needs of one region are strongly encouraged to apply.

Applicants are encouraged, but not required, to form collaborative partnerships that will ensure maximum benefit to the limited funding available through this competition. Partnerships may be composed of emergency response entities such as training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and non-profit entities and for-profit entities concerned about cardiac arrest survival rates. An applicant can be in partnership with a State-wide, multi-State, regional, or multi-county consortium. Each partnership must have a designated lead applicant as the grantee of record to act as the fiscal agent for the partnership. State-wide and multi-State partnerships do not need to include all counties in the State.

Partnerships may be formed through a memoranda of agreement (MOA) or memoranda of understanding (MOU) to be included as **Attachment 4** to the grant application. The MOA/MOU must describe how the partnership will deal with issues of governance, disbursement of funds, the roles and responsibilities of each member in the partnership, and the significant contributions of each partner to the goals of the project.

#### **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.

NOTE: Multiple applications from an organization are not allowable.

### **IV. Application and Submission Information**

#### **1. Address to Request Application Package**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at [Grants.gov](http://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 funding opportunity announcement to do otherwise.

### Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 45 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 are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and submitted 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.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion Need (#1)*  
This section should briefly describe the purpose of the proposed project and outline the needs of the target population.
- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion(a) Need (#1) and Impact (#4)*  
The target population's unmet EMS health needs must be described and documented in this section. Applicants should describe the general population, especially the target population of the community that will be served by the project. Information regarding local and State EMS response times, especially those for cardiac arrest and/or heart attack, should be included, if available. If there are no existing records of response time, a plan on how these times will be obtained should be included. Applicants should identify if a formal community level EMS evaluation to determine the needs has been conducted for the service area. If so, applicants should indicate how it will impact the

proposed project. If not, applicants should detail the process for conducting one and the completion date. Applicants should indicate what tools were used to identify the special needs of the community. Tools could include needs assessments, town meetings, health screenings, health fairs, questionnaires, etc. Local data, which is particularly important if available, should be used to document the unmet EMS needs in the target population.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion Response (#2)*  
Provide an overview on how the proposed project will be developed, implemented, and assessed. Provide an overview of the innovative nature of the proposed project. This section should include information on how many AEDs are proposed to be purchased, their placement locations, and training programs. Applicants should describe how the State EMS office will be notified of AED placement locations and public relations efforts to inform the community of the project. Applicants should clearly describe what proposed activities will take place to show that program objectives have been met and what changes in the community are attributable to this program. General information on training activities should include a target number of how many are proposed to be trained, the type of national training program to be used, who will provide the training, and how many sessions will be offered.

When considering placement locations, special care should be taken to ensure that such locations are where the probability of sudden cardiac arrest is high given a corresponding high concentration of persons and/or bystander intervention is likely. In addition, consider those locations where access to patients may be difficult where innovative AED placement would result in more rapid cardioversion.

Applicants should describe issues regarding liability and ownership as it relates to the placed AEDs and how these issues may be resolved. Applicants should discuss if liability remains with them as the potential applicant of record. If liability is transferred to the locality where the AED is placed, then such distinction should be included and documented in **Attachment 5**.

Applicants should describe how the project will be integrated into the existing EMS response system and with current defibrillation programs (i.e., Rural Access to Emergency Devices Grant Program and other non-Federal programs). Applicants should describe how the project will be implemented, placing emphasis on emergency dispatch utilizing 9-1-1 pre-arrival instructions, EMS response, medical direction, and quality improvement.

Applicants should explain how the project is expected to benefit the target population and community. Applicants should identify and document through data collection the effectiveness of the program. Applicants should discuss the plans and methods for how the project results, educational activities, and location of the AEDs will be disseminated to the public. Applicants should discuss how the public will be trained in the use of these devices.

Include information on the process developed to collect and track data on the usage of the AED devices and the outcomes. Include information on the data collection system that will be used to analyze the information.

**Please Note: On March 22, 2013, FDA proposed a rule regarding regulation of the manufacturing of AED devices. If the rule becomes final, applicants receiving funding are required to be in full compliance and provide documentation that devices purchased meet FDA's pre-market approval. To review the proposed rule, use the following link: <https://www.federalregister.gov/articles/2013/03/25/2013-06723/effective-date-of-requirement-for-premarket-approval-for-automated-external-defibrillator-system>. Further guidance will be provided on documentation requirements, if the rule becomes final.**

It is expected that receiving a grant award via this program will result in a sustainable project after the initial Federal funding period. Applicants should identify strategies for project sustainability. Applicants should discuss how the project may be replicated in other communities via dissemination of project results.

- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) Response (#2) and Impact (#4)*

Provide a clear and coherent work plan that is aligned with the goals and objectives of the proposed project. Identify the anticipated outputs, evidence of progress, and the responsible agent for completing each step. There should be completion times for the associated activities and steps. This time line should encompass the entire length of the proposed project (three years) and have completion dates with deadlines that refer to actual dates by which to accomplish each goal, objective, and activity.

Applicants must plan for ways to continuously increase the quality of the proposed project. Describe on-going quality improvement strategies that will assist in the early identification and modification of ineffective project activities.

Goals, Objectives, Activities, Outputs/Outcomes, and Responsible Agents are the components of a project plan. A goal is the target outcome or result that is to be accomplished through the proposed project activities. Applicants may state a single goal or multiple goals. Applicants should indicate how significant the realization of the goal(s) will be for the target population and for others in the community; for example, the number of saved lives due to decreased time to first shock.

An objective is a plan to accomplish a goal, or a portion of a goal. An activity is an action step toward completion of an objective. Goals and objectives should be measurable, realistic, and achievable in a specific timeframe.

Outcomes and/or process measures are used to determine whether a goal, an objective, or an activity has been achieved. Responsible agents are persons or organizations that are responsible for completing activities. Completion dates are deadlines by which goals, objectives, and activities are to be completed by responsible agents. Using these measures, the applicant should identify a process for periodic feedback and program modification as necessary.

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

Applicants should describe any barriers such as access to care or providers.

Applicants should describe financial or language barriers. Applicants should describe

any geographical isolation or related access to care issues to the proposed AED placement plan. For urban areas, the reverse of geographical isolation will apply when considering traffic and congestion that pose significant delays when accessing timely emergency care. There may be important physical features to the landscape that are important factors as well.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion Evaluation (#3)*

Integration with other existing defibrillation programs in the proposed service area, and especially emergency medical dispatch and EMS response, is of primary importance with any defibrillation program. The same holds true for data collection and evaluative measures. Applicants are encouraged to integrate data inputs from across the community by establishing a baseline to compare future AED efforts (contingent upon appropriations) and incorporate data linkages with hospital discharge outcome results consistent with national dataset elements (e.g., National Highway Traffic Safety Administration or National EMS Information System).

Applicants should include an evaluation plan (**Attachment 8**) describing the process by which data is collected and the outcomes tracked. Applicants should develop benchmarks for the number of AEDs placed, the number of persons trained on the use of AEDs, and the number of operational uses (with the status of the patients after defibrillation). Applicants should describe the data collection system that will be used to analyze the use of AEDs and evaluate the project's overall effectiveness. Applicants should describe how the system will be used to make improvements to the project. Applicants should describe how the average time interval from finding patients in distress to use of AEDs will be provided. Applicants should also demonstrate how the data collection activities will be integrated with the State EMS data collection system (to enable monitoring of the project beyond the grant period) and reference specific data reporting elements that may potentially be integrated into national datasets.

Applicants should provide the number and type of relevant service providers that are located in and near the service area of the project and how they relate to the project. Applicants should also describe the potential impact of the project on existing providers (e.g., changes in referral patterns, practice patterns, etc.) who are not part of the project. Any potential adverse effect is particularly important, as well as discussion on how the project may complement the existing EMS structure in the service area. Applicants should also describe if a formal community level EMS evaluation has been conducted for the service area. If so, applicants should detail how it will impact the proposed project. If one has not been conducted, applicants should detail the process for conducting one and an anticipated completion date.

**The Budget Narrative should also include the costs associated with the evaluation plan and the evaluator.**

**Please note:** ORHP created specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its Rural Health Programs and in particular, will help determine the impact of the Rural Access to Emergency Devices Program. Grantees will be expected to provide data on

these measures annually for continued funding. Applicants should employ an evaluator to collect, analyze, and report the data.

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

Provide information on the applicant agency's current mission and structure, scope of current activities, and an organizational chart (**Attachment 3**), and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe current experience, skills, and knowledge, including individuals on staff at the time of award who will initiate the project's activities.

The proposal should also include a description on the partnership, whether multi-State, State-wide, regional, etc., in this section. Applicants should relate how the structure of the partnership was developed. A listing of the various organizations and the tasks each is responsible for should be clearly delineated. Issues of governance and decision making should be clearly defined. Applicants should also describe potential problems (partner disagreements, personnel actions, expenditure activities) that are likely to be encountered in designing and implementing the activities described in the work plan. Approaches that will be used to resolve identified challenges should be included.

Applicants should include any information on actual, documented past experiences within the service area where having access to AEDs and bystander CPR would have made a difference in patient care. Applicants should describe previous efforts to acquire and place AEDs. Evidence of success with other similar projects, particularly collaborative endeavors, should be provided.

If the applicant is using partners, all partners must have a realistic reason for being included in the project. Applicants should identify the type of support each partner will provided to the project. Applicants are encouraged to carefully consider selection of partners to ensure the success of common project goals

A list of all partners including the full address, phone/fax numbers, email address, and contact person should be included. Applicants should describe how authority will flow from the applicant receiving the Federal grant funds to the partners and how accountability to the project objectives will be reinforced. Applicants should provide the name of the lead organization, the name and contact information for the person responsible for ensuring the day to day operations, and the check and balance system instituted to ensure fiscal integrity of the program. Include an organizational chart for the applicant organization and the partners in **Attachment 3**.

**iii. Budget and Budget Justification Narrative**

See Section 4.1.iv and v. of HRSA's [SF-424 Application Guide](#). In addition, the PADDP Program requires the following:

The budget should be reasonable, allocate Federal funds for allowable purposes, and should address:

- a. AED purchasing, including brand and model information
- b. Training and maintenance costs

- c. Data reporting costs
- d. Description of budget and accounting processes to be used

The General Provisions in Division F, Title V of the Consolidated Appropriations Act, 2012 (P.L. 112-74) and continued through the Consolidated and Further Continuing Appropriations Act, 2013 (P. L. 113-6), and the Continuing Appropriations Act, 2014 (P.L. 113-46), apply to this program. These provisions include a salary rate limitation. Salary limitation should be updated to reflect increase of \$181,500 in lieu of \$179,700 for these new awards (see Section **4.1.iv Budget – Salary Limitation** of HRSA’s [SF-424 Application Guide](#)).

**iv. Attachments**

Please provide the following items in the order specified below to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the 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.

*Attachment 2: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 1, 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 3: Project Organizational Chart*

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

*Attachment 4: Partnership Memorandum of Agreement/Understanding*

The partnership must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all members, that reflects the mutual commitment of the members. Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award. Any additional evidence, such as by-laws and letters of incorporation may be included in Attachment 4 as well.

*Attachment 5: State’s Liability and Ownership Issues/Good Samaritan Law*

Include any liability issues that may be associated with the placement of AEDs.

*Attachment 6: EMS Response Time Data*

Provide Information regarding local and State EMS response times, in particular those for cardiac arrest and/or heart attack, if available.

*Attachment 7: Office of Rural Health Policy Funding History*

Current or former grantees involved in or submitting a new application must include: (1) the dates of any prior award; (2) the grant number assigned to the previous award;(3) a copy of the abstract or project summary that was submitted with the previous grant

application; and (4) the role of the applicant and/or the community partnership in the previous grant.

*Attachment 8: Evaluation Plan*

Please include an evaluation plan describing the process used to collect, track, and analyze the data for AED usage.

*Attachment 8: Supplemental Materials*

Please include in this section information that is not included elsewhere in the Table of Contents. Be sure each item is clearly labeled. Include letters that specifically indicate a commitment to the project (in-kind services, dollars, staff, space, equipment, etc.) Letters of support must be dated. List all other support letters on one page.

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *April 30, 2014 at 11:59 P.M. Eastern Time*.

### **4. Intergovernmental Review**

The PADDP 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.

### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$150,000 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.

Funds under this announcement may not be used for the following purposes:

Grant funds may not be spent, either directly or through contract, to provide direct health care services or to pay for the purchase, construction, renovation or improvement of facilities or real property.

The total amount of funds requested to administer the PADDP grant program may not exceed ten (10) percent of the requested Federal award, to include indirect and other administrative costs ((Section 313(d) of the Public Health Service Act (42 U.S.C. 245)).

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information.

All program income generated as a result of awarded grant 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.

Applicants should pay strict attention to addressing all these criteria, as they are the basis upon which the reviewers will evaluate their application.

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

#### *Criterion 1: NEED (25 points) – Corresponds to Section IV's Introduction and Needs Assessment*

Applicants will be evaluated by the extent to which the proposal:

- a) Demonstrates a full understanding of the needs of the target population; the community in general; and details relevant barriers, such as access to emergency care, access to providers, language barriers, financial barriers, geographical barriers, etc., in the target community.
- b) Clearly identifies the number and type of relevant service providers in the service area; demonstrates a thorough understanding of the potential impact of the project on the providers not part of the project; and demonstrates a thorough understanding of the potential adverse effects of the project on the existing EMS structure.
- c) Documents or cites relevant early defibrillation outcomes stated in the literature, complemented by available public health data, and then delineates a clear benefit for area or population to be served.
- d) Clearly establishes and documents the unmet needs as evidenced by:
  - a. The strength and appropriateness of the tools used to identify the needs of the community (needs assessments, health fairs, questionnaires, etc.).
  - b. The strength and completeness of local data to document the needs.
- e) Clearly discusses local and State EMS response times, if available. If data is not available, strength and feasibility of how response times will be obtained.
- f) Clearly identifies whether a formal community level EMS evaluation of the community's needs has been conducted for the service area. If so, applicants should detail how it will impact the proposed project. If one has not been conducted, applicants should detail the process for conducting one and an anticipated completion date.

#### *Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges*

- a) The extent to which the proposed project represents innovation in addressing the identified needs.
- b) Appropriateness of anticipated outputs and the extent to which the proposed timeframe for the project activities is feasible and realistic.
- c) The degree of integration with the overall EMS response system and how this project will be integrated with existing defibrillation programs (i.e., Rural Access to Emergency Devices, and other non-Federal programs).
- d) Strength of the proposed implementation of the program (e.g., Personal Protective Equipment (PPE), Cardiopulmonary Resuscitation (CPR), first responder training and utilization, security, mounting, alerting, access and other support components).
- e) Strength of the proposed training and appropriateness of those targeted to receive training.
- f) Strength of the public relations efforts that will be used to enhance community awareness of the proposed project.
- g) Strength of the proposed plan outlining how the community will sustain the project (e.g., what public and/or private partnerships will be created via this project, the degree to which major employers or occupational sites have been solicited within the proposed service area) and the degree to which public relations and marketing efforts will be used to highlight the project.
- h) Demonstrates a clear understanding of the cultural and linguistic differences of the target population, and the strength of the proposed plan to resolve these challenges.
- i) Demonstrates a clear understanding of the barriers to care or providers, and the strength of the proposed plan to overcome these barriers.
- j) Clearly describes the State, regional and/or community structure of the consortium, if applicable, and identifies the partner organization(s) and/or person(s) responsible for carrying out each project activity and describes potential problems and resolutions. Clearly describes the community structure including resources to manage the project.

*Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity*

- a) Provides a clear and coherent work plan that is aligned with the goals and objectives of the proposed project.
- b) Identifies the anticipated outputs, evidence of measurable progress, the strength of the responsible agent for completing each step, and the reasonableness of the anticipated timeframe for the project activities.
- c) Documents the strength and appropriateness of: a data collection system that will provide data, an analysis of the AED usage, evaluates the overall program effectiveness (e.g., comparison of survival rates before and after implementation of the public access defibrillation demonstration project), and facilitates the identification of any necessary improvements during the project period.
- d) Documents the strength of the process by which benchmark measures will be monitored and tracked throughout the project period on the following: number of AEDs placed; number of persons trained (includes lay public, emergency medical dispatchers, etc.); and number of operational uses with status of patient after defibrillation (e.g., restoration of pulse and respirations, sustained cardiac arrest or asystole) relying upon Utstein reporting criteria, as appropriate, given existing data elements collected within the service area.

- e) Strength of the proposal in discussing how an average time interval from finding the patient in distress to use of AED will be provided.
- f) Strength of the process by which the program's data collection activities will be integrated with a State EMS data-collection system to longitudinally monitor project utility beyond the grant period and references specific data reporting elements to potentially be integrated into national datasets via State EMS Office integration (if applicable).

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Workplan*

- a) Extent and potential effectiveness of proposed plans for dissemination of project results, educational activities, and AED locations as evidenced by a thorough demonstration of how such results may be replicable in other communities.
- b) Identifies logical and achievable strategies for project sustainability beyond the Federal funding period.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information*

- a) The strength of the applicant as evidenced by the history of successfully managing similar programs, particularly in collaborative endeavors.
- b) The success of previous efforts to acquire and deploy AEDs
- c) Clearly demonstrates an ability to manage the consortium, administer grant funds, and deliver the services proposed for the project, if applicable.
- d) The capability of the applicant to deliver services and otherwise meet the needs of the project.
- e) The appropriateness of the paid staff that will be available at the time of award and their capability to initiate the activities described in the project narrative.
- f) If applicable, clearly demonstrates an ability to manage the consortium. The strength of the consortium as evidenced by the project management strategies. Clearly defined lines of authority from the applicant that receives the Federal funding to all partners. Clearly outlined process reinforcing accountability to program objectives among such partners.
- g) A clearly defined organizational chart for the applicant organization and, if applicable, all relevant partners, with a listing of all members including full address, phone/fax numbers, email addresses, and key contact person.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to the Budget*

- The budget justification logically documents how and why each line item request supports the goals and activities of the proposed grant-funded activities over the length of the 3-year project period.
- The degree to which the estimated cost to the government of proposed grant-funded activities appear reasonable.

## **2. Review and Selection Process**

Please see section 5.3 of the HRSA's [SF-424 Application Guide](#).

## **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2014.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of September 1, 2014. 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](#).

### **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Other required reports and/or products.**
  - a. **Performance Measures.** A performance measures report is required after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, grantees will be notified of specific performance measures required for reporting.

## **VII. Agency Contacts**

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

Attn: Carolyn Cobb, Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-13  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-0829  
Fax: (301) 443-6363  
Email: [ccobb2@hrsa.gov](mailto:ccobb2@hrsa.gov)

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

Michele Gibson  
Public Health Analyst

Attn: Rural Access to Emergency Devices Grant Program  
Federal Office of Rural Health Policy, HRSA  
Parklawn Building, Room 5A-05  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-7320  
Fax: (301) 443-2803  
Email: [mpray@hrsa.gov](mailto:mpray@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](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees 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 Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
E-mail: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

## VIII. Other Information

### 1. Technical Assistance Conference Call Information

The Office of Rural Health Policy will hold a Technical Assistance call for the Public Access to Defibrillation Demonstration Project Grant Program. The call will be held on April 2, 2014 at **1:00 pm Eastern Time**. To attend the TA call, please call **1-888-566-5773**. The Passcode for this call is 7425845. The call will be recorded for playback. The number to access the playback is **1-866-448-7652**. **The passcode is 5214**. The play back will be available until **May 2, 2014**.

The purpose of the call is to go over the grant guidance, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is interested in applying for the PADDP program plan to listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

### 2. Helpful Websites

Office of Rural Health Policy: <http://ruralhealth.hrsa.gov>

Rural Assistance Center (RAC) - <http://www.raconline.org>

National Association of State EMS Officials - <http://www.nasemsd.org/>

### 3. Definitions

Definitions for some of the terms commonly used in conjunction with the Rural Access to Emergency Devices Grant Program are listed below.

**Automatic External Defibrillator (AED)** – A device used in sudden cardiac events designed to deliver a series of shocks at pre-programmed energy levels to restore spontaneous circulation.

**Budget Period** - 12-month intervals of time into which the three year project period is divided for budgetary and funding purposes. The period also is the “period of funding availability” as specified in 45 CFR part 74 and 92.

**Contract** – A written agreement between a grantee and a third party to acquire commercial goods or services.

**Equipment** – Per 45 CFR Part 74.2, equipment is tangible non-expendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.

**Lead Applicant** - An organization that assumes responsibility to direct the project supported by the grant. The lead applicant is responsible and accountable for the proper conduct of the project. The lead applicant is legally responsible and accountable to the Department of Health and Human Services for the performance and financial aspects of the grant.

**Letter of Commitment** - A document submitted by a community partnership member that delineates the role, responsibilities and resources committed to the project by that member.

**Letter of Support** - A letter submitted by a community-based organization that is not a member of the community partnership, but wishes to express support for the project.

**Memorandum of Agreement** – The Memorandum of Agreement is a written document that must be signed by all community partnership member CEOs or Board Chairs to signify their formal commitment as a community partnership. An acceptable MOA must describe the community partnership’s purpose and activities in general; member responsibilities in terms of financial contribution and participation.

## IX. Tips for Writing a Strong Application

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