

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

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

EMSC State Partnership Rural Expansion Program

Funding Opportunity Number: HRSA-21-108
Funding Opportunity Type(s): Competing Supplement
Assistance Listings (CFDA) Number: 93.127

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: June 25, 2021

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: April 22, 2021

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 ***Emergency Medical Services for Children (EMSC) State Partnership Rural Expansion Program***. The purpose of this demonstration project is to improve and expand emergency medical services (EMS) systems for children who need treatment for trauma or critical care to ensure access to age-appropriate, high-quality care during the COVID-19 pandemic in rural, remote, and/or tribal areas. Supplemental funds will support demonstration projects that respond to gaps in the readiness to care for children in prehospital EMS and hospital emergency department (ED) systems with a concentration in rural, remote, and/or tribal areas, and within existing EMSC State Partnership Program priorities.

Funding Opportunity Title:	EMSC State Partnership Rural Expansion Program
Funding Opportunity Number:	HRSA-21-108
Due Date for Applications:	June 25, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$1,000,000
Estimated Number and Type of Award(s):	Up to 5 grants
Estimated Award Amount:	Up to \$200,000
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2021 to March 31, 2022 (in alignment with the base awards)
Eligible Applicants:	<p>Eligible applicants include recipients currently funded under HRSA-18-063 Emergency Medical Services for Children (EMSC) State Partnership Program</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information</p>

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.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, April 29, 2021

Time: 3 p.m. eastern time

Call-In Number: 1-833 568 8864

Meeting ID: 161 345 1039

Passcode: 70452714

Web link: [https://hrsa-gov.zoomgov.com/j/1613451039?pwd=Nm44bE03U2taZUF3bkFZZ3JkWjU5dz09](https://hrsa.gov.zoomgov.com/j/1613451039?pwd=Nm44bE03U2taZUF3bkFZZ3JkWjU5dz09)

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for supplemental funding under the Emergency Medical Services for Children (EMSC) State Partnership Rural Expansion Program. The purpose of this demonstration project is to improve and expand emergency medical services (EMS) systems for children to ensure access to age-appropriate, high-quality care during the COVID-19 pandemic in rural, remote, and/or tribal areas. Supplemental funds will support demonstration projects in rural, remote, and/or tribal areas that respond to gaps in the readiness to care for children in prehospital EMS and hospital Emergency Department (ED) systems to advance existing EMSC State Partnership Program performance measure priorities.

You may select objectives related to the following EMSC State Partnership Program performance measure priorities:

- **Objective 1:** Increase the number of hospitals in rural, remote and/or tribal communities that are recognized by a state, regional, or territorial pediatric medical recognition program (supports HRSA performance measure EMSC 04).
- **Objective 2:** Increase the number of pediatric emergency care coordinators in rural, remote, and/or tribal EMS agencies (supports HRSA performance measures EMSC 02).

In addition, you are encouraged to incorporate strategies that are responsive to specific gaps in provider or system pediatric readiness that address state-based needs heightened by the COVID-19 pandemic, such as:

- Pediatric behavioral/mental health
- Trauma-informed care
- Management of multi-system inflammatory syndrome (MIS-C)
- Culturally responsive care
- Child abuse and neglect

2. Background

This program is authorized by 42 U.S.C. § 300w-9 (Title XIX, § 1910 of the Public Health Service Act), for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care.

Eighty-percent of children in the U.S. who become ill or experience acute trauma will be taken to a general emergency department (ED) that primarily serves adults. Critically ill children who receive care in a general ED that is insufficiently prepared to care for children may suffer higher rates of mortality compared to those cared for in a general ED that is well prepared to care for children.¹ In rural communities, "... EDs are experiencing important changes in utilization rates, increasingly serving a larger

¹ Ames S, Davis B, Marin J, et al. Emergency department pediatric readiness and mortality in critically ill children. *Pediatrics*. 2019;144(2): e20190568

proportion of traditionally disadvantaged groups and with greater pressure as safety-net hospitals.”² In addition, prehospital emergency medical services (EMS) agencies in rural areas are less likely than urban EMS agencies to have a pediatric emergency care coordinator (PECC).³ These circumstances increase concerns that children living in rural and remote communities across the country receive disparate access to quality of EMS, relative to their counterparts in more urban areas. With the disproportionate impact of the current COVID-19 pandemic on rural and remote communities, additional resources are needed to address the prehospital EMS and general ED emergency health care needs of children living in these areas. This competitive supplement expands and enhances outreach to rural, remote, and tribal areas. The strategies developed and demonstrated through this project will enable a better understanding of the obstacles to expand access to high-quality EMS for children in rural, remote, and/or tribal regions in light of the current pandemic, and provide effective strategies to overcome those barriers.

This competitive supplement provides additional funding to enhance and expand EMSC State Partnership Program performance measure priorities to focus on rural, remote, and/or tribal regions:

- Increase the number of hospitals in rural, remote, and/or tribal communities that are recognized by a state, regional, or territorial pediatric medical recognition program (supports HRSA performance measure EMSC 04); and
- Increase the number of pediatric emergency care coordinators in rural, remote, and/or tribal EMS agencies (supports HRSA performance measure EMSC 02).

Pediatric Medical Recognition Programs:

Currently, the HRSA EMSC Program collaborates with the American Academy of Pediatrics, the Emergency Nurses Association, the American College of Emergency Physicians, and others in a national quality improvement initiative called “The National Pediatric Readiness Project.” The initiative allows hospital EDs to self-assess their readiness to care for children based on the recommended 2018 joint policy statement, “Pediatric Preparedness in the Emergency Department”⁴. The expansion of statewide pediatric medical recognition programs (EMSC Performance Measure 04) follows these national guidelines and supports EMSC state partners to work within their state to identify those EDs that adhere to a standard level of readiness for children. These statewide pediatric medical recognition initiatives are associated with higher pediatric readiness.⁵ A 2019 study found that a high pediatric readiness score is associated with decreased mortality and suggested that increasing ED readiness for pediatric emergencies may improve patient outcomes.⁶ In 2020, 17 out of 58 EMSC State Partnership recipients reported having a pediatric medical recognition program, with at least one facility formally recognized as being capable of stabilizing and managing

² Greenwood-Ericksen, M. B., & Kocher, K. (2019). Trends in Emergency Department Use by Rural and Urban Populations in the United States. *JAMA network open*, 2(4), e191919. <https://doi.org/10.1001/jamanetworkopen.2019.1919>

³ Hewes, H. A., Ely, M., Richards, R., Shah, M. I., Busch, S., Pilkey, D. & Olson, L. M. (2018). Ready for children: assessing pediatric care coordination and psychomotor skills evaluation in the prehospital setting. *Prehospital Emergency Care*.

⁴ Remick K, Gausche-Hill M, Joseph MM, Brown K, Snow SK, Wright JL; American Academy of Pediatrics Committee on Pediatric Emergency medicine and Section on Surgery; American College of Emergency Physicians Pediatric Emergency Medicine Committee; Emergency Nurses Association Pediatric Committee. Pediatric Preparedness in the Emergency Department. *Pediatrics*. 2018;142(5):e20182459

⁵ Whitfill, T. M., Remick, K. E., Olson, L. M., Richards, R., Brown, K. M., Auerbach, M. A., & Gausche-Hill, M. (2020). Statewide pediatric facility recognition programs and their association with pediatric readiness in emergency departments in the United States. *The Journal of pediatrics*, 218, 210-216.

⁶ Ames, S. G., Davis, B. S., Marin, J. R., Fink, E. L., Olson, L. M., Gausche-Hill, M., & Kahn, J. M. (2019). Emergency department pediatric readiness and mortality in critically ill children. *Pediatrics*, 144(3).

pediatric medical emergencies.

Importance of Increasing Pediatric Emergency Care Coordinators:

In 2020, the American Academy of Pediatrics, American College of Emergency Physicians, Emergency Nurses Association, National Association of Emergency Medical Services Physicians, and National Association of Emergency Medical Technicians published a joint policy statement and technical report on pediatric readiness in EMS systems. The technical report states, “Providing high-quality out-of-hospital care to children requires an emergency medical services (EMS) system infrastructure designed to support the care of pediatric patients.”⁷ The 2020 joint policy statement highlights approaches to improving pre-hospital EMS for children, including increasing the number of agencies that have a champion that can support policy development, training, and access to pediatric resources to elevate the capacity of their EMS agencies to provide age-appropriate, high-quality emergency care to children.⁸ HRSA’s EMSC Performance Measure 02 measures the proportion of EMS agencies by state or territory that have a designated individual who coordinates pediatric emergency care (i.e., PECC).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$1,000,000 to be available to fund five recipients. You may apply for a ceiling amount of up to \$200,000 total cost (includes both direct and indirect, facilities and administrative costs). The period of performance is April 1, 2021 through March 31, 2022.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are current recipients that received an initial award under the HRSA-18-063 EMSC State Partnership Program.

⁷ Owusu-Ansah S, Moore B, Shah MI, et al. AAP Committee on Pediatric Emergency Medicine. Section on Emergency Medicine, AAP EMS Subcommittee, Section on Surgery. Pediatric Readiness in Emergency Medical Services Systems. *Pediatrics*. 2020;145(1): e20193308

⁸ American Academy of Pediatrics, Committee on Pediatric Emergency Medicine American College of Emergency Physicians, Emergency Medical Services Committee Emergency Nurses Association, Pediatric Committee National Association of Emergency Medical Services Physicians, Standards and Clinical Practice Committee National Association of Emergency Medical Technicians, Emergency Pediatric Care Committee. Policy statement: pediatric readiness in emergency medical services systems. *Pediatrics*. 2019;145(1):e20193307

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

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

2. Content and Form of Application Submission

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. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files included in the page limit may **not exceed** the equivalent of 20 **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 NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-108, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 20 pages will not be read, evaluated, or considered for funding.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 4: Other Relevant Documents*.

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

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

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness (ASPR) website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

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 Narrative

This section provides a brief framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

Recipients should include details that describe the following:

- Selection of objectives related to HRSA EMSC Performance Measure 02 and/or 04 (see background section for details);
- A defined cohort of rural, remote, and/or tribal EMS agencies or hospitals that will be engaged in this project;
- Plans to organize a project team. The project team is expected to include a dedicated EMSC program manager and should include the EMSC Advisory Committee and stakeholders from rural, remote, and/or tribal prehospital EMS or hospital systems. Depending on the project focus, additional stakeholders are strongly encouraged, and may include Title V Maternal and Child Health Services grantees as well as subject matter experts in pediatric behavioral/mental health, trauma-informed care, management of multi-system inflammatory syndrome (MIS-C), culturally responsive care, and/or child abuse and neglect;
- Plans to conduct a local needs and assets assessment to identify gaps in aspects of EMS system pediatric readiness in rural, remote, and/or tribal cohort;
- Develop a local/regional and need-specific response plan to address the identified gaps; and
- Clearly defined Specific, Measurable, Achievable, Relevant, and Time-based (SMART) objectives, which incorporate inclusive and equitable outreach to rural, remote, and/or tribal areas; and Plans to report baseline and annual data on respective EMSC SP performance measures (EMSC 2 or EMSC 4) to show progress toward objectives.

Recipients are expected to demonstrate sufficient administrative and programmatic capacity within the state to anticipate and overcome challenges for successfully implementing project activities.

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

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

Briefly describe the purpose of the proposed project. Details should include relevant local and regional context, emerging issues relevant to pediatric emergency care and the COVID-19 pandemic and current partnerships and efforts in place.

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

This section of the Project Narrative discusses issues of importance to the supplement. It should help reviewers understand the needs of rural and remote EMS agencies and/or hospitals in the state or territory to care for children. This section should include the barriers faced by the population of focus (communities and residents in rural, remote, and/or tribal geographical areas) that impact access and medical treatment for children who need treatment for trauma or critical care. Demographic, EMSC performance measure, and health-systems data should be used and cited whenever possible to support the information provided. Please discuss any relevant barriers in the service area that the project seeks to overcome.

In addition to the information requested above, details in this section may describe the following, where applicable:

- Prevalence and incidence of pediatric health conditions encountered by EMS and hospital EDs in these regions. Data sources for this may include state EMS data and available hospital data.
- Challenges faced by the health system and gaps in pediatric readiness that were pre-existing, highlighted by, and/or resulting from the COVID-19 pandemic.
- Average pediatric readiness score in the defined cohort of rural and remote hospitals.
- The geographic, demographic, and administrative diversity of EMS agencies identified as priorities for outreach through this project. Include information about the volume and characteristics of the pediatric population served by these agencies, whether agency command is based in fire, hospital, public safety, or other administrative structures, and the degree to which the agency workforce is comprised of volunteers and/or career professionals.
- Socio-cultural determinants of health and health inequities affecting the pediatric population of focus.
- Systems, infrastructure, and community barriers and gaps that the project aims to resolve.
- Expressed needs of EMS and ED providers related to the care of children in the in rural, remote, and/or tribal EMS agencies.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion(a) (2) Response*

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities.

Details in this section should include:

1. The defined focus population in rural, remote, and/or tribal EMS agencies and/or hospitals that will be engaged in this project.
2. Strategies and current partnerships leveraged to assemble a project team. The project team is expected to include a dedicated EMSC Program Manager and should be supported by the state/territory EMSC Advisory

Committee, and include representatives from the Maternal and Child Health State Title V program, as well as rural, remote, and/or tribal stakeholders. As applicable, additional stakeholders should include representatives from key local organizations or specific areas of expertise, such as behavioral health, cultural responsiveness, etc.

3. Methods that ensure a shared and equal collaborative process that engages the focus population. Key components should include community engagement, cultural competence, community investment, and a cultural liaison, as applicable.
4. Quantitative and/or qualitative methods to gather baseline data, monitor, and evaluate performance. Data sources, at minimum, should include current EMSC performance measure data, EMSC 02 and EMSC 04, as applicable to the selected objective. You may also include other evaluative data measures such as number of products, educational content (developed and disseminated), number of providers that are trained, pre-post surveys, and national pediatric readiness scores.
5. A description of any innovative methods that you will use to address the stated needs.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices for the focus population.

▪ ***WORK PLAN -- Corresponds to Section V's Review Criterion(a) (2) Response and (3) Impact***

Describe the activities or steps used to achieve each of the activities proposed in the Methodology section during the entire period of performance. Use a timeline that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application. Stakeholders should reflect both the needs of, and the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

The work plan should clearly link to the activities and objectives described in Section 1 of this guidance. It must demonstrate that resources, which include dedicated personnel, are available to achieve the proposed SMART objectives.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, such as achieving anticipated progress within the proposed timeframe. Describe approaches that you will use to resolve such challenges, including your institution's history and capacity in administrative operations and plans for how the funds will be obligated within the period of performance ending on March 31, 2022.

ii. Budget

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

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

In addition, the EMSC State Partnership Rural Expansion Supplement recommends inclusion of the following:

You may propose to use these funds through a variety of mechanisms to meet the purpose of the award:

- Content Development
 - Development of educational content for emergency care providers.
- Pediatric Equipment, Supplies, and Educational Materials
 - Items needed for project activities, such as pediatric-specific education and enhanced outreach.
 - Technology such as virtual platforms, etc.
- Travel
 - Travel needed to effectively engage remote or distant local hospitals and or EMS agencies, if allowed by the state.
- Other:
 - Subject matter expert consultants who contribute expertise in the administrative and operational context of pre-hospital and hospital EMS systems within the state, or specific focus areas such as behavioral health, trauma-informed care, cultural responsiveness, and local outreach.
 - Subject matter expert consultants who contribute experience and capacity for effective local outreach and training to rural and remote pre-hospital EMS agencies and hospitals.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), 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 the following fiscal years, as required by law.

iii. Budget Narrative

A budget narrative provides details to justify the proposed costs outlined on the line-item budget form. For complete instructions on what to include in the budget narrative. See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

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. Any attachments referenced in a narrative section may be considered during the objective review.

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (3) Impact
Resolution of Challenges	(2) Response
Budget and Budget Narrative	(4) Support Requested

iv. **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. **Clearly label each attachment.**

Attachment 1: Work Plan

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

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

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

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for new personnel.

Attachments 4-10: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with 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)).

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

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

*Currently, 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](#).

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial

assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://sam.gov).

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 June 25, 2021 *at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The EMSC Rural Expansion 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 supplemental funding at no more than \$200,000 (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Further Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

Funding restrictions placed under HRSA-18-063 apply. See most recent Notice of Award for detail.

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 applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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.

Review criteria are used to review and rank applications. The EMSC State Partnership Rural Expansion Program has five review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV’s Introduction and Needs Assessment

The extent to which the application:

- Demonstrates an understanding of the problem and associated contributing factors to the problem by including the requested details in Section IV’s Introduction (10 points); and
- Includes a Needs Assessment with details requested (10 points).

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges

The extent to which the activities clearly describe requested details in the following sections:

Methodology (15 points)

The strength, completeness, and feasibility of the applicant’s approach to addressing the purpose, objectives, program requirements, and expectations in this NOFO and under Purpose and Program-Specific Instructions including the extent to which the application:

- Engages the focus population in rural, remote, and/or tribal EMS agencies and/or hospitals in this project.
- Leverages partnerships to assemble a project team that includes a dedicated EMSC Program Manager to oversee the project.
- Uses methods to ensure a shared and equal collaborative process that engages the focus population with key components in community engagement and cultural competence.

- Uses quantitative and/or qualitative methods to gather baseline data, monitor, and evaluate performance.
- Uses innovative methods to address the stated needs.

Work Plan (10 points)

- The coherence between and completeness of activities or steps that will be used to achieve each of the corresponding objectives proposed in the methodology section.
- The clarity and completeness of the timeline, demonstrating a clear relationship among resources (i.e. responsible staff) and activities.
- The extent to which the application identifies meaningful support and collaboration with key stakeholders in planning, designing, and implementing activities.
- The extent to which the application engages stakeholders representing rural, remote, and/or tribal areas and incorporates the cultural, racial, linguistic, and geographic diversity of the populations and communities to be served.

Resolution of Challenges (5 points)

The thoroughness with which the application discusses potential challenges and the feasibility of proposed approaches to resolving such challenges.

Criterion 3: IMPACT (30 points) – Corresponds to Section IV's Work Plan

The extent to which the proposed project describes/includes:

- the expected public health impact, if funded (6 points);
- plans for dissemination of project results and how expected results are national in scope (6 points);
- the impact that results may have on the population of focus (6 points);
- replicable and sustainable plans beyond the federal funding (6 points)
- a clear and concise Work Plan with all details requested in Section IV Work Plan (6 points).

Criterion 4: SUPPORT REQUESTED (20 points) – Corresponds to Section IV's Budget and Budget Narrative

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work (10 points).
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives (10 points).

2. Review and Selection Process

The objective 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. 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.

Other Considerations

HRSA will consider any applicant having a history of both of the following non-responsive and will not consider it for funding under this notice: 1) an unobligated balance over 45 percent of the base award in both FY2018 and FY2019; and 2) an offset in FY2021. Please contact the Federal project officer noted in Section VI. Agency Contacts for more information

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to September 30, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and all annual reporting and review requirements in the HRSA-18-063 award.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

Devon Cumberbatch
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7532
Email: dcumberbatch@hrsa.gov

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

Lorah Ludwig
Public Health Analyst
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2560
Email: lludwig@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please 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 Electronic Handbooks \(EHBs\)](#). For assistance with submitting information in the 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

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, April 29, 2021

Time: 3 p.m. eastern time

Call-In Number: 1-833 568 8864

Meeting ID: 161 345 1039

Passcode: 70452714

Weblink: [https://hrsa-
gov.zoomgov.com/j/1613451039?pwd=Nm44bE03U2taZUF3bkFZZ3JkWjU5dz09](https://hrsa.gov.zoomgov.com/j/1613451039?pwd=Nm44bE03U2taZUF3bkFZZ3JkWjU5dz09)

Tips for Writing a Strong Application

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

508 Compliance Disclaimer

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