

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

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

Emergency Medical Services for Children Targeted Issues Program

Announcement Type: New, Competing Continuation

Funding Opportunity Number: HRSA-16-053

Catalog of Federal Domestic Assistance (CFDA) No. 93.127

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: February 29, 2016

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

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's (MCHB) Division of Child, Adolescent and Family Health is accepting applications for the fiscal year (FY) 2016 Emergency Medical Services for Children (EMSC) Targeted Issues Program. The purpose of this program is to support strategies to improve the quality of pediatric care delivered in emergency care settings across the continuum of emergency care. Targeted Issues awardees will implement pediatric emergency care research or innovative cross-cutting projects that translate research into practice and improve pediatric health outcomes related to emergency care.

Funding Opportunity Title:	Emergency Medical Services for Children Targeted Issues Program
Funding Opportunity Number:	HRSA-16-053
Due Date for Applications:	February 29, 2016
Anticipated Total Annual Available Funding:	\$1,500,000
Estimated Number and Type of Award(s):	Five (5) grants
Estimated Award Amount:	Category I: One (1) grant at \$400,000 per year Category II: Four (4) grants at \$275,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2019 (three (3) years)
Eligible Applicants:	State governments ¹ and accredited schools of medicine.

Application Guide

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

Technical Assistance

A technical assistance call will be held on December 17, 2015 at 1:00 p.m. Eastern Time (ET). The MCHB Project Officer will provide an overview of the FOA and will be available to answer questions until 2:00 p.m. ET. Call information is as follows:

Call number: 1-866-917-4660 | Code: 68594605.

The following meeting web link will be used to display the FOA and call:

<https://hrsa.connectsolutions.com/tigrantfoacall/>

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

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the *Emergency Medical Services for Children Targeted Issues Program*. The Emergency Medical Services for Children (EMSC) program works to ensure that critically ill and injured children receive optimal pediatric emergency care. The goal of the Targeted Issues Program is to support strategies to improve the quality of pediatric care delivered in emergency care settings across the continuum of emergency care through the implementation of pediatric emergency care research and innovative cross-cutting projects. Targeted Issues programs translate research into practice and improve pediatric health outcomes related to emergency care (e.g., reduced severity of asthma, decreased hospitalization for trauma). Examples of prior Targeted Issues awards are available at http://www.emscnrc.org/About_Us/Federal_EMSC_Program.aspx. Note that funding priorities and focus areas differed in prior years. Read this Funding Opportunity Announcement (FOA) carefully for the current focus areas before completing the application. Investments under this FOA should advance EMSC Program mission, goals and performance measures.²

This program supports **two** categories of awards:

A single Category I award recipient will provide leadership for and implement research in a multi-site pediatric prehospital Emergency Medical Services (EMS) Research Node Consortium (E-RNC) that includes three EMS affiliates. The E-RNC will bring prehospital multicenter research experience and coordinate with the Pediatric Emergency Care Applied Research Network's (PECARN) six newly established EMS Research Affiliates (EMSAs).³ This funding supports the infrastructure for this prehospital EMS research consortium. Activities under Category I include:

- Provide leadership and create an integrated research network with three EMS affiliates and the six PECARN EMSAs;
- Build a data collection and analytics system that is interoperable with other EMS systems;
- Develop research proposals to be vetted through PECARN;
- Leverage network capacity to compete for research grant funding from other Federal and private resources.⁴
- Implement research studies; and
- Disseminate findings and promote translation into practice.

Category II projects are investigator-initiated projects that seek to improve the quality of pediatric emergency care in the prehospital and/or hospital emergency care settings through novel approaches. Category II projects should be replicable and of national significance and must: (1) address gaps in training and competency of providers through products or resources; (2) demonstrate the effectiveness of a model system component or service; or (3) improve

² Information on the EMSC program is available at: <http://mchb.hrsa.gov/programs/emergencymedical/>. Information on EMSC performance measures can be found at: http://www.emscnrc.org/Files/PDF/EMSC_Resources/PM_Implementation_Manual_V2009.pdf.

³ More information is available at: <http://www.pecarn.org>

⁴ Funding associated with the Category I award is focused on supporting this infrastructure and not on funding specific research proposals. Awardees would be expected to leverage network capacity to compete for research grant funding for studies conducted through PECARN.

outcomes by analyzing/implementing models and strategies. The Category II projects must address one of the following four focus areas to advance pediatric emergency care, pediatric readiness, and/or support at least one of the EMSC program performance measures:

- 1) Implement projects to improve quality and safety of pediatric emergency care through the use of data-based quality improvement processes, using systems based approaches, or testing innovative care delivery models, with a particular focus on translating research into practice.
- 2) Implement projects to improve emergency care provider competencies through system based approaches that evaluate and improve the appropriateness of skills and quality of care provided to children.
- 3) Implement projects that focus on evaluating and advancing specific EMSC performance measures or outcomes related to EMSC performance measures.⁵
- 4) Implement projects to improve pediatric readiness of emergency departments and providers by addressing gaps identified in the National Pediatric Readiness Assessment, a national initiative to improve the pediatric readiness of all emergency departments.⁶

Evaluation and dissemination are important components of Targeted Issues awards. Rigorous evaluation identifies successful projects and permits demonstration of successful projects for development and implementation in other places in the nation. Dissemination plans should go beyond peer review publications to reach varied target audiences and ultimately translation into practice when applicable.

Objectives of this FOA are:

- By 2019, the Category I award recipient will demonstrate their capacity to conduct high quality pediatric prehospital research by submitting at least three research proposals to PECARN and leveraging network capacity to compete for research grant funding and to implement at least two multi-site pediatric research studies.
- By 2019, Category II award recipients must have implemented a project that shows improvement in a specific focus area as described above. Expected outcomes will vary by project, but should demonstrate linkage to the mission of the EMSC program and, when relevant, to EMSC or Pediatric Readiness performance measures. Proposed projects must meet a demonstrable need and relate directly to improving the quality of care of pediatric emergency care services. The applicant's aims, objectives and deliverables should be innovative, have a pediatric focus, be cross-cutting or of national interest and be translatable to the prehospital and/or hospital emergency medical care field.

A Targeted Issues Program Logic Model is included in the [Appendix](#).

⁵ Information on EMSC performance measures can be found at:

http://www.emscnrc.org/Files/PDF/EMSC_Resources/PM_Implementation_Manual_V2009.pdf.

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

http://www.pediatricreadiness.org/About_PRP/

2. Background

Emergency Medical Services for Children Program

The Emergency Medical Services for Children Program is authorized by the Public Health Service Act, Title XIX, § 1910 (42 U.S.C. 300w-9), as amended by the Patient Protection and Affordable Care Act, § 5603 (P.L. 111-148). The federal EMSC Program is funded at approximately \$20.16 million per year and is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau, within the Division of Child, Adolescent, and Family Health (DCAFH).

The EMSC program focuses on ensuring that every child has access to optimal pediatric emergency care no matter where they live or travel. This federal initiative evolved out of recognition that children have unique needs in emergency situations -- needs that often vary from those of adults due to physiological, developmental and psychological differences. The goal of the EMSC Program is to reduce child and youth mortality and morbidity sustained as a result of severe illness or injury. The EMSC Program does not intend to promote the development of a separate EMS system for children, but rather to enhance the pediatric capabilities of EMS systems originally designed primarily for adults. "EMS for Children" is understood broadly as a continuum of care that includes the following components: prevention, prehospital care, hospital-based emergency care, and rehabilitation and reentry of the child from the emergency care environment into the community.

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

The EMSC Program also supports a National Data Center and National Resource Center (NRC). The EMSC National Data Center consists of the Data Coordinating Center (DCC) that supports the PECARN award recipients in study, data management, and analysis; and the National EMSC Data Analysis Resource Center (NEDARC) that supports state award recipients on the collection, management and dissemination of data for EMSC performance measures. The EMSC Program has also funded the NRC since 1990 to provide technical support and resources to EMSC grant recipients. In 2016, the EMSC Program plans to launch a new EMSC Improvement and Innovation Center (EIIC). This Center, through its Subject Matter Experts (SMEs), will guide states to integrate pediatric considerations into policy, make system changes where needed, and implement best practices to improve both the delivery and access children have to healthcare systems. The EIIC will use Quality Improvement and innovative strategies to help advance both

pre-hospital and hospital-based pediatric emergency care systems and promote the attainment of the EMSC program performance measures. Targeted Issues award recipients will be expected to collaborate with the EIIC in improving pediatric emergency care, as well as provide guidance and support with product development and dissemination.

Additional Information on the PECARN Network (for Category I Applicants):

This program supports funding for an EMS-Research Node Consortium (E-RNC) that is part of the PECARN Network. In order to conduct research within PECARN, the E-RNC will submit a research concept to the PECARN Steering Committee. Once approved, the investigator works with the Data Coordinating Center and the subcommittees of the steering committee to design a detailed study protocol and budget. Generally, the awardees need to seek extramural grant funding for research projects in order to implement the studies. The E-RNC is expected to develop at least two research proposals that will be reviewed and approved by PECARN and leverage network capacity to compete for research grant funding from other Federal and private resources to begin implementation of at least two studies. The iterative review process of the PECARN steering committee greatly improves the quality of the research design. PECARN investigators have been highly successful obtaining project-specific funding from the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), and other federal agencies. Information on the PECARN network is available at: <http://www.pecarn.org/>.

II. Award Information

1. Type of Application and Award

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

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal years 2016 – 2019. Approximately \$1,500,000 is expected to be available annually to fund up to five (5) recipients. Category I applicants may apply for a ceiling amount of up to \$400,000 per year. Category II applicants may apply for a ceiling amount of up to \$275,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the EMSC Targeted Issues program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

Limitations on indirect cost rates: While this FOA supports an integrated EMS research network infrastructure in the Category I application, the applicant is expected to seek outside funds for research projects. Therefore, this FOA does NOT support research activities and applicants may not use research indirect cost rates. The "Other Sponsored Program/Activities" rate should be applied. Those applicants without an established indirect cost rate for "other sponsored programs" may only request 10 percent of salaries and wages, and must request an "other sponsored programs" indirect cost rate from the Program Support Center's Division of Cost Allocation (DCA). Visit DCA's website at: <https://rates.psc.gov> to learn more about rate agreements, the process of applying for them, and the offices that negotiate them.

III. Eligibility Information

1. Eligible Applicants

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

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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.4* will be considered non-responsive and will not be considered for funding under this announcement.

Multiple applications from an organization **are not** allowable.

A Principal Investigator (PI) cannot be named as the PI in multiple applications in each category described in this FOA. A PI may only submit a maximum of one application in each category. An individual applying as a PI may not be listed with more than 10 percent effort as a co-investigator in more than one application per category.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

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

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

Application Page Limit

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

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

Program-Specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

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

Section headers must include I: Introduction/Need; II. Methodology; III. Evaluation; and IV: Technical Support and Organizational Capacity. Specific details to include related to each section are as follows:

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

Category I applicants:

In this section, the applicant should demonstrate a thorough knowledge and understanding of pediatric multi-institute prehospital emergency care research.

- Briefly describe the proposed project and identify issues of concern to and needs of those involved in the prehospital emergency care of children as it relates to improving care through evidence-based research. Details should include the problem and the population the applicant intends to address.
- Demonstrate how multi-site research studies can address these issues.
- Provide a brief literature review that discusses the significance of the multi-institute research network structure and demonstrate an understanding of high priority research needs in pediatric emergency care.

The applicant should describe the structure of the three EMS agency affiliates that make up the E-RNC. For each agency, at a minimum, the following information should be included:

- Description of the EMS system including the call volume, the number of pediatric calls, service level (i.e. Basic versus Advanced Life Support), geographic area served, and other relevant demographic details.
- A description of the agency's data collection capacity including the process of completing and storing patient care reports.
- The history of the EMS agency in conducting multi-site prehospital research.
- The process used by the agency to review human subjects protections (i.e. the process used for Institutional Review Board approval).

Category II applicants:

- This section should briefly describe the purpose of the proposed project and outline the importance of the issue as well as associated contributing factors. This section should help reviewers understand the scientific importance of the project especially as related to the potential to impact the entire country.
- The section should highlight a pediatric emergency care priority linked to the EMSC Program mission, goals or performance measures, be of cross-cutting or national significance and be responsive to the Category II description and at least one of the four focus areas described in *Section I.Purpose*.
- Details should include the problem and the population the applicant intends to address. The applicant should describe the target population and its unmet health needs or any relevant barriers that the project hopes to overcome. Demographic data should be used and cited whenever possible to support the information provided.

All applicants: This section can also be used to provide information on preliminary studies pertinent to the project and/or any other information that will help to establish the experience and competence of the investigator to pursue the proposed project. The titles and complete references to appropriate publications and manuscripts submitted or accepted for publication should be referenced.

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

AIMS

- List specific aims or goals of the project. The aims or goals should be consistent with the Category description and “project focus areas” described in *Section I. Purpose*.
- Identify specific, measurable, achievable, relevant, and time measurable (SMART) objectives for the project.

PROJECT DESIGN/METHODS

Describe the steps to implement the goals and objectives of the projects. The applicant should identify activities with detailed action steps describing how the SMART objectives will be attained. Include how cultural, racial, linguistic and geographic diversity of the populations and communities will be served.

Category I applicants:

Demonstrate the ability to provide leadership in integrating the EMS research network with the newly established EMSAs of PECARN, build upon the success of PECARN and demonstrate the potential for conducting multi-site research.

Describe specific methodologies and timeline to achieve the following:

- Effectively engage the E-RNC EMS Affiliates and the PECARN EMS Affiliates in the conceptualization, design and implementation of pediatric research through an integrated network.
- Work within the PECARN infrastructure for research concept and protocol development, data analysis, and project sustainability through leveraging network capacity to compete for research grant funding from other Federal and private resources.
- Provide leadership and mentorship to the PECARN EMS Affiliates in prehospital EMS research to include supporting faculty development.
- Advise the project using scientific or other advisory committees.
- Establish a data collection infrastructure and analytics system that is interoperable with other EMS systems in the network.
- Disseminate findings and lead efforts to ensure translation into practice.

The methodologies should include activities consistent with the following objectives:

- By 2017, develop a common data system developed for use by all EMS affiliates.
- By 2018, present at least three concepts and at least two protocols to PECARN.
- By 2018, leverage network infrastructure to obtain research grant funding for two research studies and begin implementation of studies.
- By 2019, disseminate process/methods and results available from research.

Research Concept Proposal: As a demonstration of the applicant's ability to generate such ideas, submit one research concept proposal as **Attachment 7**. The concept proposal should be no more than two pages in length and address the following:

- significance of the topic;
- specific objectives;
- research methods (study design, statistical sampling frame and plan for evaluation); and
- funding plan (identify potential plans to attain extramural grant funding for research projects).

Category II applicants:

- Identify goals and SMART objectives that are consistent with improving the quality of pediatric emergency care and associated with one the four focus areas described in *Section I. Purpose*. Goals should advance the EMSC program and be linked to EMSC mission, goals or performance measures.
- By 2019, specific to the proposed project, the outcomes or strategy of the application should include metrics relevant to the four focus areas. For example:
 - Demonstrate improved pediatric prehospital or hospital clinical outcomes.
 - Demonstrate improved pediatric readiness score among a system or region of facilities.
 - Demonstrate improved measures of performance and/or quality of care.

All Applicants:

- **Work Plan:** Include a Work Plan as **Attachment 1** that describes the goals and objectives and the sequence of specific activities and steps that will be used to carry out each proposed methodological approach. Applicants should explicitly describe who will conduct each activity, as well as when, where, and how each activity will be carried out. Strategies in the work plan should reflect the needs and challenges that have been identified and include metrics by which elements of the work plan will be evaluated.
- **Timeline:** Provide a detailed Timeline of proposed project activities must be included as **Attachment 6**. The timeline should link activities to project objectives and should cover the three years of the project period.
- **Logic Model:** Include a project Logic Model in **Attachment 8**. For information on logic models see *Section VIII. A Targeted Issues Program Logic Model is included in the Appendix*.
- **Dissemination Plan:** The EMSC Program must ensure that findings from Targeted Issues projects are broadly disseminated. Each applicant should address how they will disseminate the results of their project beyond peer review publication. Examples of specific activities include use of stakeholders for early engagement and knowledge dissemination, use of social networking and other media to reach specific communities, etc. The applicants should quantify their dissemination activities with metrics that assess both reach and impact.
- **Describe Collaborations:** As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities including development of the application. Include letters of support from key stakeholders involved in the development of this application, as well as future engagement in project activities in **Attachment 9**. Letters of support should include

the expertise the stakeholder brings to EMSC award recipients, previous accomplishments and scope/focus of future engagement around project activities. A letter of support from the EMSC State Partnership award recipients should be included to demonstrate integration throughout the project.

- **Challenges:** Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges. Potential barriers, alternative strategies to address anticipated barriers, and benchmarks for success should be presented. A strategy should be outlined to establish management of any potential risks that may impact the project. A risk management plan that foresees risks, estimates impacts, and defines responses to issues would be helpful.
- **Project Sustainability:** Applicants should address how their project can be sustained beyond the award period if applicable.
- **Human Subjects Protection** (Category I and II applicants): Any project that may utilize human subjects or data from human subjects should consult their Institutional Review Board (IRB). Applicants should address the timeline to obtain IRB approval and provide proof of consultation with the IRB as well as review schedules for their institution in **Attachment 11**. Note: successful applicants will be required to submit proof of **IRB approval within 30 days of award**. Therefore, it is recommended that applicants submit their project to the IRB at the time of application.

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

- Provide a well-conceived and logical evaluation plan for assessing the project implementation as well as the outcomes and impact of the project.
- Describe an effective plan for monitoring and tracking project activities and performance. Provide information on how the lines of communication with partner organizations or agencies will be established to ensure consistent, timely, high quality work, irrespective of which organization is leading the specific task. Also include as **Attachment 4**, Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific).
- Describe systems and processes for tracking of performance outcomes and impact, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
- Articulate any potential obstacles for implementing the program evaluation and how those obstacles will be addressed.

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

In this section of the narrative, **all** applicants should:

- Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart (include as **Attachment 5**). Describe how this organizational structure impacts the organization's ability to meet program requirements and expectations.
- Provide a description of the organizational plan for management of the project, including an explanation of the roles and responsibilities of project personnel, project collaborators, and consultants.

- Describe leadership and management skills, as well as experience and expertise in directing the activities related to the objectives and activities. Include experience that demonstrates qualifications to perform the work described in this FOA, specifically successful collaboration with stakeholders, government and non-government entities and national organizations in integrating healthcare system improvements and pediatric considerations into the nation's healthcare system.
- Provide a staffing plan and job descriptions for key personnel (**Attachment 2**).
- Provide summary curriculum vitae (Biographical Sketch), maximum of two pages, for each key professional or technical staff member as part of **Attachment 3**. The sketches must contain information about education; professional certifications and licensure; professional positions/employment in reverse chronological order; current award and contract support; representative publications; and any additional information that would contribute to the Independent Review Panel's understanding of relevant qualifications, expertise and experience.

Category I applicants:

- Provide detailed information about the E-RNC and their prior history with conducting EMS research and collaborating with EMS agencies. Each EMS Affiliate site should identify an EMS investigator. The experience and background of the E-RNC as well as the EMSA investigator should be included.
- Describe experience with pediatric prehospital research network and elements to support the infrastructure such as:
 - Interoperable data systems or experience with linking data
 - Establishing and participating in integrated, multidisciplinary scientific advisory committees.
 - Experience with and/or knowledge of PECARN network.
 - Leadership and mentoring.
 - Success in conducting pilots.
 - Success in obtaining extramural grant funding for research projects.
 - IRB experience.

Category II applicants:

- Provide information about prior history with conducting pediatric emergency care research or projects.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
I. Introduction/Need	(1) Need
II. Methodology	(2) Response and (4) Impact
III. Evaluation	(2) Response, (3) Evaluative Measures and (4) Impact
IV. Technical Support and Organizational Capacity	(5) Resources/Capabilities
Budget and Budget	(6) Support Requested – the budget section should include

Justification Narrative	sufficient justification to allow reviewers to determine the reasonableness of the support requested.
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iii. Budget

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

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

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2016, as required by law.

iv. Budget Justification Narrative

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

In addition, the EMSC Targeted Issues program requires the following:

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined.

At a minimum, the following travel is required to be budgeted:

- Expenses for a biennial (every two years) trip of up to two key staff to travel to Washington, DC to meet with federal program staff and/or attend key EMSC trainings. A three night trip should be budgeted.

It is also recommended that travel for presentation at scientific meetings and other training meetings be budgeted as appropriate.

Additional Travel for Category I applicants:

Category I applicants should include funding for the E-RNC principal investigator, E-RNC administrator and the EMSA site investigators from each EMSA site to travel to two PECARN steering committee meetings per year. Applicants should also budget funds for registration costs estimated at \$5,000 per meeting.

In addition, Category I applicants are encouraged to budget for two to three trips over the project period to the EMSC DCC in order to obtain data and statistical support for protocol development. The EMSC DCC is located at the University of Utah in Salt Lake City, UT. Learn more about the EMSC DCC at <http://www.pecarn.org/coordinatingCenter/>.

v. *Program-Specific Forms*

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

HRSA has modified its reporting requirements for SPRANS projects, Community Integrated Service Systems (CISS) projects, and other award programs administered by MCHB to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act, MCHB's authorizing legislation.

2) *Performance Measures for the "Targeted Issues Program"*

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

NOTE: The performance measures and data collection information is for your PLANNING USE ONLY. These forms are not to be included as part of this application. However, this information will be due to HRSA within 120 days after the Notice of Award. In the interim for your reference only, the current DGIS performance measures assigned to the EMSC Targeted Issues program may be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H34_2.html

vi. *Attachments*

Please provide the following items in the order specified below to complete the content of the application. All attachments are required unless indicated below. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment I: Work Plan

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

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

Job descriptions must be no more than one page in length. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

Category I applicants: include letters of commitment from a minimum of three EMS agencies.

Attachment 5: Project Organizational Chart

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

Attachment 6: Timeline

The timeline should link activities to project objectives and should cover the three years of the project period.

Attachment 7: Research Concept Proposal (Category I applications only)

Include one proposed concept no more than two pages in length as indicator of demonstration of the applicant's ability to generate research concepts.

Attachment 8: Logic Model

Applicants must submit a logic model for designing and managing their project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.)
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served)
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Attachment 9: Letters of Support from Key Stakeholders

Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) A letter of support from the EMSC State Partnership award recipients should be included to demonstrate support.

Attachment 10: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

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

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 11 (Only required if human subjects research involved): Include the timeline to obtain IRB approval and provide proof of consultation with the IRB as well as review schedules for their institution

Attachments 12 – 14: Other Relevant Documents

Include here any other documents that are relevant to the application.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management

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

under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is ***February 29, 2016 at 11:59 P.M. Eastern Time.***

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

5. Intergovernmental Review

The “Targeted Issues 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

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$400,000 per year for Category I and \$275,000 for Category II awards. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of

HRSA's [*SF-424 Application Guide*](#) for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

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

V. Application Review Information

1. Review Criteria

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

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

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

Criterion 1: NEED (10 points) – Corresponds to Section IV's #I Introduction/Need

- The extent to which the proposed project purpose is clear and demonstrates understanding of and is consistent with the EMSC Program mission, goals or performance measures and the overall goal of the Program to improve emergency care for ill and injured children.
- The extent to which the application describes the problem it will address and associated contributing factors to the problem.

Category I applicants:

- The extent to which the application describes the need for and challenges in prehospital pediatric emergency care research and the associated contributing factors.
- The extent to which the applicant identifies high priority areas for pediatric prehospital emergency care research.
- The extent to which the applicant includes a brief literature review that discusses the significance of the multi-institute research network structure and demonstrates an understanding of high priority research needs in pediatric emergency care.
- The extent to which the applicant provided the requested information for each agency in the research network.

Category II applicants:

- The extent to which the proposed project is consistent with the Category II description in *Section I. Purpose*: the project is replicable and of national significance and: (1) addresses gaps in training and competency of providers through products or resources;

- (2) demonstrates the effectiveness of a model system component or service; or (3) improves outcomes by analyzing/implementing models and strategies.
- The extent to which the application addresses a program focus area as described in *Section I. Purpose*.
- The extent to which the application describes the target population and the proposed project addresses an unmet need in pediatric emergency care and links to EMSC priorities (mission, goals, and performance measures).

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s #II Methodology and III Evaluation (Divided into (1) Objectives, Work Plan and Logic Model and (2) Methodologies)

Objectives, Work Plan and Logic Model (15 points)

- The extent to which the applicant’s Aims and SMART objectives are provided and consistent with the *Section I. Purpose* and the specific Category of the application.
- The extent to which the project objectives are feasible within the study period.
- The extent to which the work plan is sufficiently detailed and includes a reasonable timeline for the proposed project (**Attachments 1, 6**).
- The extent to which the relationship between the project activities and outcomes in the applicants Logic Model (**Attachment 8**) are appropriate and clear and demonstrate links to the EMSC program mission, goals and/or performance measures.

Methodology (25 points)

- The extent to which the proposed project methodologies are rigorous and appropriate to address the question.
- The extent to which the dissemination plan includes a variety of dissemination venues and also addresses the potential reach and impact of dissemination activities.
- The extent to which collaboration with appropriate key stakeholders is described and includes key collaborators. A letter of support from the state EMSC State Partnership award recipients is included (**Attachment 9**).
- The extent to which the applicant identified the key potential challenges and barriers and provided strategies for managing these.
- Human subjects’ approval is addressed if needed for the project. If included, the extent to which the applicant can obtain IRB approval in a timely manner to complete the project in the specified timeline (**Attachment 11**).

Category I applicants:

- The effectiveness and quality of the proposed methods to:
 - Engage the integrated EMS research network in design and implementation of research.
 - Propose research concepts and protocols and leverage network capacity to compete for research grant funding from other Federal and private resources
 - Use relevant interdisciplinary committees to advise the project.
 - Establish Data collection systems (describes patient care records and interoperability with other systems).
 - Implement research protocols in multiple prehospital sites.
 - Disseminate results and translate into practice.
 - Provide leadership in the implementation of multi-site research and support and development of faculty.

- The extent to which the research concept proposal (**Attachment 7**) demonstrates the applicant's ability to generate pediatric EMS research ideas.

Category II applicants:

- Goals and SMART objectives are consistent with improving the quality of pediatric emergency care and include one the four focus areas described in *Section I. Purpose*.
- Goals will advance the EMSC program and be linked to EMSC mission, goals or performance measures.
- The applicant included 2019 metrics relevant to the focus area in *Section I. Purpose* that they are addressing. The metrics are reasonable and can demonstrate an improvement in health outcomes/quality of care.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's #III Evaluation

- The extent to which the evaluation plan is logical and effective. The evaluation plan:
 - Monitors progress and achievement of program objectives.
 - Measures impact and outcomes of the proposed project and assesses that the outcomes can be attributed to the project strategies.
- The extent to which the described systems and processes for tracking performance outcomes and impact will result in accurate and timely reporting of performance outcomes.
- The extent to which obstacles for implementing the evaluation and strategies to address them are identified and appropriate.
- The applicant includes an effective plan for monitoring and tracking project activities and communicating with project partners.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's # II Methodology and III Evaluation

- The extent and effectiveness of plans for dissemination of project results beyond peer review publication and/or the extent to which project results may be national in scope.
- The extent to which the project activities are replicable, and/or the project is sustainable beyond the federal funding.
- The extent to which the application describes the significance of the project in terms of its potential impact for improving EMSC nationally.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's #IV Technical Support and Organizational Capacity

- The extent to which the capabilities of the applicant organization, and quality and availability of facilities and personnel can fulfill the needs and requirements of the proposed project.
- A clear description of the organizational plan for managing the project and the roles and responsibilities of project personnel is included.
- The extent to which the applicant demonstrates leadership and management skills and experience that demonstrates the qualifications to perform the work.
- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project activity.
- The extent to which the applicant included an appropriate staffing plan, job descriptions and organizational chart (**Attachments 2, 5**).

- The extent to which the applicant included Biographical sketches for all key personnel (**Attachment 3**).

Category I applicants:

- The extent to which the chosen EMSA's and personnel demonstrate a commitment (**Attachment 4**), leadership and ability to establish the necessary infrastructure to conduct prehospital pediatric research and describe how they will coordinate with the PECARN's EMS Affiliates.
- The extent to which the applicant provided information about the E-RNC and their prior history with conducting multi-center prehospital research and collaborating with EMS agencies.
- The experience and background of the E-RNC as well as the EMSA investigators are appropriate and includes the competencies of a pediatric prehospital research network and elements to support the infrastructure such as:
 - Interoperable data systems or experience with linking data.
 - Integrated, multidisciplinary scientific advisory committees.
 - Experience/knowledge of PECARN network.
 - Demonstration of **pediatric** multi-site studies/pilots using a model like PECARN.
 - Leadership and mentoring.
 - Successful research track record as evidenced by success in conducting pilots in pediatric EMS research and success in obtaining extramural grant funds for research projects.
 - IRB expertise.

Category II applicants:

- The extent of the applicant's experience with conducting pediatric emergency care research or projects.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's 2.iii

Budget and 2.iv. Budget Justification Narrative

- The extent to which the costs outlined in the budget are reasonable given the scope of work, objectives, and anticipated results.
- Required travel is included.
- The extent to which the budget line items are well described and justified in the budget justification.
- The extent to which key personnel have adequate time devoted to the project to achieve the project objectives.

2. Review and Selection Process

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

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

Please Note: The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)). The

decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Assessment of Risk

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

Human Subjects Protection:

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

3. Reporting

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

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

a) Performance Measures and Program Data

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

In the interim for your reference only, the current DGIS performance measures assigned to the EMSC Targeted Issues program may be found at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H34_2.html.

b) Performance Reporting

Successful applicants receiving HRSA funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program-specific data forms that appear for this program at: https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H34_2.html. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

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

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the project period, to electronically complete the program-specific data forms that appear for this program at:

https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H34_2.html. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

3) **Integrity and Performance Reporting.** the Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [2 CFR 200 Appendix XII](#).

VII. Agency Contacts

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

Donna Giarth
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10SWH03
Rockville, MD 20857
Telephone: (301) 443-9142
Fax: (301) 443-5461
E-mail: DGiarth@hrsa.gov

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

Diane Pilkey, RN, MPH
Nursing Consultant, Division of Child, Adolescent and Family Health
Attn: The Emergency Medical Services for Children (EMSC) Program
Maternal Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mailstop # 18NWH04
Rockville, MD 20857
Telephone: (301) 443-8927
Fax: (301) 443-1296
E-Mail: dpilkey@hrsa.gov

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

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: support@grants.gov

iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models:

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

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

Technical Assistance:

A technical assistance call will be held on December 17, 2016 at 1:00 p.m. ET. The MCHB Project Officer will provide an overview of the FOA and be available to answer questions until 2:00 p.m. ET. Call information is as follows:

Call number: 1-866-917-4660 | Code: 68594605.

The following meeting web link will be used to display the FOA and call:

<https://hrsa.connectsolutions.com/tigrantfoacall/>

IX. Tips for Writing a Strong Application

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

Appendix: Program Logic Model: EMSC Targeted Issues Program

INPUTS	OUTPUTS		OUTCOMES	IMPACT
	ACTIVITIES	PRODUCT/SYSTEMS		
<u>Partners & resources needed</u>	<u>Implement multi-site prehospital pediatric EMS research & cross-cutting projects that improve pediatric emergency care and outcomes</u>	<u>Research planned and conducted & Effective systems, models and strategies identified</u>	<u>Evidence translated into practice</u>	<u>Improved Health outcomes</u>
<u>Award recipients</u> State Government • School of Medicine <u>Partners</u> • EMSC Improvement and Innovation Center • Pediatric Emergency Care Applied Research Network (PECARN) • EMS Affiliates • Subject Matter experts • EMS organizations	<u>Category I</u> • Create and provide leadership for an integrated pre-hospital research network • Build data collection and analytics system • Develop research proposals • Seek research funding • Implement research • Create dissemination plan	<u>Category I</u> • Extramural research funding obtained • Collaboration established with PECARN EMS Affiliates to plan and implement studies • Studies implemented and completed • Process/Results published & disseminated	<u>Category I</u> • Pediatric pre-hospital evidence translated into practice.	Improved pediatric health outcomes related to emergency care (e.g. reduced severity of asthma, decreased hospitalization for trauma, etc.)
	<u>Category II</u> • Implement projects that improve quality of pediatric emergency care in prehospital or hospital emergency care settings	<u>Category II</u> • Effective strategies and models identified • Results published/ disseminated	<u>Category II Improvement in:</u> • Quality of pediatric emergency care • Prehospital and hospital provider pediatric competencies • Hospital pediatric readiness	

			<ul style="list-style-type: none"> • Advancement of EMSC performance measures 	
Measures of success with timeline	<u>Category I</u> <ul style="list-style-type: none"> • 3 research proposals written and submitted to PECARN by 2019 • Extramural research funding obtained and multi-site research implemented for at least two studies by 2019 	<u>Category I</u> <ul style="list-style-type: none"> • Common data system developed for use by all EMS affiliates by 2017 • Three research concepts presented to PECARN by 2018 • 2 proposals funded and implemented by 2018 • Process/methods and results disseminated by 2019 	<u>Category I</u> <ul style="list-style-type: none"> • Research findings from at least one study translated into practice (e.g., new clinical guidelines, new policies, revised study protocols) by 2019 	
		<u>Category II</u> <ul style="list-style-type: none"> • Valid measures of evaluation established • Process/ methods and results disseminated by 2019 	<u>Category II</u> By 2019, specific to project proposed, applicant will: <ul style="list-style-type: none"> • Improve Pediatric readiness score • Improve EMSC performance measures • Improve quality of care measures • Improve prehospital and hospital provider competencies. 	<u>Category II</u> <ul style="list-style-type: none"> • Improved pediatric health outcomes measures