

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

Office of Rural Health Policy
Rural Access to Emergency Devices Grant Program

Rural Access to Emergency Devices Grant Program

Announcement Type: New
Announcement Number: HRSA-14-129

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2014

Application Due Date: April 30, 2014

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

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Authority: Public Health Improvement Act Title IV – Cardiac Arrest Survival, Subtitle B – Rural Access to Emergency Devices, Section 413, Public Law 106-505 (42 U.S.C. 254c (Note)); Public Law 113-46

EXECUTIVE SUMMARY

The Health Resources and Services Administration, Office of Rural Health Policy is accepting applications for fiscal year (FY) 2014 Rural Access to Emergency Devices Grant Program. The purpose of this grant program is to: 1) purchase automated external defibrillators (AEDs) that have been approved, or cleared for marketing, by the Food and Drug Administration; 2) provide defibrillator and basic life support training in automated external defibrillator usage through the American Heart Association, the American Red Cross, or other nationally recognized training courses; and 3) place the AEDs in rural communities with local organizations.

Funding Opportunity Title:	Rural Access to Emergency Devices Grant Program
Funding Opportunity Number:	HRSA-14-129
Due Date for Applications:	April 30, 2014
Anticipated Total Annual Available Funding:	\$450,000
Estimated Number and Type of Award(s):	3 grants
Estimated Award Amount:	Up to \$150,000 per year
Cost Sharing/Match Required:	No
Length of Project Period:	3 years
Project Start Date:	September 1, 2014
Eligible Applicants:	Community partnerships composed of local emergency response entities such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and local non-profit entities and for-profit entities concerned about cardiac arrest survival rates are eligible to apply [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

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

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Access to Emergency Devices (RAED) Grant Program. The purpose of the RAED Grant Program is to develop community partnerships to purchase automated external defibrillators (AEDs), provide defibrillator and basic life support training, and place the AEDs in rural communities with local organizations.

2. Background

This program is authorized by the Public Health Improvement Act Title IV – Cardiac Arrest Survival Act of 2000, Subtitle B – Rural Access to Emergency Devices, Section 413, (42 U.S.C. 254c (Note)) and the Consolidated Appropriations Act, 2014 (P.L. 113-46).

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

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

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2014 – 2016. Approximately \$450,000 is expected to be available annually to fund three (3) grantees. The actual amount available will not be determined until enactment of the final FY 2014 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. Applicants may apply for a ceiling amount of up to \$150,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for the “RAED” program in subsequent fiscal

years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Community partnerships composed of local emergency response entities such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and local non-profit entities and for-profit entities concerned about cardiac arrest survival rates are eligible to apply. Each community partnership must “evaluate the local community emergency response times to assess whether they meet the standards established by national public health organizations such as the American Heart Association and the Red Cross.” Each community partnership must clearly identify the lead applicant from the group of entities making up the partnership. The lead applicant, also known as the grantee of record, will act as the fiscal agent for the partnership.

Faith-based and community-based organizations are eligible to apply for these funds. Tribes and Tribal Organizations are eligible to apply for these funds.

A list of rural areas eligible to receive AEDs is available on the Office of Rural Health Policy’s website. Eligible rural counties can be found at <http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx>. The eligible rural census tracts of urban counties are included in the document identified above. To identify the Census tract where your organization is located, visit the webpage at <http://www.ffiec.gov/geocode/default.aspx>.

In addition to eligible rural areas in the 50 States, applicants or members of the partnership can be located in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, and the Compact Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia may apply

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 45 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under the announcement.

Program-specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

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

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion Need (#1)*
The introduction to this section must briefly describe the purpose of the proposed project and general information on the goals and activities that the project will undertake and accomplish.
- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criteria Need (#1) and Impact (#6)*

The proposal must demonstrate the need for Federal funding to support the request for AED equipment and training. The proposal should include information on the unmet EMS health needs of the target population and/or geographic area. The use of local data is particularly important and should be used to compare the local needs in relation to available State and national data.

Information regarding local and State EMS response times, in particular those for cardiac arrest and/or heart attack should be included if available as **Attachment 4**. If there are no existing records of response time, a plan on how these times will be obtained should be included for your project's geographical area.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion Response (#2)*
Provide an overview on how the proposed project will be developed, implemented, and assessed. Propose methods that will be used to address the stated needs and meet each of the previously-described program requirements of developing a partnership to purchase and place AEDs and provide training in basic life support and AED usage.

Since the intent of this program is to ensure appropriate placement of AEDs to increase the likelihood of AED usage by the general population, applicants should detail how the intent of the program can be accomplished by the proposed plan and how it would complement existing emergency response systems, if already available. The plans for strategic placement of AEDs should also be considered as part of the response strategy to ensure maximum coverage in areas where the probability of sudden cardiac arrest is highest, where there is a corresponding high concentration of persons and/or where bystander intervention is more likely to occur. Additionally, applicants should consider strategic placement for locations where access to the AED unit may be difficult but where an innovative AED placement could result in more rapid cardio conversion, i.e. State Parks.

Identify how the State EMS Office will be notified of AED placement locations to ensure complementary integration with local notification to dispatchers and existing or proposed medical directors.

Include information on the number of AEDs proposed for purchase, as well as the types of training programs and activities to be conducted. Training activities should include the number of target sessions, the number of people to be trained, the nationally recognized training program to be utilized and identification of training personnel, if known, or the criteria that will be used to select trainers. Describe how training will be accomplished and who will be targeted to receive training. Identify methods to address the cultural and linguistic differences of the trainees and public within training opportunities.

Include information on the strategies used to identify the location where AEDs are placed and how the public will be informed and trained on the use of these devices to guarantee a degree of comfort that will ensure the use of these devices in time of need.

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

Document the effectiveness of the program through data collection. The application should explain the plan to communicate program results, educational activities, and location of the AEDs to the public.

The application should also describe issues regarding liability and ownership relating to the placed AEDs, as well as describe how these issues may be resolved. If liability is transferred to the locality where the AED is placed, then such distinction should be included.

It is expected that receiving a grant award via this program will result in a sustainable project after the initial Federal funding period. The applicant will be expected to identify the overall impact upon the target population served and how their program may be replicated in other communities via dissemination of project results.

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

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

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

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

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

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

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

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. Applicants should describe any barriers such as access to care or providers. Applicants should describe financial or language barriers. Applicants should describe any geographical isolation or related access to care issues to the proposed AED placement plan.

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

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

Applicants should include an evaluation plan (**Attachment 7**) describing the process by which data is collected and the outcomes tracked. Applicants should propose benchmark measures that will be tracked and monitored on the following: the number of AEDs placed, the number of persons trained on the use of AEDs, and the number of operational uses of the AEDs with the status of the patients after defibrillation (e.g., restoration of pulse and respirations, sustained cardiac arrest or asystole) relying upon Utstein reporting criteria, as appropriate, given existing data elements collected within the service area. Applicants should describe the data collection system that will be used to analyze the use of AEDs and evaluate the project's overall effectiveness (e.g., comparison of survival rates before and after implementation of the RAED). Applicants should describe how the system will be used to make improvements to the project. Applicants should describe how the average time interval from finding patients in distress to use of AEDs will be provided. Applicants should also demonstrate how the data collection activities will be integrated with the State EMS data collection system (to enable monitoring of the project beyond the grant period) and reference specific data reporting elements that may potentially be integrated into national datasets. Applicants should employ an evaluator to collect, analyze, and report the data.

Applicants should provide the number and type of relevant service providers that are located in and near the service area of the project and how they relate to the project.

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

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

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

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

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

Include a description on the community partnership in this section. The proposal should relate how the structure of the partnership was developed. A listing of the various organizations and the tasks each is responsible for should be clearly delineated. Issues of governance and decision making should be clearly described. The proposal should also provide the name of the lead organization, the name and contact information for the person responsible for ensuring the day to day operations, and the check and balance system instituted to ensure fiscal integrity of the program.

Applicants should also describe potential problems (partner disagreements, personnel actions, expenditure activities) that are likely to be encountered in designing and implementing the activities described in the work plan. Approaches that will be used to resolve identified challenges should be included.

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

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

Include an organizational chart for the applicant organization and the partners as **Attachment 3**.

Management Criteria

The applicant organization must have financial management systems in place and must have the capability to manage the project. The applicant organization must:

- 1) Exercise administrative and programmatic direction over the grant project;
- 2) Be responsible for hiring and managing the grant project staff;
- 3) Demonstrate the administrative and accounting capabilities to manage the grant funds;
- 4) Have permanent staff at the time the grant award is made; and
- 5) The applicant organization must have its own Employer Identification Number (EIN) from the Internal Revenue Service (IRS).

iii. Budget and Budget Justification Narrative

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 grant-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.

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

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

- a. AED purchasing, including brand and model information
- b. Training and maintenance costs
- c. Data reporting costs
- d. Description of budget and accounting processes to be used

For FY 2014, the Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) 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.

iv. Attachments

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

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the HRSA's [SF-424 Application Guide](#))

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

Attachment 2: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 1, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 3: Project Organizational Chart

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

Attachment 4: EMS Response Time Data

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

Attachment 5: Partnership Memorandum of Agreement/Understanding

The partnership must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all members, that reflects the mutual commitment of the members. Note: The original signed and dated MOA/MOU should be kept by the applicant organization. If the application is funded, the signed original will be required for submission to ORHP within 30 days of award. Any additional evidence, such as by-laws and letters of incorporation may be included in Attachment 5 as well.

Attachment 6: Office of Rural Health Policy Funding History

Current or former grantees involved in or submitting a new application must include: (1) the dates of any prior award; (2) the grant number assigned to the previous award; (3) a copy of the abstract or project summary that was submitted with the previous grant application; and (4) the role of the applicant and/or the community partnership in the previous grant.

Attachment 7: Evaluation Plan

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

Attachments 8-15: Other Relevant Documents/Supplemental Materials

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

3. Submission Dates and Times

Application Due Date

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

4. Intergovernmental Review

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

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

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$150,000 per year. Awards to support projects beyond the first

budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

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

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

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The Rural Access to Emergency Devices Grant Program has 6 (six) review criteria:

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

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

- Demonstrates a clear understanding of the AED needs of the target population.
- Describes, if applicable, previous efforts to acquire and deploy AEDs and any positive impact towards reducing death and disability related to sudden cardiac arrest that were identified.
- Documents or cites relevant early defibrillation outcomes, complemented by available public health data, and then delineates a clear benefit for the area or population to be served.
- Clearly identifies whether a formal community level EMS evaluation of the community's needs has been conducted for the service area. If so, applicants should detail how it will impact the proposed project. If one has not been conducted, applicants should detail the process for conducting one and an anticipated completion date.

- Clearly discusses local and State EMS response times, if available. If data is not available, strength and feasibility of how response times will be obtained.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolutions of Challenges

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

- The extent to which the application describes the structure of the community partnership and identifies the partner organization(s) and/or person(s) responsible for carrying out each project activity and the appropriateness of each organization in the partnership.
- The extent to which the application demonstrates the degree of integration with the overall EMS response system and how this project will be integrated with existing defibrillation programs.
- The strength of the proposed implementation of the program. Clearly describes a detailed process or strategic plan that will be used to implement the program.
- The quality of the explanation of how the State EMS Office will be notified of AED placement locations to ensure complementary integration with local notification to dispatchers and existing or proposed medical directors.
- The strength of the proposed training and how it will be accomplished and the appropriateness of those targeted to receive the training.
- The extent to which the application demonstrates a clear understanding of the cultural and linguistic differences of the target population, and the strength of the proposed plan to resolve these challenges.
- The extent to which the application clearly describes the strength of the community structure, including the appropriate resources to manage the program.
- The extent to which the application clearly describes the public relations efforts that will be used to enhance community awareness of the proposed program.
- The extent to which the application describes issues regarding liability and ownership relating to the placed AEDs. The strength of the explanation on how these issues may be resolved.
- The extent to which the application demonstrates a clear understanding of the relevant barriers, such as: access to emergency care; providers; inappropriate language and/or comprehension level; cultural and linguistic concerns; financial; geographical; etc., in the target community and the strength of the proposed plan to overcome the barriers.
- The extent to which the application demonstrates the appropriateness of anticipated outputs and the extent to which the proposed timeframe for the project activities is feasible and realistic.

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

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

- Explains the strength and appropriateness of a data collection system that will provide data to analyze each use of the AEDs, evaluates the overall program effectiveness (e.g., comparison of survival rates before and after implementation of the AED program) and makes any necessary improvements during the project period.
- Describes the evaluation plan in *Attachment 7* and identifies an evaluator. Identifies the anticipated outputs, evidence of measurable progress, the strength of the responsible

agent for completing each step, and the reasonableness of the anticipated timeframe for the project activities.

- Proposes benchmark measures and documents the strength of the process by which benchmark measures will be monitored and tracked throughout the project period on the following: number of AEDs placed; number of persons trained (includes lay public, emergency medical dispatchers, etc.); and number of operational uses with status of patient after defibrillation (e.g., restoration of pulse and respirations, sustained cardiac arrest or asystole).
- Strength of the proposal in discussing how an average time period will be provided related to the interval from finding patient in distress to use of AED.
- Demonstrates how the program's data collection activities will be integrated with a State EMS data-collection system to longitudinally monitor project utility beyond the grant period and reference specific data reporting elements to be integrated into national datasets via State EMS Office integration.
- The strength of the strategies used for collecting data to report usage and outcomes from the AEDs that are placed.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Needs Assessment and Work Plan

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

- Identifies the expected impact of the project activities on the community and the ability to provide prompt services in the case of emergencies.
- Documents the potential effectiveness of proposed plans for dissemination of project results, educational activities, and AED locations as evidenced by a thorough demonstration of how such results may be replicable in other communities.
- Identifies logical and achievable strategies for project sustainability beyond the Federal funding period.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. The clarity of the level of commitment of the members of the partnership. The extent to which the applicant organization has the financial management systems in place to effectively manage the grant funds.

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

The reasonableness of the proposed budget for each year of the project period in relation to the objectives 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.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

3. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2014. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

3. Reporting

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

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

VII. Agency Contacts

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

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

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

Michele Gibson
Public Health Analyst
Attn: Rural Access to Emergency Devices Grant Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7320
Fax: (301) 443-2803
Email: mpray@hrsa.gov

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/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

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

VIII. Other Information

1. Technical Assistance Conference Call Information

The Office of Rural Health Policy will hold a Technical Assistance call for the Rural Access to Emergency Devices grant program. The call will be held on **April 1, 2014 at 1:00 pm Eastern Time**. To attend the TA call, please call **1-8885665773**. The Passcode for this call is **7425845**. The call will be recorded for playback. The number to access the playback is **1-800-841-4034**. **The passcode is 5114**. The play back will be available until **May 1, 2014**.

The purpose of the call is to go over the grant guidance, and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the call is not required, it is highly recommended that anyone who is interested in applying for the RAED program plan to

listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

2. Helpful Websites

Rural Eligibility Analyzer:

<http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx?ruralByAddr=1>

State Office of Rural Health (SORH): <http://www.nosorh.org/nosorh-members/>

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

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

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

3. Definitions

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

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

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

Community Partnership - A consortium to include entities listed in the authorizing legislation [Section 413.Grants] such as, but not limited to, local emergency response entities such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, and local non-profit entities and for-profit entities concerned about cardiac arrest survival rates.

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

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

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

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

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

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

IX. Tips for Writing a Strong Application

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