NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: January 29, 2020

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

Issuance Date: October 31, 2019

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

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 Emergency Medical Services for Children (EMSC) Innovation and Improvement Center Program, hereinafter called the EIIC Program. The purpose of the EIIC Program is to demonstrate effective methods that improve the clinical care and management of pediatric patients within the Emergency Medical Services (EMS) system through such mechanisms as improved access to pediatric EMS expertise for EMSC recipients and stakeholders; implementation of Quality Improvement Collaboratives (QIC), addressing the unique needs of pediatric patients in rural health care systems; strengthened communication within the EMSC community; and creation of a central repository of pediatric evidence-based resources for prehospital and hospital Emergency Department (ED) professionals.

The FY 2020 President’s Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. You should note that this program may be cancelled prior to award.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Emergency Medical Services for Children Innovation and Improvement Center</th>
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<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-20-037</td>
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<tr>
<td>Due Date for Applications:</td>
<td>January 29, 2020</td>
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<tr>
<td>Anticipated Total Annual Available FY 2020 Funding:</td>
<td>$2,500,000</td>
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<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to one cooperative agreement</td>
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<td>Estimated Award Amount:</td>
<td>Up to $2,500,000 per year, subject to the availability of appropriated funds</td>
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<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
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<td>Period of Performance:</td>
<td>July 1, 2020 through June 30, 2024 (4 years)</td>
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<tr>
<td>Eligible Applicants:</td>
<td>Eligible entities include state(^1) governments and accredited schools of medicine.</td>
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<tr>
<td></td>
<td>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</td>
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Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA’s SF-424 Application Guide, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

\(^1\) For purposes of this NOFO, the term “state” 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
Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, November 21, 2019
Time: 3–4 p.m. ET
Call-In Number: 1-888-469-3083
Participant Code: 2453826
Weblink: https://hrsa.connectsolutions.com/fy2020-nofo-eic/

HRSA will record the webinar and make it available at:
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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Emergency Medical Services for Children (EMSC) Innovation and Improvement Center Program, hereinafter called the EIIC Program. The purpose of the EIIC Program is to demonstrate effective methods that improve the clinical care and management of pediatric patients within the Emergency Medical Services (EMS) system through such mechanisms as improved access to pediatric EMS expertise for EMSC recipients and stakeholders; implementation of Quality Improvement Collaboratives (QIC), addressing the unique needs of pediatric patients in rural health care systems; strengthened communication within the EMSC community; and creation of a central repository of pediatric evidence-based resources for prehospital and hospital emergency department (ED) professionals. The EIIC Program will accomplish this purpose by implementing activities in each of the following four distinct areas of focus:

- Provide access to EMS pediatric subject matter experts (SME) to EMSC recipients and stakeholders.
- Design, develop, and evaluate prehospital and hospital setting QICs. QICs will test implementation approaches with resulting new evidence and best practices disseminated nationally. QICs will be based on emerging HRSA priorities, mental health, and the Pediatric Readiness in Emergency Medical Services Systems\(^2\) and Pediatric Readiness in Emergency Departments\(^3\) joint policy statements, and will include collaboration with recipients of HRSA’s Medicare Rural Hospital Flexibility Grant Program.\(^4\)
- Facilitate communication within the EMSC community to increase field awareness and adoption of best practices and new evidence in emergency pediatric care, including addressing the unique needs of pediatric patients in rural health systems.
- Create a publicly accessible central repository of pediatric evidence-based resources for prehospital and hospital professionals.

Expectations related to each of the areas of focus for the EIIC Program are explained further in the Program-Specific Instructions section (Section IV.2). The specific objectives and targets for this funding opportunity are as follows:

- By May 2024, ensure that at least 15 percent of the nation’s EMS professionals have accessed the central repository of evidence-based resources, including professionals in rural settings.

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\(^3\) Pediatric Readiness in the Emergency Department. Retrieved from: https://pediatrics.aappublications.org/content/142/5/e20182459

\(^4\) Medicare Rural Hospital Flex Program. https://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx?id=2d57d725-b60b-405e-98d3-94954388387
• By May 2024, increase to 50 percent the proportion of QIC participating prehospital agencies and hospital facilities demonstrating improvements in the quality of pediatric emergency care.
• By May 2024, ensure that at least 1,000 prehospital and hospital professionals report improved knowledge of best practices after participating in pediatric EMS continuing education courses administered by the EIIC Program.
• By May 2024, ensure that at least 1,000 prehospital and hospital Pediatric Emergency Care Coordinators (PECCs) receive information on effective methods for improving the quality of emergency care to children.
• By May 2024, ensure that 80 percent of EMSC recipients and national stakeholders report access to high-quality resources and guidance that accelerates translation of clinical evidence into EMS practice in the care of children.

2. Background

The HRSA EMSC Program is authorized by the Public Health Service Act, Title XIX, § 1910 (42 U.S.C. 300w-9) to support a program of demonstration projects to expand and improve emergency medical services for children. Since its initial legislation in 1984, the HRSA EMSC Program has worked to ensure that all children and adolescents experiencing physical trauma and critical illness receive appropriate emergency medical care, no matter where they live, attend school, or travel.

Children have unique anatomical, physiological, developmental, and emotional characteristics from those of adults. During medical and traumatic emergencies, these differences may be heightened making it especially critical that EMS systems (prehospital and hospital) be prepared and equipped to care for children. For instance, a child’s airway is smaller and narrower than an adult’s airway, which presents challenges for providers who have limited ongoing training and experience recognizing, managing, and troubleshooting a failed pediatric airway; a child’s stage of development impacts their ability to understand and communicate with EMS providers; and infant and young children need the reassurance and comfort from their primary caregivers to cope with emergency medical care procedures.

In addition, less than 10 percent of prehospital EMS patient encounters involve pediatric patients. As a result, many EDs and EMS agencies are challenged to have the resources, skills, and training to care for children. Considering the unique needs of children and that a majority of pediatric emergency ED visits occur in community hospitals that see fewer than 15 pediatric patients each day, the HRSA EMSC Program has referenced national expert recommendations to guide efforts to improve the delivery and quality of care for children in both hospital and prehospital systems.

**Ensuring Hospital EDs are Prepared to Care for Children**

In an effort to ensure hospital EDs are prepared to manage the unique needs of children and adolescents, emergency medicine experts published the Joint Policy Statement,

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“Guidelines for Care of Children in the ED” in 2009.⁶ These guidelines were revised in 2018 and are now entitled “Pediatric Readiness in the ED”.⁷ The guidelines describe the basic components necessary to deliver optimal emergency medical care to children of all ages. Following the release of the 2009 Guidelines, the HRSA EMSC Program collaborated with the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA) in support of the National Pediatric Readiness Project (NPRP). This is a multi-phase quality improvement initiative that aims to assess and spread the uptake of these guidelines within all U.S. EDs. During the first year of the NPRP in 2013, 4,137 hospitals participated in the readiness assessment which provided clarity on opportunities and challenges in spreading uptake of the guidelines. For example, results indicated that only 45 percent of EDs reported having a QI plan that addressed the needs of children, and only 44 percent of EDs had a policy on how to care for children with social and mental health issues.⁸ Hospital EDs across the country continue to struggle to adopt the pediatric readiness recommendations due to various factors, including lack of awareness, lack of technical support for implementation, low proportion of pediatric patients in the ED, and limited hospital resources.

In 2018, the HRSA EMSC Program administered a reassessment of hospital EDs to evaluate the number of hospitals that had adopted one of the guideline recommendations—the establishment of interfacility transfer guidelines that are meant to improve timely and accessible pediatric specialty care for critically ill children. The assessment found that while 77 percent of hospital EDs reported having interfacility transfer guidelines; only 58 percent of those hospitals (2011 Baseline: 38 percent) had all of the essential pediatric elements within the guidelines.

**Ensuring Prehospital EMS Agencies are Prepared to Care for Children**

In addition to hospital EDs, prehospital EMS agencies also have clear opportunities to improve their readiness to care for children with the anticipated release of the Joint Guidelines on “Pediatric Readiness in EMS Systems. National organizations, to include the AAP, ACEP, ENA, National Association of EMS Physicians (NAEMSP), and National Association of EMTs (NAEMT) are collaborating to drive prehospital EMS system improvements in pediatrics. This Joint Policy Statement is pending release in late 2019.

**Improving the Coordination of Care for Children in Prehospital and Hospital Systems**

In 2007, the National Academies of Science, Engineering, and Medicine (formerly known as the Institute of Medicine) recommended that “EMS agencies should appoint a pediatric emergency coordinator, and hospitals should appoint two pediatric emergency coordinators—one a physician—to provide pediatric leadership for the organization.”⁹

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⁷ Pediatric Readiness in the Emergency Department. Retrieved from: [https://pediatrics.aappublications.org/content/142/5/e20182459](https://pediatrics.aappublications.org/content/142/5/e20182459)


In 2017, the HRSA EMSC Program adopted this recommendation by instituting a performance measure across all 58 EMSC State Partnership grant programs to promote the designation of an individual who coordinates pediatric emergency care and has since referred to this individual as a Pediatric Emergency Care Coordinator (PECC). A PECC serves in a variety of functions, including the critical role of integrating new evidence for optimal clinical management of pediatric trauma and medical emergencies across their agencies. The establishment of a PECC serves as a key mechanism within both EMS agencies and hospital EDs for catalyzing local adoption of the additional pediatric readiness interventions cited in the guidelines. In the 2018 HRSA EMSC performance measure assessment of EMS agencies, the HRSA EMSC Program found that only 23 percent of agencies had a PECC, with another 25 percent of agencies reporting an interest in adding this role to their agency. In hospitals, data from the 2013 NPRP indicated that only 65 percent of hospital EDs reported having a PECC. Increasing the proportion of EDs and EMS agencies with a PECC is a priority of the federal HRSA EMSC Program.

A key expectation of the EIIC Program will be collaborating with federal, national, state, and local entities to engage in strategies that aim to improve prehospital and hospital systems for children which are based on recommendations in national joint policy statements, guidelines, and technical reports (such as those noted in this NOFO).

**Current Status of the EIIC Program**

The EIIC Program was launched in 2016 with a focus on implementing QI initiatives at the state and local level. To date, the EIIC Program has helped to increase the number of states from five (baseline: 2006) to twelve (2018) that have implemented Pediatric Medical Recognition programs; engaged more than 120 hospitals in a QIC to accelerate their ED’s readiness to care for children through evidence-based interventions; helped to increase the number of EMS agencies in nine states that have a PECC and expanded the national reach of pediatric educational opportunities through in-person and virtual training programs for EMS professionals. The EIIC Program is partnering with key national organizations to promote the adoption of the 2018 revised “Pediatric Readiness of Emergency Department” guidelines and are planning to help promote the “Pediatric Readiness of EMS Systems” guidelines and technical report10 (aimed at improving prehospital systems for children).

The next period of performance of the EIIC Program will build upon these successes and continue demonstrating effective methods that result in increased spread of evidence-based practice within pediatric emergency medicine. For more details, visit the program’s webpage at [https://emscimprovement.center](https://emscimprovement.center).

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II. Award Information

1. Type of Application and Award

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

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA EMSC Program involvement will include:

- Assuring the availability of the services of experienced MCHB personnel to participate in the planning and execution of EIIC Program activities under this cooperative agreement.
- Collaborating closely with the recipient to identify staff to support the implementation of activities.
- Assessing and evaluating to determine EIIC Program needs to meet the scope of work described in the NOFO on an ongoing basis.
- Participating in the planning and scheduling of meetings and seminars conducted during the period of the cooperative agreement.
- Participating in regular meetings and/or communications with the recipient to assess progress (at minimum quarterly check-ins and in person at least twice a year).
- Conferring in the planning, development, implementation, and evaluation of QIC initiatives funded under this cooperative agreement.
- Assisting the recipient in identifying and facilitating linkages with federal interagency and state contacts as necessary for the successful completion of tasks and activities identified in the approved scope of work.
- Participating in the design, direction, and evaluation of innovative activities.
- Facilitating efforts in the logistics related to the provision of technical support and training/education to specified individuals.
- Reviewing procedures to be established for ongoing monitoring and successful accomplishment of the scope of work proposed.
- Assisting in identifying other recipients and professional and national organizations with whom the recipient will be asked to develop cooperative and collaborative relationships.
- Providing review of and advisory input for publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement.
- Reviewing and approving all travel for meetings and conferences.

The cooperative agreement recipient’s responsibilities will include:

- Adhering to the process of planning and execution the EIIC Program activities as outlined in this NOFO.
- Establishing quarterly check-ins with HRSA EMSC Program staff, with increased frequency of meetings as needed. At least two of these should be in-person each year.
• Responding in a timely and appropriate manner to requests by the HRSA EMSC project officer to collaborate on short-term, long-term and ongoing projects.

• Assuring sufficient staff to manage the expectations of this NOFO, which will include pediatric-experienced SMEs in project management, representing prehospital practitioners, trauma nurses, and other EMS medical professionals.

• Seeking HRSA EMSC project officer input prior to selecting and hiring new key project staff.

• Working closely with the HRSA EMSC project officer when developing, planning, and implementing new activities.

• Consulting with the HRSA EMSC project officer when scheduling any meetings, including EIIC Program advisory and steering committee meetings that pertain to the scope of work and at which the HRSA EMSC project officer’s attendance would be appropriate (as determined by the project officer).

• Providing the HRSA EMSC project officer with adequate time and opportunity to review, provide advisory input, and approve at the program level, any publications, audiovisuals, and other materials produced under the auspices of this cooperative agreement (such review should start as part of concept development and include review of drafts and final products).

• Providing the HRSA EMSC project officer with an electronic copy of, or electronic access to, each product developed under the auspices of this project.

• Ensuring that all products developed or produced, either partially or in full, under the auspices of this cooperative agreement are fully accessible and available for free to members of the public.

• Coordinating with the HRSA EMSC project officer regarding any travel requests necessary to attend national meetings. All travel must be approved by the HRSA project officer prior to planning or commencement of such travel.

• Submitting a quarterly travel schedule (due 30 days before the start of each quarter) which includes all future planned EIIC Program staff and SMEs (if paid by the EIIC Program cooperative agreement). For each meeting, include the name of the meeting or conference, anticipated date and location (if known), purpose of attendance, the EIIC staffer or consultant that will attend, and the dates of the meeting or conference. No travel under this NOFO may commence without prior approval from the HRSA EMSC project officer.

• Acknowledgement that the federal government, including HRSA/MCHB, has a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use any products derived from activities conducted under this cooperative agreement.

• Assurance of a seamless transfer to HRSA or its designee of all web-based and non-web-based materials, information, and products developed and stored throughout this cooperative agreement within 90 days of the period of performance expiration.

• Facilitating communications between the EMS community and EMSC award recipients.

• Collaborating and communicating with the HRSA EMSC Program staff and other key stakeholders.

• Supporting all related activities outlined in this NOFO.
The HRSA EMSC Program and the EIIC Program cooperative agreement recipient will jointly develop a plan of action for issues to be addressed during the period of performance, the sequence in which the issues will be addressed, what approaches and strategies will be used to address them, and how relevant information will be transmitted to specified target audiences and used to enhance project activities to advance the HRSA EMSC Program.

2. Summary of Funding

HRSA estimates approximately $2,500,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. You may apply for a ceiling amount of up to $2,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The FY 2020 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is July 1, 2020 through June 30, 2024 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the EIIC Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may reduce recipient funding levels beyond the first year if the EIIC Program recipient is unable to fully succeed in achieving the goals listed in application.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include state governments and accredited schools of medicine in states and jurisdictions. The term “school of medicine” for the purpose of this funding opportunity (and under 42 U.S.C. 300w-9(c)) has the same meaning as set forth in § 799B(1)(A) of the Public Health Service Act (42 U.S.C. 295p(1)(A)). The term “state” for the purpose of this funding opportunity 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.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

11 See definition at: https://www.law.cornell.edu/uscode/text/42/295p
3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.

2. Content and Form of Application Submission

Section 4 of HRSA’s SF-424 Application Guide provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s SF-424 Application Guide except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the Application Guide for the Application Completeness Checklist.
Application Page Limit
The total size of all uploaded files 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 NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 8: Other Relevant Documents.

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

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA’s SF-424 Application Guide (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), ensure details related to the following required activities are included:

- Provide access to EMSC SME to EMSC recipients and stakeholders on strategies proven to improve the care of pediatric patients. This will include experienced pediatric prehospital practitioners and hospital emergency personnel who are skilled at synthesizing available evidence and providing support to general EMS practitioners on how to apply best clinical practices. SMEs will generate resources to support EMSC recipients through a variety of mechanisms to include publications in scientific journals and knowledge translation tools for application in the clinical field. SME personnel will also be assigned and dedicated for each EMSC state recipient to ensure access to consultation expertise on prehospital and ED systems. SME personnel will also be accessible to provide guidance on strategies to achieve EMSC Program objectives and HRSA-established performance measures.
- Design, develop, and evaluate prehospital and hospital setting QICs. QICs will test implementation approaches, with resulting new evidence and best practices disseminated nationally. QICs will be based on emerging HRSA priorities, such as mental health, and the Pediatric Readiness of EMS Systems...
and EDs joint policy statements. QICs will also include collaboration with recipients of HRSA’s Medicare Rural Hospital Flexibility Grant Program. This will include designing and implementing at least three QICs to build and spread evidence for delivery of optimal pediatric emergency medicine, including one collaborative specifically devoted to improving the prehospital and hospital management of children and adolescents in mental health crisis (in alignment with HRSA’s Critical Crossroads initiative).

- Facilitate communication within the EMSC community to increase field awareness and adoption of best practices and new evidence in pediatrics. This will include, but is not limited to a peer-to-peer virtual learning environment for EMS and ED Pediatric Emergency Care Coordinators (PECC), EMSC state program managers, and members of the EMSC Family Advisory Network (FAN). To continue oversight and management of EMSC FAN activities, at least one full-time employee (FTE) is expected to be dedicated solely to EMSC FAN. The primary purpose of designating personnel to the EMSC FAN is to ensure representation of families in overall planning, design, and implementation of EIIC Program activities; and to ensure the needs of children and families are met as a result of the EIIC Program.

- Create a publicly accessible central repository for pediatric-focused evidence-based products, resources, and training programs for prehospital and hospital professions. This will include training and educational offerings, inclusive of continuing education credits.

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, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

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

   **INTRODUCTION** -- Corresponds to Section V’s Review Criterion 1 Need

   Briefly describe the purpose of the proposed project.

   **NEEDS ASSESSMENT** -- Corresponds to Section V’s Review Criterion 1 Need

   Describe and document the target population and its unmet health needs. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.

   Provide details that describe the needs of HRSA EMSC recipients specific to QI methodology, process, and workforce; gaps in evidence, tools,
protocols, and other products necessary to improve quality of systems and services; and knowledge and communication gaps of EMS systems as it relates to pediatric populations.

Briefly discuss any relevant barriers in the field of pediatric emergency care that the project intends to overcome. This section should help reviewers understand the role of the EIIC Program in supporting the HRSA EMSC Program mission, including dissemination of evidence-based practices; the demonstration of systematic improvements in patient care processes resulting from QI initiatives; and the design and administration of pediatric training programs that provide continuing education credits for nurses, physicians, EMS prehospital practitioners, and appropriate adjunct clinical personnel in hospital emergency departments.

**METHODOLOGY - Corresponds to Section V’s Review Criterion 2 Response**

Propose methods that you will use to address the stated needs (outlined in the Purpose section on page 1), and meet each of the previously described program requirements and expectations (see Program-Specific Instructions). Include clear and concise details that describe how you will incorporate innovative methods to facilitate communication with the EMSC community; how you propose to design, develop, implement, and evaluate QI initiatives; and how you will collaborate with federal, national, state, and local entities to engage in strategies aimed to improve prehospital and hospital systems for children.

As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, prehospital practitioners, hospital emergency personnel to include trauma nurses, and communities. If applicable, include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

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

**WORK PLAN -- Corresponds to Section V’s Review Criteria 2 Response and 4 Impact**

Both a work plan and logic model are required. Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website: [http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf](http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf).

**Work Plan**

Submit a work plan (Attachment 1) to describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful
support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

**Logic Model**
Submit a logic model (*Attachment 1*) for designing and managing the 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 notice, the logic model should summarize the connections between the:

- Goals of the project (i.e., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (i.e., beliefs about how the program will work and support resources). Base assumptions on research, best practices, and experience.
- Inputs (i.e., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (i.e., individuals to be served);
- Activities (i.e., approach, listing key intervention, if applicable);
- Outputs (i.e., direct products of program activities) with metrics of success and clear targets to guide the EIIC Program; and
- Outcomes (i.e., results of the program, typically describing a change in people or systems).

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

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

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, 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. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature that clearly describes your expertise and experience related to the expectations of this NOFO.

As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, including the five program objectives stated in the Purpose section of this NOFO, and explain how the data will be used to inform program development and service delivery.

**ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Resources and Capabilities**

Succinctly describe your organization’s current mission and structure, scope of current activities, and how these elements all contribute to the organization’s ability to conduct the program requirements and meet program expectations.

Describe how you will routinely assess and improve the unique needs of target populations of the communities served by your organization.

Describe previous work of a similar nature of your organization within the past 5–10 years that demonstrates your ability to manage and oversee the EIIC Program.

**Include an organizational chart (Attachment 5).** Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

**NARRATIVE GUIDANCE**

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
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<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
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<tr>
<td>Methodology</td>
<td>(2) Response</td>
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<tr>
<td>Work Plan</td>
<td>(2) Response and (4) Impact</td>
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<tr>
<td>Resolution of Challenges</td>
<td>(2) Response</td>
</tr>
<tr>
<td>Evaluation and Technical Support Capacity</td>
<td>(3) Evaluative Measures and (5) Resources/Capabilities</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
</tbody>
</table>
iii. **Budget**

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

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

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202, pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Div. A, § 101(8), states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. **Budget Narrative**

See Section 4.1.v. of HRSA’s *SF-424 Application Guide*.

Provide a narrative that explains the amounts requested for each line item in the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for 1 year. However, you must submit 1-year budgets for each of the subsequent budget periods within the requested period of performance (4 years) at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Clearly explain how each item in the “other” category is justified. For subsequent budget years, the budget narrative should highlight the changes from year to year, or clearly state that no substantive budget changes are expected during the period of performance. The budget narrative MUST be concise. Do NOT use the budget narrative to expand the project narrative.

**Budget for Multi-Year Award**

This announcement is inviting applications for a period of performance up to 4 years. Awards, on a competitive basis, will be for a 1-year budget period; although the period of performance may be for up to 4 years. Submission and HRSA
approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the 1-year budget period but within the 4-year period of performance is subject to availability of funds, satisfactory progress of the recipient, and a determination that continued funding would be in the best interest of the Federal Government.

Include the budget periods and corresponding fiscal years when preparing your budgets for each fiscal year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Start Date</th>
<th>End Date</th>
<th>Fiscal Year</th>
</tr>
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<tbody>
<tr>
<td>Year 1</td>
<td>July 1, 2020</td>
<td>June 30, 2021</td>
<td>Fiscal Year 2020</td>
</tr>
<tr>
<td>Year 2</td>
<td>July 1, 2021</td>
<td>June 30, 2022</td>
<td>Fiscal Year 2021</td>
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<td>Fiscal Year 2022</td>
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<tr>
<td>Year 4</td>
<td>July 1, 2023</td>
<td>June 30, 2024</td>
<td>Fiscal Year 2023</td>
</tr>
</tbody>
</table>

Include a Budget Spreadsheet and Narrative organized in the same order of budget categories in the SF-424A.

In addition, the EIIC Program requires the following:

**Personnel Costs:** Personnel costs should be explained by listing each staff member who will be supported by federal funds, name (if possible), position title, the percentage of full-time equivalency, and annual salary.

To ensure sufficient oversight and access to SMEs, budget sufficient funds for key personnel. List specific positions and name of personnel responsible for completing the deliverables. Personnel costs may be budgeted in this budget category or contractual services and should ensure adequate time is dedicated to project support, management, and oversight. Personnel are expected to include, at a minimum, experienced pediatric prehospital practitioners with project management experience, trauma nurses, a program manager to oversee the family advisory network, an operations manager, and other hospital emergency personnel SMEs. SME personnel are expected to be assigned with sufficient FTE dedicated to a cohort of EMSC award recipients to ensure access to consultation on prehospital and emergency department related initiatives. SME personnel are expected to be accessible to provide guidance on strategies to achieve HRSA EMSC Program objectives and established performance measures. At a minimum, four 100 percent FTEs are expected to be assigned to the EIIC Program and a 30 percent FTE project director. Funds to cover personnel do not need to be paid from the EIIC Program, but provide details that clearly describe four FTEs will be dedicated solely to the EIIC Program. The four FTEs are expected to fulfill the roles described above.

Personnel may be paid through the recipient organization or as in-kind support. Include details on how key personnel will be paid in the budget narrative as well.

**Fringe Benefits:** List the components that are comprised in the fringe benefit rate, for example, health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits
should be directly proportional to the portion of personnel costs that are allocated for the project.

**Travel:** Include travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff or consultant completing the travel should be outlined. For out of state travel, include the purpose, anticipated number of staff, and the role of each staff member. The budget should also reflect the travel expenses for SMEs and planned meetings, proposed training, workshops, and site visits.

Include personnel and any SME consultant travel costs for years 1–4 to attend EMSC Program meetings, specifically:

- EMSC Recipient meetings in the Washington, DC area – one per year
- Recipient site visits to EMSC State Partnership, Targeted Issues, and PECARN sites in 14 geographic locations in the United States
- HRSA strategic planning meetings; two per year in Rockville, MD

Travel to EMSC recipient sites will be determined in consultation with HRSA EMSC project officers based on HRSA priority sites. EIIC Program personnel will provide prehospital and hospital system pediatric SME consultation and technical support. Budget for 14 site visits per year in total.

**Equipment:** List equipment costs and provide a justification that clearly relates to carrying out the EIIC Program activities. An extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers, pediatric medical equipment, and furniture items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of 1 or more years). Examples of equipment to support the activities of this cooperative agreement may include equipment items for webinars or other internet-based live communication systems similar to Skype or office communicator for educational seminars or to create communication systems to reach the community, as well as other equipment items directly related to improving communication and access. These items are subject to HRSA’s review and approval.

**Supplies:** List the items that the project will use. Office supplies could include computers (if the unit cost is below $5,000), paper, pencils, educational supplies, and the like.

**Contractual:** You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Examples of contractual costs could include contractual services for SME consultants. It could also be for professional services provided such as educational training, QI initiatives, and technical assistance training. Provide a clear explanation as to the

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\(^{12}\) Pediatric Emergency Care Applied Research Network - [http://www.pecarn.org](http://www.pecarn.org)
purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Include annual costs to facilitate communication with the EMSC community to increase field awareness and adoption of best practices and new evidence. This will include managing all logistics for an EMSC recipient meeting once a year and at least two in-person PECARN meetings each year.

Include cost associated with managing a peer-to-peer virtual learning environment for EMS and ED PECCs, EMSC state program managers, and members of the EMSC FAN.

Include costs associated with creating a publicly accessible central repository for pediatric prehospital and hospital evidence-based products, resources, and training programs. This will include training and educational offerings, inclusive of continuing education credits.

Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the System for Award Management (SAM) and provide the recipient with their Dun and Bradstreet Universal Numbering System (DUNS) number.

Other: Place all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

**Indirect Costs:** Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions formerly subject to OMB Circular A-21, superseded by the Uniform Administrative Requirements as codified by HHS at 45 CFR part 75, the term “facilities and administration” is used to denote indirect costs. If your organization does not have an indirect cost rate, you may wish to obtain one through HHS’s Program Support Center Division of Cost Allocation (DCA). Visit DCA’s website at: [https://rates.psc.gov/](https://rates.psc.gov/) to learn more about rate agreements, the process for applying for them, and the offices that negotiate them.

If federal funds were not budgeted in the budget category “Personnel” or “Contractual Services,” please include a listing of each staff member who will be dedicated to the project through other sources. Include the individual’s name (if possible), position title, percent of time FTE dedicated to the project, source of funding and annual salary. These individuals and their responsibilities as they relate to this project must also be reflected in *Attachment 2: Staffing Plan and and Job Descriptions for Key Personnel.*

**v. Program-Specific Forms**

Program-specific forms are not required for application.
vi. Attachments
Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label each attachment.

**Attachment 1: Work Plan**
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

**Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide)**
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Include the percent FTE of each staff person to demonstrate sufficient oversight and support of the project. Also, please include a description of your organization’s timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

**Attachment 3: Biographical Sketches of Key Personnel**
Include biographical sketches for all personnel that will be employed to support the EIIC Program, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person.

**Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)**
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

**Attachment 5: Project Organizational Chart**
Provide a one-page figure that depicts the organizational structure of the project.

**Attachment 6: Tables, Charts, etc.**
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

**Attachment 7: Progress Report**
*(FOR COMPETING CONTINUATIONS-ONLY)*

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

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

1. **The period covered (dates).**

2. **Specific objectives** - Briefly summarize the specific objectives of the project.

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

*Attachments 8 – 15: Other Relevant Documents*

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

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that 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://www.dnb.com/duns-number.html](http://www.dnb.com/duns-number.html))
- System for Award Management (SAM) ([https://www.sam.gov](https://www.sam.gov))
For further details, see Section 3.1 of HRSA’s *SF-424 Application Guide*.

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

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](https://sam.gov).

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

4. Submission Dates and Times

**Application Due Date**

The due date for applications under this NOFO is **January 29, 2020 at 11:59 p.m. ET**. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The EIIC Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Section 4.1 ii of HRSA’s *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $2,500,000 per year (inclusive of direct and indirect costs). The FY 2020 President’s Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.
The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Div. A, § 101(8), are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA’s SF-424 Application Guide for additional information. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The HRSA EIIC Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

**Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Needs Assessment**

The extent to which the applicant effectively demonstrates the problem and associated contributing factors to the problem.

- The breadth and depth of the applicant’s understanding of the mission of the HRSA EMSC Program, the role of the EIIC Program to achieve the mission, and
the health care issues involved in both prehospital and hospital pediatric emergency care.

- The breadth and depth of the applicant’s understanding of the need for strengthened knowledge translation activities that effectively influence and improve the clinical practice of local EMS practitioners.

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

The extent to which the activities described in the application demonstrate the applicant’s ability to address the process and meet the stated objectives of the NOFO.

- The strength and feasibility of the proposed methodologies and framework to meet EIIC Program SMART objectives, as described in the Purpose and Narrative sections of this NOFO.
- The completeness, reasonableness, and feasibility of the proposed indicators for producing metrics of success with clear targets to guide the EIIC Program.
- The clarity and completeness of the logic model (part of Attachment 1), demonstrating a clear relationship among resources, activities, outputs, target population, short-term outcomes, and long-term outcomes.
- The thoroughness of challenges described, anticipated barriers, and the feasibility of approaches to resolve such.
- The responsiveness to specifications set forward in the Narrative section of this NOFO.

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

Evidence that the evaluative measures will be able to assess: (1) to what extent the program objectives have been met, and (2) to what extent these accomplishments can be attributed to the project.

- The strength and effectiveness of the proposed methods to monitor and evaluate project performance, outcomes, and impact.
- The capability of the applicant to collect and report on, at a minimum, QIC progress and results, as well as SMART objectives, as described in the Purpose section of this NOFO.
- The quality of the proposed plan to measure the effectiveness of activities.
- The effectiveness and efficiency of the proposed methods to evaluate dissemination, utilization, and impact of best practices, resources, and tools developed by the EIIC Program, HRSA EMSC Program recipients, and stakeholders to reach intended audiences.
- The efficiency of the proposed plan for ensuring that feedback from evaluation findings will be incorporated into timely, continuous performance improvement.
- The strength, effectiveness, and timeliness of a seamless transfer to HRSA or its designee of all web-based and non-web-based materials, information, and products developed and stored throughout this cooperative agreement within 90 days of the period of performance expiration.
**Criterion 4: IMPACT** (15 points) – Corresponds to Section IV’s Work Plan

The extent to which the proposed project has a public health impact and the project will be effective, if funded.

- The likelihood and magnitude of impact of the proposed knowledge translation activities on practice, policy, and clinical improvements within prehospital and hospital emergency medical settings.
- The comprehensiveness of the work plan in describing a clear process and plan to achieve the EIIC Program goals and objectives, as described in the Purpose section of this NOFO.
- The strength of the proposed process and plans for influencing clinical practice and disseminating project results on a national scale.

**Criterion 5: RESOURCES/CAPABILITIES** (15 points) – Corresponds to Section IV’s Evaluation and Technical Support, and Organizational Information

The extent to which:

- Project personnel and SME consultants have sufficient training, qualifications, expertise, and experience to carry out the project.
- Sufficient full-time personnel are dedicated to the project to ensure clear and consistent operations and accessibility for program audiences and stakeholders.
- The reasonability and feasibility of the applicant’s oversight and project management plan, ensuring sufficient on-site personnel, facilities, information technology support, and other resources needed to accomplish the proposed activities. An organizational chart (Attachment 5) describes sufficient leadership and organizational support for the EIIC Program to ensure efficient, effective, and continuous operations.

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

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

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel, including the project director, have adequate time devoted to the project to achieve project objectives, as described in the Project Narrative and Budget Narrative sections of this NOFO.
- The degree to which the budget narrative sufficiently provides explicit, itemized details that clearly explain proposed costs.
• The extent to which all contracts that have been referenced in the project and/or budget narrative include itemized cost details in alignment with HRSA budget categories.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA’s SF-424 Application Guide for more details.

Pursuant to § 1910(a) of the PHS Act, no more than three awards under this authority may be made in a state (to a state or a school of medicine in such state). HRSA will not provide funds to more than three award recipients within each state during a given fiscal year. HRSA will make competitive awards under this NOFO in accordance with the rank order established by the objective review committee, but if awarding funds to the next ranking applicant would result in a fourth award in any state (including a state or a school of medicine in such state), HRSA will skip that applicant and make the award to the next eligible applicant, ensuring compliance with this statutory restriction.

3. Assessment of Risk

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will
consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2020. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA’s SF-424 Application Guide.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

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

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
you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA’s SF-424 Application Guide and the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and PMs for this program are available at [https://grants6.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/U07_3.html](https://grants6.hrsa.gov/MchbExternal/DgisApp/formassignmentlist/U07_3.html). The type of report required is determined by the project year of the award’s period of performance.

<table>
<thead>
<tr>
<th>Type of Report</th>
<th>Reporting Period</th>
<th>Available Date</th>
<th>Report Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) New Competing Performance Report</td>
<td>7-1-2020 to 6-30-2024</td>
<td>Period of performance start date</td>
<td>120 days from the available date</td>
</tr>
<tr>
<td></td>
<td>(administrative data and performance measure projections, as applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Non-Competing Performance Report</td>
<td>7-1-2021 to 6-30-2022 7-1-2022 to 6-30-2023</td>
<td>Beginning of each budget period (Years 2–4, as applicable)</td>
<td>120 days from the available date</td>
</tr>
<tr>
<td>c) Project Period End Performance Report</td>
<td>7-1-2023 to 6-30-2024</td>
<td>Period of performance end date</td>
<td>90 days from the available date</td>
</tr>
</tbody>
</table>


2) **Progress Report(s).** The recipient must submit a progress report narrative to HRSA annually via the Non-Competing Continuation Renewal in the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year), and include annual data on performance measures identified in the Project Narrative, if not captured by DGIS. Submission and HRSA approval of a progress report will trigger the budget period renewal and release of each subsequent year of funding. Further information will be available in the NOA.
3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

**VII. Agency Contacts**

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

Devon Cumberbatch  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-7532  
Fax: (301) 594-4073  
Email: dcumberbatch@hrsa.gov

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

Jocelyn Hulbert  
Public Health Analyst  
EMSC Program  
Division of Child, Adolescent, and Family Health  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
Telephone: (301) 443-7436  
Email: JHulbert@hrsa.gov

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: support@grants.gov  

Successful applicants/recipient may need assistance when working online to submit information and reports electronically through HRSA’s EHBs. For assistance with submitting information in HRSA’s EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:
VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, November 21, 2019
Time: 3-4 p.m. ET
Call-In Number: 1-888-469-3083
Participant Code: 2453826
Weblink: https://hrsa.connectsolutions.com/fy2020-nofo-eic/

HRSA will record the webinar and make it available at: https://mchb.hrsa.gov/fundingopportunities/default.aspx.

Tips for Writing a Strong Application

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