

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



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

***Pediatric Emergency Care Coordinator (PECC) Learning Collaborative
Demonstration Project***

Funding Opportunity Number: HRSA-18-127
Funding Opportunity Type(s): Competing Supplement
Catalog of Federal Domestic Assistance (CFDA) Number: 93.127

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Letter of Intent Due Date: July 27, 2018

Application Due Date: August 20, 2018

*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: July 18, 2018

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2018 Pediatric Emergency Care Coordinator (PECC) Learning Collaborative Demonstration Project. The purpose of this project is to form a cohort of Emergency Medical Services for Children (EMSC) State Partnership Grant recipients to participate in a learning collaborative that will demonstrate effective, replicable strategies to increase the number of local emergency medical services (EMS) agencies with a PECC. Results from this project will inform and advance efforts within all 58 EMSC State Partnership recipient sites to increase adoption of PECC within local EMS agencies.

Funding Opportunity Title:	Pediatric Emergency Care Coordinator (PECC) Learning Collaborative Demonstration Project
Funding Opportunity Number:	HRSA-18-127
Due Date for Applications:	August 20, 2018
Anticipated Total Annual Available FY 2018 Funding:	\$1,000,000
Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Award Amount:	\$100,000
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2018 through March 31, 2019 (1 year to align with the base awards)
Eligible Applicants:	Eligible applicants are state governments and accredited schools of medicine in the U.S. states, territories and freely associated states that are current EMSC State Partnership (H33) grant recipients. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, July 23, 2018

Time: 2:00 p.m. ET

Call-In Number: 1-877-718-9201

Participant Code: 97107775#

Weblink: <https://hrsa.connectsolutions.com/supplementalnofo/>

The recording will be posted on the MCHB website at
<https://mchb.hrsa.gov/fundingopportunities/default.aspx>.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications from current recipients of the Emergency Medical Services for Children (EMSC) State Partnership Program for the Pediatric Emergency Care Coordinator (PECC) Learning Collaborative Demonstration Project.

The purpose of this project is to form a cohort of EMSC State Partnership Grant recipients to participate in a Learning Collaborative that will demonstrate effective, replicable strategies to increase the number of local emergency medical services (EMS) agencies with a PECC. Results from this project will inform and advance efforts within all 58 EMSC State Partnership recipient sites to increase adoption of PECC within local EMS agencies. The EMSC State Partnership sites include the U.S. states, territories and freely associated states (hereinafter referred to as “states”).

This NOFO supports a critical performance measure of the EMSC State Partnership program, specifically, to [increase the percentage of local EMS agencies within each state that have a PECC](#). The EMSC State Partnership Program established this performance measure in 2016, along with the following goals:

- 30 percent by 2020
- 60 percent by 2023
- 90 percent by 2026

A PECC within a local EMS agency has the following [defined roles](#):

- Ensures that the pediatric perspective is included in the development of EMS protocols;
- Ensures that fellow EMS providers follow pediatric clinical practice guidelines;
- Promotes pediatric continuing-education opportunities;
- Oversees pediatric-process improvement;
- Ensures the availability of pediatric medications, equipment, and supplies;
- Promotes agency participation in pediatric-prevention programs;
- Promotes agency participation in pediatric-research efforts;
- Liaises with the emergency department pediatric emergency care coordinator; and
- Promotes family-centered care at the agency.

State Partnership recipients first collected baseline data on this performance measure in 2017-2018, which included whether an EMS agency:

- Had a PECC;
- Did not have a PECC;
- Did not have a PECC, but had a plan to add this role within the next year;
- Did not have a PECC but would be interested in adding this role.

Results from this initial data collection are available to State Partnership recipients, however, have not yet been reported to HRSA. EMSC State Partnership recipients will report these data in the Fall of 2018 as part of their required annual performance report submission to HRSA.

Results from this project will inform and advance efforts to demonstrate effective, replicable strategies to increase the number of local EMS agencies with a PECC. A secondary outcome is to increase the number of local EMS agencies that establish a PECC within all 58 EMSC State Partnership recipients.

Each applicant is required to establish a target number of EMS agencies that will establish new PECCs across the project duration. At a minimum, this target must include a majority of state EMS agencies that reported not having a PECC, but indicated an interest in adding this role.

Specifically, recipients are expected to:

- Assemble a state team. The state team should include representatives from one or more EMS agencies within the state that already have a PECC in place. It may also include key EMSC program stakeholders such as the EMSC Family Advisory Network (FAN) representative or other members of the state's EMSC advisory committee or EMS advisory board.
- Ensure the state team is to participate in multi-state Learning Collaborative activities that will be facilitated by the EMSC Innovation and Improvement Center (EIIC), a cooperative agreement program administered by HRSA to provide consultative and technical support to EMSC Program grant recipients to improve pediatric emergency medical services. The multi-state Learning Collaborative is designed to support and advance the goals of the EMSC Program, identify and share models and strategies, and to assist in the application and demonstration of strategies to increase the adoption and effective use of PECCs in EMS settings.
- Create a state action plan, based upon the shared strategies identified through the Learning Collaborative.
- Engage key stakeholders, beyond the immediate state team, regularly to ensure engagement in planning and implementation.
- Recruit and provide education to local EMS agency sites regarding the purpose, need, and value of an assigned PECC within an EMS agency.
- Re-assess the number of EMS agencies in the state with a PECC at the end of the project.
- Collect qualitative feedback from local EMS agencies on the usability, ease of adoption, and impact experienced as a result of having a PECC at the local agency level.
- Create a plan for sustainability of PECCs at local EMS agencies after this project concludes.

The EMSC Innovation and Improvement Center (EIIC) will provide technical support to recipients of this NOFO. Specifically, the EIIC will:

- Facilitate virtual multi-state learning sessions.
 - The monthly learning sessions will also provide opportunities for sharing lessons learned and best practices for outreach design and implementation across states.
- Assist recipients in creating a multi-state collective action plan for increasing the number of EMS agencies with a PECC with common methods and aims shared across all participating states.
- Host one in-person multi-state Learning Collaborative training session.
- Implement a multi-state collective action plan through active outreach, education, and training.
- Share results from the multi-state Learning Collaborative with other states to increase use of effective strategies.

Award recipients may propose to use these funds through a variety of mechanisms to meet the purpose of the award. Some examples, although not required unless specified, include the following:

- Personnel:
 - Increasing personnel time for existing staff in the recipient organization that is not currently contributing a 1.0 Full-Time Equivalent toward the achievement of the following EMSC State Partnership performance measure: increasing the percentage of local EMS agencies within each state that have a PECC.
- Travel
 - Within-state travel needed to effectively engage remote or distant local EMS agencies.
 - Travel for the project team to attend one face-to-face Learning Collaborative meeting convened by the EIIC. (Required)
- Other:
 - Subject matter expert (SME) consultants who contribute expertise in the administrative and operational context of pre-hospital EMS systems within the state, including experience in establishing a PECC within EMS agencies.
 - SME consultants who contribute experience and capacity for effective outreach and training to pre-hospital EMS agencies.
 - Logistics support for any statewide or regional meetings of EMS authorities for outreach and training purposes.

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

HRSA aims for the PECC Learning Collaborative Demonstration Project to build evidence for effective, replicable strategies within a wide range of EMS agencies across diverse geographic, demographic and administrative contexts.

2. Background

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

The EMSC State Partnership Grant Program funds demonstration projects in 58 states to systematically improve the delivery and quality of pediatric emergency care in both pre-hospital and hospital settings. Each recipient dedicates the annual \$130,000 base award to different purposes depending on unique needs and resources of the state. Commonly, these funds support the personnel time of an EMSC program manager who leverages partnerships with state and local stakeholders to increase the standardized delivery of optimal pediatric emergency care. Assuring coordination of pediatric emergency care at the local level is a key intervention toward achieving that mission.

The National Academy of Medicine (formerly known as the Institute of Medicine (IOM)) provide advice for governmental decision makers on pressing issues through a meticulous process of information collection, evidence analysis, and deliberation.¹ In 2007, several federal agencies² and the Josiah Macy, Jr. Foundation commissioned the IOM to examine the emergency care system in the U.S. and issue evidence-driven recommendations on how to improve care for children.

As documented in the 2007 publication “Emergency Care for Children: Growing Pains,” the IOM issued a resulting recommendation that “emergency medical services agencies appoint a pediatric emergency coordinator...to provide pediatric leadership for the organization” This recommendation was based on the IOM's finding that PECCs “are necessary to advocate for improved competencies and the availability of resources for pediatric patients.” Since then, evidence has continued to grow in support of this recommended intervention. In 2016, a systematic review in the *Journal of Prehospital Emergency Care* concluded that existing literature supports PECCs as an improvement within EMS agencies that facilitates optimal care of children in a pre-hospital setting.

Despite the documented importance of having a PECC, many obstacles exist to achieving full adoption of PECCs by local EMS agencies. For example, local agency leadership may not be aware of the importance of having a PECC; the PECC role may be applied differently if the local EMS command is located within the fire versus medical community; and rural, suburban and urban EMS agencies may face distinct opportunities and challenges based on local context. The strategies developed and demonstrated through this project will enable a better understanding of the obstacles to establishing a PECC in local EMS agencies and provide concrete, effective strategies to overcome them, ultimately serving to inform the diverse geographic, demographic and administrative contexts found within all states.

¹ <https://nam.edu/>

² U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ), Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC); the U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA).

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately \$1,000,000 to be available to fund 10 recipients. You may apply for a ceiling amount of up to \$100,000 total cost (includes both direct and indirect, facilities and administrative costs). The period of performance is April 1, 2018 through March 31, 2019 (1 year).

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are current EMSC State Partnership (H33) grant recipients in state governments and accredited schools of medicine in the 58 U.S. states, territories and freely associated states.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes 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 **40 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) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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 the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 3: 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), 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.

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***

Briefly describe the purpose of the proposed project.

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

Describe recent and relevant demographic and other data which illustrate health needs, problems, barriers and associated contributing factors related to the percentage of EMS agencies in the state that have a designated individual who coordinates pediatric emergency care ([EMSC Performance Measure EMSC 02](#)).

Provide baseline data to describe the current numbers and percentages of EMS agencies that report: having a designated PECC, having plans to add a PECC, having an interest in a PECC, and not having a PECC.

Describe the demographic trends observed in the state's baseline data, including whether EMS agencies with PECCs are currently distributed evenly across the state or whether they are clustered in urban, rural or other patterns.

Describe the geographic, demographic, and administrative diversity of EMS agencies identified as priorities for outreach through this project. Include information about the volume and characteristics of the pediatric population served by these agencies, the urbanicity of the community served, whether agency command is centered in fire, medical or other administrative structures, and the degree to which the agency workforce is comprised of volunteers and/or career professionals.

Address how the outcomes of this project will benefit the EMSC program's target populations.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 and 4*

Describe the proposed plan for implementing the activities specified in Section 1 of this NOFO, and the target number of local EMS agencies that will establish a PECC as a result of this project by 2019. At a minimum, this target must include a majority of the state's EMS agencies who reported not having a PECC, but indicated an interest in adding this role.

Include plans for assembling a state team and participating in the Learning Collaborative. Provide evidence of meaningful support from and collaboration with key program stakeholders in planning, designing, and implementing activities. The project team should include representatives from one or more EMS agencies within the state that already have a PECC in place. Additional key project participants may include, but are not limited to, the EMSC Family Advisory Network representative, the state EMS board, or other members of the state's EMSC Advisory Committee.

Describe how this supplemental award will build upon, and not duplicate, activities being implemented with the base funding award, including any existing efforts to increase the number of EMS agencies with a PECC. Describe a plan to ensure that this project will not impede continuity of operations in advancing the full scope of activities within the EMSC State Partnership Program.

Propose a plan to share results from the project with HRSA and the EIIC to increase uptake of effective strategies to increase the number of local EMS agencies that establish a PECC. This will allow the EIIC to share results from the multi-state learning collaborative.

Propose a plan for sustainability after this project concludes.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*

Describe the activities or steps that you will use to achieve the plan described in the Methodology section. Include a timeline that includes each activity and

identifies responsible staff. Identify meaningful support and collaboration with key stakeholders and the EIIC in planning, designing, and implementing all activities, including developing the application.

The work plan should clearly link to the activities and objectives described in Section 1 of this guidance including participation in the Learning Collaborative facilitated by the EIIC. It must show compelling evidence that plans are supported, can be accomplished, and can be sustained. Clearly describe an approach that is specific, measurable, attainable, realistic, and time-bound.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, such as achieving anticipated progress within the proposed timeframe. Describe approaches that you will use to resolve such challenges, including your institution's history and capacity in administrative operations and plans for how the funds will be obligated within the budget period ending on March 31, 2019.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 5*

Describe the plan for the project performance evaluation, including:

- Capturing information to describe the number of EMS agencies that successfully add a PECC since the baseline data were collected.
- Collecting qualitative feedback from EMS agencies regarding the impact of a PECC on their ability to care for children.
- Reporting these updated data to HRSA one year from the date of this supplemental award.

The project performance evaluation should also 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 staff, 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. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform project development. Describe any potential obstacles for implementing the project performance evaluation and your plan to address those obstacles.

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

Provide information on your organization's experience engaging local EMS agencies, and working with PECCs (if applicable). Describe experience assembling interdisciplinary teams of stakeholders to achieve EMSC objectives. Describe the organizations proven and successful leadership role in activities undertaken related to the functions of EMSC and proposed activities.

Provide a staffing plan describing current experience, expertise, skills, and knowledge of staff, contractors, and partners as related to the proposed project.

Include a description of the existing and available resources (staff, in-kind support, related projects) and support available within the organization to support/carry out the proposed project. Describe the organization's experience and/or capacity to manage federal funds. You must demonstrate existing and effective fiscal, administrative and management systems, and commitment from senior institutional leadership to support the project. Describe how these systems contribute to the ability of the organization to conduct the project and meet project expectations.

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need and (2) Response
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

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 Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

iv. Budget Narrative

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

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: 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 2: Project Organizational Chart

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

Attachment 3: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachments 4 – 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>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

UPDATED 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. Read the updated FAQs to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

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 *August 20, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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

PECC Learning Collaborative is not a project 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 between April 1, 2018 and the close of your current EMSC State Partnership budget period, ending on March 31, 2019, at no more than \$100,000 (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2019, as required by law.

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](#).

7. Other Submission Requirements

Letter of Intent to Apply

The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will **not** acknowledge receipt of letters of intent.

Send the letter via email by *July 27, 2018* to:

HRSA Digital Services Operation (DSO)

Please use the HRSA opportunity number as email subject (HRSA-18-127)

HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed 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. See the review criteria outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The PECC Learning Collaborative has six review criteria:

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

The extent to which the application demonstrates the problem and associated contributing factors, describes the populations to be served by the proposed project, and:

- a) Provides baseline data to describe the current numbers and percentages of EMS agencies that report: having a designated PECC, having plans to add a PECC, having an interest in a PECC, and not having a PECC.
- b) Describes the demographic trends observed in the state's baseline data, including whether EMS agencies with PECCs are currently distributed evenly across the state or whether they are clustered in urban, rural or other patterns.
- c) Cites recent and relevant demographic, geographic and administrative data to illustrate health needs, problems, barriers and associated contributing factors related to the percentage of EMS agencies in the state that have a PECC.
- d) Addresses how the outcomes would be of benefit to the EMSC program's target populations across a variety of geographical contexts.

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

The extent to which the proposed project responds to the “Purpose” included in the project description and the degree to which:

- a) The application establishes an ambitious but achievable target for the number of local EMS agencies that will establish a PECC by 2019, including the majority of the state's EMS agencies who reported interest in adding a PECC.
- b) The application provides a clear, feasible and effective plan to assemble a state-team and engage key stakeholders including local EMS agencies, FAN representative(s), state government, and others as appropriate.
- c) The application describes clear, feasible and effective plans to participate in a Learning Collaborative that will demonstrate effective, replicable strategies for increasing the number of local emergency medical services (EMS) agencies with a pediatric emergency care coordinator (PECC).
- d) The applicant describes how this supplemental award will build upon, and not duplicate, activities being implemented with the base funding award, including any existing efforts to increase the number of EMS agencies with a PECC and ensures that this project will not significantly impede continuity of operations in advancing the full scope of the EMSC State Partnership Program.
- e) The application includes a clear, feasible and effective sustainability plan for maintaining the progress achieved after the period of federal funding ends.
- f) The application describes the challenges that are likely to be encountered; approaches that will be used to resolve such challenges are logical and clearly described.
- g) The application provides clear, feasible and effective plans for how the funds will be obligated within the budget period ending on March 31, 2019.
- h) The application provides a realistic staffing plan that will enable the achievement of the activities stipulated in the purpose section.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) the extent to which the project objectives have been met, and 2) the extent to which these can be attributed to the project. Specifically, the extent to which:

- a) The evaluation methodology is specific and related to the objectives of the project.
- b) The data collection strategies address identification/use of appropriate data sources.
- c) The data collection strategies demonstrate how the applicant will collect, analyze, and track data that will measure outcomes/impact of the project.
- d) The proposal demonstrates how the applicant will monitor and evaluate the proposed project activities/process.
- e) The proposal explains how the data will be used to inform project implementation.

- f) The proposal includes a plan to report these updated data to HRSA 1 year from the date of this supplemental award.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology, Work Plan, and Evaluation and Technical Support Capacity

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

- a) Activities described in the proposal will work to increase the number of local EMS agencies with a PECC.
- b) Participation in the Learning Collaborative will generate effective strategies and best practices for increasing the number of PECCs across the EMSC State Partnership Program.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Organizational Information

The extent to which the capabilities of the applicant organization and the associated project team, including any contractual personnel, demonstrate the quality and availability of facilities and capacity to fulfill the needs and requirements of the PECC Learning Collaborative Demonstration Project. Specifically, the extent to which:

- a) Project personnel, including contractual personnel, are qualified by experience, expertise, skills and knowledge to carry out the project.
- b) Proposed activities build upon previous experiences and documented successes of the applicant in working collaboratively with EMS agencies to achieve EMSC program objectives.
- c) The applicant organization demonstrates the presence of effective fiscal, administrative and management systems to ensure execution of proposed project plans within the period of performance.
- d) The applicant organization demonstrates commitment from senior institutional leadership that the proposed project plans will be implemented within the period of performance.

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

The reasonableness of the proposed budget in relation to the objectives, the complexity of activities, and the anticipated results. Specifically, the extent to which:

- a) Costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- b) Key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards on or before September 30, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award on or before September 30, 2018. 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 under Awards

The terms and conditions in the Notice of Award (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.

3. Reporting

The Discretionary Grant Information System (DGIS) reporting system will continue to be available through the Electronic Handbooks (EHBs). HRSA enhanced the DGIS and these improvements are available for recipient reporting. The agency will communicate with recipients and provide instructions on how to access the system for reporting. HRSA will also provide technical assistance via webinars, written guidance, and one-on-one sessions with an expert, if needed.

The updated and final reporting package incorporating all OMB-accepted changes can be reviewed at:

<https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection> (OMB Number: 0915-0298 Expiration Date: 06/30/2019).

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a **bi-annual** basis, which should address progress against program outcomes, including any expected outcomes in the first year of the program. Further information will be available in the award notice.
- 2) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.
- 3) **Performance Reports.** HRSA has modified its reporting requirements for Special Projects of Regional and National Significance projects, Community Integrated Service Systems projects, and other

grant/cooperative agreement programs to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). GPRA requires the establishment of measurable goals for federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for states have also been established under the Block Grant provisions of Title V of the Social Security Act.

a) Performance Measures and Program Data

To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are at https://perf-data.hrsa.gov/mchb/DgisApp/FormAssignmentList/H33_6.HTML and below.

Administrative Forms			
Products, Publications, and Submissions Data Collection Form Form 1, Project Budget Details Form 2, Project Funding Profile Form 4, Project Budget and Expenditures Form 6, Maternal & Child Health Discretionary Grant Form 7, Discretionary Grant Project			
Updated DGIS Performance Measures, Numbering by Domain (All Performance Measures are revised from the previous OMB package)			
Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
Core			
Core 1	New	N/A	Grant Impact
Core 2	New	N/A	Quality Improvement
Core 3	New	N/A	Health Equity – MCH Outcomes
Capacity Building			
CB 4	Revised	5	Sustainability
CB 6	New	N/A	Products

Emergency Medical Services For Children Program:

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
EMSC 01	New	N/A	Using NEMSIS Data to Identify

			Pediatric Patient Care Needs.
EMSC 02	New	N/A	Pediatric Emergency Care Coordination
EMSC 03	New	N/A	Use of pediatric-specific equipment
EMSC 04	Unchanged	74	Pediatric medical emergencies
EMSC 05	Unchanged	75	Pediatric traumatic emergencies
EMSC 06	Unchanged	76	Written inter-facility transfer guidelines that contain all the components as per the implementation manual.
EMSC 07	Unchanged	77	Written inter-facility transfer agreements that covers pediatric patients.
EMSC 08	Unchanged	79	Established permanence of EMSC
EMSC 09	Updated	80	Established permanence of EMSC by integrating EMSC priorities into statutes/regulations .

b) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

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

c) Period of Performance End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

VII. Agency Contacts

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

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

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

Sarah O'Donnell
Public Health Analyst, Division of Child, Adolescent, and Family Health
Attn: Emergency Medical Services for Children Program
Maternal Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-56C
Rockville, MD 20857
Telephone: (301) 443-0298
Email: sodonnell@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Monday, July 23, 2018

Time: 2:00 p.m. ET

Call-In Number: 1-877-718-9201

Participant Code: 97107775#

Weblink: <https://hrsa.connectsolutions.com/supplementalinfo/>

The recording will be posted on the MCHB website 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](#).