
**DEPARTMENT OF
HEALTH AND HUMAN SERVICES
OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH**

Office of Minority Health

Funding Opportunity: Reducing Cardiac Arrest Disparities Through Data

Registries Initiative

Opportunity Number: MP-CPI-20-003

Application Due Date:

Monday, August 17, 2020 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

Office of the Assistant Secretary and the Office of Minority Health

FUNDING OPPORTUNITY TITLE

Reducing Cardiac Arrest Disparities Through Data Registries Initiative

ACTION

Notice

ANNOUNCEMENT TYPE

Initial Competitive Grant

FUNDING OPPORTUNITY NUMBER

MP-CPI-20-003

CFDA NUMBER AND PROGRAM:

93.137 Community Program to Improve Minority Health

DATES

Application Deadline: Monday, August 17, 2020 by 6:00 PM Eastern.

Technical Assistance: Webinar, Wednesday, July 22, 2020 4:00 PM Eastern

EXECUTIVE SUMMARY

The Office of Minority Health (OMH) announces the availability of funds for Fiscal Year (FY) 2020 grant awards under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. § 300u-6).

This notice solicits applications for projects under the Reducing Cardiac Arrest Disparities Through Data Registries Initiative to demonstrate if participation in an out-of-hospital cardiac arrest (OHCA) registry using standard data collection tools and data infrastructure supports the: (1) identification of racial/ethnic minority and/or disadvantaged populations experiencing cardiac

arrest; and (2) implementation of evidence-informed interventions to improve cardiac arrest survival rates.

The 350,000 annual cases of OHCA account for 50 percent of all cardiovascular mortality in the US. On average, only 10 percent of patients survive to hospital discharge and there are large regional variations that, in part, are explained by health inequities. Blacks and Hispanics have lower age-adjusted survival from OHCA compared to Whites.¹ However, survival outcomes have been shown to be increased by nearly 75 percent in as little as three years in communities that begin tracking their OHCA cases via registry participation.² At least 42 communities and states in the U.S. have implemented an OHCA registry, which provides surveillance and reporting to help increase state accountability and promote actions to improve cardiac arrest outcomes. Initiative projects will implement state/territorial/tribal-level processes for contributing to an OHCA data registry, including data collection on emergency cardiac care by emergency medical services and outcomes through hospital discharge. Using data from the OHCA registry, projects will describe the state/territorial/tribal cardiac arrest rate of occurrence by race and ethnicity and other related factors. Projects should also enhance capacity of state, territorial and tribal health agencies to implement and sustain evidence-informed interventions that significantly improve health outcomes of individuals who experience OHCA. In addition, projects will develop a sustainability plan for maintaining the project when the grant award ends.

These grants are designed to bring together stakeholders across health systems to strengthen an existing coordinated service network. OMH expects the applicant to represent a collaborative partnership, including representation from each of the following: (1) state/territorial/tribal health agencies; (2) state/territorial/tribal emergency management service (EMS) agencies/organizations; and (3) hospitals/health care organizations. Other partners could

include, but are not limited to: institutions of higher education, EMS professional associations and non-profit public health entities.

OMH anticipates the availability of \$250,000 for this funding opportunity to support three to five grants with awards ranging from \$50,000 to \$70,000 per year for up to two years.

HHS/OASH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that its application complies with all requirements and instructions.

FUNDING OPPORTUNITY DETAILS

A. DATES

1. Application Deadline

Your application is due Monday, August 17, 2020 by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will return it to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/Office of the Assistant Secretary for Health (OASH) Grants and Acquisition Management (GAM) Division. To obtain an exemption, you must request one via email from the HHS/OASH GAM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the

HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT#####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH GAM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. See Section F.8 ("Other Submission Requirements") for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section F.6 Intergovernmental Review.

To ensure adequate time to submit your application successfully, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. You must register an authorizing official for your organization. HHS/OASH does not determine your organization's authorizing official; your organization makes that designation. For

information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

2. Technical Assistance

A technical assistance webinar for potential applicants will be held on **Wednesday July 24, 2020**. Please check the Office of Minority Health website, www.minorityhealth.hhs.gov, for more detailed information.

We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so you receive any amendments, question and answer documents, or other updates.

B. PROGRAM DESCRIPTION

The Office of Minority Health announces the availability of funds for Fiscal Year (FY) 2020 grant awards under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. § 300u-6). OMH is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities and advance health equity. Through its demonstration grants, OMH supports the identification of effective approaches for improving health outcomes with the ultimate goal of promoting sustainability and dissemination of these approaches. This particular grant aligns with HHS Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work and Play.³ It

also supports the Office of the Assistant Secretary for Health’s vision to “transform the current ‘sick-care system’ into a ‘health-promoting system’.”

1. Background

The purpose of the Reducing Cardiac Arrest Disparities Through Data Registries Initiative is to demonstrate if state/territorial/tribal participation in an out-of-hospital cardiac arrest (OHCA) registry using standard data collection tools and data infrastructure supports the: 1) identification of racial/ethnic minority and/or disadvantaged populations experiencing cardiac arrest; and 2) implementation of evidence-informed interventions to improve cardiac arrest survival rates. Under this initiative, states/territories/tribes will develop and/or participate in an OHCA data registry to collect cardiac arrest data from EMS and hospitals to support performance and care quality measurement, the identification of cardiac arrest disparities, and the implementation of evidence-informed interventions to improve out-of-hospital sudden cardiac arrest survival rates in areas of high need.

The primary goals of the initiative are to: (1) implement state/territorial/tribal-level processes for contributing to an OHCA data registry, to include data collection on a) emergency cardiac care by EMS and b) outcomes through hospital discharge; (2) describe the state/territorial/tribal epidemiology of cardiac arrest by race and ethnicity and other related factors using data from the OHCA registry, and; (3) implement evidence-informed interventions to improve cardiac arrest survival rates based on the epidemiology of cardiac arrest. The secondary goal of the initiative is to enhance the capacity of state, territorial and tribal health agencies to sustain implementation of the OHCA registry and evidence-informed interventions that significantly improve health outcomes of individuals who experience OHCA.

The 350,000 annual cases of OHCA account for 50 percent of all cardiovascular mortality in the United States. On average, only 10 percent of patients survive to hospital discharge and there

are large regional variations that, in part, are explained by health inequities. Blacks and Hispanics have lower age-adjusted survival from OHCA compared to Whites.⁴ Reports have shown that death from OHCA occurs in low socioeconomic census tracts at twice the rate of high socioeconomic census tracts. Some of these differences are explained by the time it takes for first responders to get on scene and rates of bystander CPR rendered before first responder contact.⁵ A finding reproduced by many studies has shown that Blacks are 50 percent less likely to receive bystander CPR compared to Whites.⁶

In communities that begin tracking their OHCA cases via registry participation, survival outcomes have been shown to be increased by nearly 75 percent in as little as three years by implementing evidence-informed interventions such as standardization of telecommunicator CPR, increasing rates of CPR training in at risk communities, and improved automated external defibrillator (AED) accessibility.⁷ In some communities with an OHCA registry, improvements have occurred in the rates of long-term complications that decrease quality of life that significantly impact the public health and economic burden of OHCA. Some projections show that for every one percent increase in OCHA survival rate, there is 4.5 billion dollars in savings to the economy.⁸ Reducing Cardiac Arrest Disparities Through Data Registries Initiative is aligned with and supports strategies recommended in the 2015 Institute of Medicine report “Strategies to Improve Cardiac Arrest Survival: A Time to Act.”⁹ Organizations working at the state, territorial, or tribal level are well-positioned to lead efforts for using OHCA registry data to identify, implement and sustain successful evidence-informed interventions using a public health approach that can be applied to the system of care for sudden cardiac arrest. Ultimately, these interventions are expected to improve and reduce disparities in out-of-hospital sudden cardiac arrest survival rates.

2. Expectations

OMH expects successful applicants to address the following in the proposed project:

- a. **Implement state/territorial/tribal-level processes for contributing to an OHCA data registry, to include data collection on 1) emergency cardiac care by EMS and 2) outcomes through hospital discharge**

OMH expects applicants to demonstrate readiness to implement the OHCA data registry by providing evidence of existing key infrastructure and EMS data collection experience. Successful applicants should demonstrate that all EMS providers in the state/territory/tribe will report data to the current [National Emergency Medical Services Information System \(NEMSIS\)](#), a national database for EMS data.

The Principal Investigator/Project Director (PI/PD) is responsible for the day-to-day oversight of the project. In addition to the (PI/PD), OMH expects successful applicants to have an experienced individual responsible for collecting and managing EMS data who for this FOA we will refer to as the Data Coordinator. The Data Coordinator is a key personnel position for the project and will be responsible for ensuring that project and partner organization staff are trained in using the OHCA registry, coordinating cardiac arrest data entry by the partners, and conducting data audits. The Data Coordinator will also be responsible for ensuring evaluation requirements are met and evaluation results are reported in a timely and accurate manner to project staff and OMH. The applicant should provide a position description for this key personnel position and the plans to fill this role if the position is vacant. OMH recommends project staff have knowledge of and experience with cultural competence and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) (<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>).

OMH expects the initiative will require a collaborative partnership, with representation from each of the following: (1) state/territorial/tribal health agencies, (2) state/territorial/tribal EMS agencies/organizations, and (3) hospitals/health care organizations. Other partners could include, but are not limited to: institutions of higher education, EMS professional associations and non-profit public health entities. Applicants should describe in detail the specific roles, responsibilities, resources, and contributions of partner(s) with whom they have begun to formalize their working relationship. If available at the time of submission applicants may include a signed memorandum of agreement (MOA) or letter of commitment (LOC) with partners who will contribute substantially to this project. Within a month prior to the anticipated start date of awards, applicants may be asked to provide LOCs (or MOAs if available) from the partners identified in the proposal. If awarded, a signed MOA representative of the collaborative partnership is required within 60 days of the award date. The MOA(s) should be signed by all partners and include specific roles, responsibilities, resources, and contributions of partner(s) to the project.

b. Participate in OHCA registry and describe the state/territorial/tribal epidemiology of cardiac arrest by race and ethnicity and other related factors using OHCA registry data

OMH expects funded projects to participate actively in an OHCA registry using standard data collection tools and data infrastructure by the end of Year 1. Projects are allowed and are encouraged to work with existing OHCA registries across the country.

The selected OHCA registry system should have the following standard features:

- A secure web database with restricted access for authorized users
- A protocol for ensuring access for authorized users that must include EMS professionals, hospital/healthcare organization staff, state/territorial/tribal/local governmental agency staff, and 911 dispatchers

- Capability of linking to multiple data sources to create a single de-identified registry for OHCA events
- Data management system that is fully HIPAA compliant to protect confidentiality
- Standardized race and ethnicity data collection consistent with HHS implementation guidance for reporting race and ethnicity¹⁰
- Ability for all authorized users to access data for comparison against benchmarks
- Reporting capability at the state/territorial/tribal/local levels
- Longitudinal tracking of performance indicators
- Capacity for public health organizations to identify areas of elevated disease burden using data mapping in order to improve quality of care
- Platform for assessing intervention implementation based on identification of service gaps and/or disparities

OMH expects successful applicants to implement a standardized data collection infrastructure capable of receiving data from multiple sources (e.g., 911 dispatch centers, EMS providers and receiving hospitals) and including a reporting mechanism (to include annual reports); coordinate OHCA data collection and entry by the partners into an OHCA registry; and develop and implement a protocol to analyze registry data to identify areas of elevated disease burden in need of interventions to improve health outcomes. OMH expects successful applicants to examine OHCA registry data by the end of Year 2 of the project period and describe the state/territorial/tribal epidemiology of cardiac arrest by race and ethnicity, including the identification of OHCA disparities, areas of elevated disease burden, service gaps and its relation to policy development.

c. Implement evidence-informed interventions to improve cardiac arrest survival rates based on the epidemiology of cardiac arrest

By the end of Year 2 of the project period, OMH expects funded projects to implement one or more of the following evidence-informed interventions in areas of elevated disease burden, based on the epidemiology of cardiac arrest resulting from data collected through the OHCA registry. The following evidence-informed interventions have resulted in positive outcomes in states that have implemented an OHCA registry and used data analysis to inform the distribution of resources.

- Standardization of telecommunicator Cardiopulmonary Resuscitation (CPR)
- Increasing rates of CPR training in communities disproportionately impacted by OHCA
- High performance CPR training for first responders
- Improving automated external defibrillator (AED) accessibility/utilization

d. Implement a process and outcomes evaluation and develop a plan to sustain evidence-informed interventions that significantly improve health outcomes of individuals who experience OHCA

OMH expects funded projects to implement a process/implementation and outcomes evaluation to assess the impact of project activities. OMH expects project outcomes to address:

- The extent to which the project resulted in representative OHCA data from multiple sources (e.g., 911 dispatch centers, EMS providers and receiving hospitals);
- Whether OHCA registry data identifies disparities, including racial and ethnic health disparities and areas of elevated disease burden, for which evidence-informed interventions can be designed and implemented to address; and

- The extent to which evidence-informed interventions (e.g., increased bystander-initiated CPR, increased reporting to the OHCA registry, or increased telephone CPR training rates) are implemented in the second year of the grant.

By the end of Year 1, OMH expects funded projects to develop a sustainability plan to support continued implementation of the OHCA registry and evidence-informed interventions after funding ends. Applicants may submit preliminary sustainability plans with intent to update over the period of the grant to address the requirements and goals of the Reducing Cardiac Arrest Disparities Through Data Registries Initiative.

The sustainability plan should include:

- Key activities, milestones, responsible staff, and resources for implementing the project activities;
- Engagement of key stakeholders/partners in the development of the sustainability plan; and
- A scalable model for using OHCA registry data to implement evidence-based interventions in at-risk communities.

C. AUTHORITY

Section 1707 of the Public Health Service Act (42 U.S.C. § 300u-6)

D. FEDERAL AWARD INFORMATION

The Office of Minority Health intends to make funds available for competing grant awards. We will fund awards in annual increments (budget periods) and generally for a project period up

to 2 years, although we may approve shorter project periods. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors. Funding for all approved budget periods beyond the first is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

Award Information

Estimated Federal Funds Available: \$250,000

Anticipated Number of Awards: 3 to 5

Award Ceiling (Federal Funds including indirect costs): \$70,000 per budget period

Award Floor (Federal Funds including indirect costs): \$50,000 per budget period

Anticipated Start Date: September 30, 2020

Estimated Period of Performance: Not to exceed 2 years

Anticipated Initial Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov ONLY unless an exemption is granted

E. ELIGIBILITY INFORMATION

1. Eligible Applicants.

- State Governments
- County Governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public Housing authorities/Indian housing authorities
- Native American tribal organizations (other than federally recognized tribal governments)
- Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private non-profit institutions of higher education
- U.S. Territories

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

3. Other Eligibility Information

Official documentation that verifies established partnership with a state/territorial/tribal government agency, if the applicant is not such an entity. Examples of such documentation include a signed statement from a state/territorial/tribal level authorizing official (e.g., Governor or tribal

president), memoranda of understanding or agreement describing the partnership or a current legal document that establishes a partnership.

4. Application Disqualification Criteria

If you successfully submit an application, we will screen it to ensure it meets the below requirements. If we determine your application fails to meet the criteria described below we will disqualify it, that is, we will **not** review it and will give it **no** further consideration.

- a. You must submit your application electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section (A.1) of this announcement.
- b. If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- c. HHS/OASH/OGM deems your application eligible according to section E.1 Eligible Applicants.
- d. You must complete the required forms in the application package: SF-424, SF-424A, SF-424B, SF-LLL, and Project Abstract Summary.
- e. Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ ” x 11” inch page size, with 1” margins on all sides (top, bottom, left and right) and font size not less than 12 points.
- f. Your Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the Project Narrative page limit:

all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).

- g. Your total application, including the Project Narrative plus Appendices, must not exceed 75 pages. NOTE: items listed in “(f)” immediately above do not count toward total page limit.
- h. Your Federal funds request including indirect costs must not exceed the maximum indicated in Award Ceiling.
- i. Your Federal funds request including indirect costs must not be below the minimum indicated in Award Floor

F. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 2 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

OASH Grants & Acquisitions Management

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

2. Content and Form of Application Submission

a. Application Format

Your application must be prepared using the forms and information provided in the online application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section E.4. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper by HHS/OASH/GAM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You must use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

b. Appendices Format

Your appendices should include any specific documents outlined in Section F.3.c, under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/CVs, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the

pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

d. Budget Narrative Format

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

3. Application Content

Successful applications will contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components: 1) Problem Statement; 2) Goals, Objectives, and Outcomes; 3) Proposed Intervention; 4) Populations Served and Organizations; 5) Evaluation Plan; and 6) Organizational Capacity.

1) Problem Statement

You should describe in this section, in both quantitative and qualitative terms, the nature and scope of the specific and particular problem or issue (including health disparities), the proposed intervention(s) it is designed to address, and the geographic area(s) of focus. You should clearly describe the need for an OHCA data registry, and demonstrate that the proposed project is not duplicating any existing efforts in the geographic area(s) of focus to implement an OHCA data registry. Describe the population(s) of focus, including demographic characteristics and prevalence of OHCA and risk factors. You should detail how the project will potentially affect the populations served, specific subgroups within those populations, and other interested stakeholders as identified.

We recommend that you focus your problem statement on the specific aspects of the history, existing literature, current status, and policy considerations bearing on the program area, and the roles of the national, state, territorial, tribal and local agencies responsible for their operation, rather than providing a broad or sweeping historical overview that is not directly related to the proposed interventions and activities.

2) Goals, Objectives and Outcomes

You should describe in this section your project's proposed goal(s) and major objectives. We recommend you describe objectives that are Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART). For Example: *By June 30, 2021, provide training for 20 EMS providers and hospital administrators in the use of OHCA registry reporting system.* You should clearly state the expected outcome(s) that will result from your project for: 1) implementing state/territorial/tribal-level processes for contributing to an OHCA data registry, to include data collection on a) emergency cardiac care by EMS and b) outcomes through hospital discharge; (2)

describing the State/territorial/tribal epidemiology of cardiac arrest by race and ethnicity; (3) implementing evidence-informed interventions to improve cardiac arrest survival rates based on the epidemiology of cardiac arrest; and (4) enhancing the capacity of state, territorial and tribal health agencies to sustain the implementation of the OHCA registry and evidence-informed interventions that significantly improve health outcomes of individuals who experience OHCA.

HHS/OASH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, you should describe how you envision the project will benefit the field at large.

A “measurable outcome” is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the “impact” of the intervention. For example, a change in a client’s financial, health, and/or functional status; mental well-being; knowledge; skill; attitude; awareness; or behavior. It can also describe a change in the degree to which participants exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable output, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

3) Proposed Intervention

You should provide a clear and concise description of the OHCA data registry system that you are proposing to use to address the program goals and objectives and the problem described in the “Problem Statement.” You should explain the rationale for using a particular OHCA registry

system, and describe how the proposed registry system meets the system requirements outlined in Section 2.b

Your proposal should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving the overall project goals and objectives. You should clarify why these specific activities were selected (i.e., has this approach been successful in other settings? Does the research suggest this direction?). Describe your approach for implementing a standardized data collection infrastructure capable of receiving data from multiple sources (e.g., 911 dispatch centers, EMS providers and receiving hospitals) and including a reporting mechanism (to include annual reports); coordinating OHCA data collection and entry by the partners into an OHCA registry; and developing and implementing a protocol to analyze registry data to identify areas of elevated disease burden in need of interventions to improve health outcomes. Describe your approach for identifying and selecting evidence-based interventions to implement, based on analysis of the OHCA registry data. Describe your approach for developing a sustainability plan, including implementation resources, engagement of key stakeholders/partners and a scalable model for using OHCA registry data to implement evidence-based interventions in at-risk communities. Provide specifics about the activities, expected outcomes and barriers for all anticipated years of the award. Also note how your project will be able to overcome those barriers.

Provide a two year project work plan which should describe, at a minimum, how you will:

- a. Implement state/territorial/tribal-level processes for contributing to an OHCA data registry, to include data collection on a) emergency cardiac care by EMS and b) outcomes through hospital discharge;

- b. Participate in OHCA registry and describe the state/territorial/tribal epidemiology of cardiac arrest by race and ethnicity and other related factors using OHCA registry data from the OHCA registry;
- c. Implement evidence-informed interventions to improve cardiac arrest survival rates based on the epidemiology of cardiac arrest, in particular among racial/ethnic minority and disadvantaged populations; and
- d. Implement a process and outcomes evaluation and develop a plan to sustain evidence-informed interventions that significantly improve health outcomes of individuals who experience OHCA.

4) Populations Served and Organizations

You should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposed project. You should also describe how your proposed project, including evidence informed intervention(s), will serve racial/ethnic minority and disadvantaged populations. Describe how you will use the National CLAS Standards to ensure the proposed project will be implemented in a culturally appropriate manner tailored to the population(s) of focus. Additionally, this section should outline who you consider vested stakeholders in the project, how they were/will be identified, and how they will be meaningfully incorporated into the project.

5) Evaluation Plan

You should describe the methods you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s) and assess and evaluate the impact of activities you propose. You should describe how you will measure and report on the outcomes of the project.

You should describe the quantitative and qualitative tools and techniques that you will employ to measure the outcome(s) and how you will identify and document the “lessons learned.” Describe how you will evaluate the quality of the implementation of the National CLAS Standards through process and outcome measures.

6) Organizational Capacity

You should describe your organization’s capability to successfully implement the proposed project. You should describe how your agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. You should describe current data collection activities and history of collecting EMS data and capacity, including data reporting in the NEMESIS. Your description should cover capabilities of the applicant agency not included elsewhere in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart in your Appendices showing the relationship of the project to the current organization.

You should describe who will serve as key personnel (including the Principal Investigator/Project Director and Data Coordinator, as outlined in Section 2: Program Description) and how proposed key personnel have demonstrated experience and are qualified to serve in the role. Provide a position description for the individual responsible for collecting and managing EMS data, and who will be responsible for collecting and coordinating OHCA data and entering it into the OHCA data registry. You should describe the expertise of each key personnel in the field of cardiac arrest data collection. If the Data Coordinator position does not currently exist or is vacant, you should provide a position description for this key personnel position and your plans

to fill this role. You should describe the extent of your and any proposed partner's knowledge of and experience with cultural competence and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) (<https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>). Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.

You should describe the collaborative partnership which will support project activities. You should describe the role and makeup of partners intended to be involved in completing specific tasks, including state/territorial/tribal and local health agencies, EMS agencies/organizations and hospitals/health care organizations. Describe partners' experience of collecting and reporting EMS data and cardiac health data from regional, state, and local systems of care and emergency management systems. Describe the anticipated level of effort and responsibilities of each partner in completing programmatic activities.

b. Budget Narrative Content

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section A.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should

describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, **do not** include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Requested	Funds	Non-federal Resources	Total Budget
Personnel	\$100,000		\$25,000	\$125,000

Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

1) Object Class Descriptions and Required Justifications

(a) Personnel Description

Costs of staff salaries and wages, excluding benefits.

(b) Personnel Justification

Clearly identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, Salary Rate Limitation for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

(c) Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

(d) Fringe Benefits Justification:

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

(e) Travel Description

Costs of travel by staff of the applicant organization only.

(f) Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

(g) Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Note: Acquisition cost means the cost of the asset including the cost to ready

the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non- Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

(h) Equipment Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

(i) Supplies Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

(j) Supplies Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

(k) Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

(l) Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 C.F.R. § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at \$250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, you must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

(m) Other Description

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space

and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

(n) Other Justification

Provide computations, a narrative description, and a justification for each cost under this category.

(o) Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one.

- Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.
- Per 45 C.F.R. § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

(p) Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

(q) Program Income Description

Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 C.F.R. § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 C.F.R. §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

(r) Program Income Justification

Describe and estimate the sources and amounts of program income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

(s) Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 C.F.R. § 75.306. For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Your failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on

your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

(i) *Non-federal Resources Justification*

You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards). If your application does not include the required supporting documentation for a matching requirement, it will not be disqualified from competitive review; however, it may impact your score under the evaluation criteria in Section G.1 of this announcement.

2) *Plan for Oversight of Federal Award Funds*

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.

- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

c. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as a **single electronic file** uploaded to the Attachments section of your Grants.gov application.

1) Supporting Documentation/Supplementary Information for Work Plan

If needed, include supplemental information or supporting documentation for your Work Plan.

2) Documentation of partnership with a state/territorial/tribal government agency, if the applicant is not such an entity.

Examples of such documentation include a signed statement from a state/territorial/tribal level authorizing official (e.g., Governor or tribal president), memoranda of understanding or agreement describing the partnership or a current legal document that establishes a partnership.

3) Collaborative Partnership MOA(s) and LOC(s)

If available at the time of submission, signed memoranda of agreement (MOAs) or signed Letters of Commitment (LOCs) may be submitted for each partner (or one signed MOA with all partners) and include specific roles, responsibilities, resources, and contributions of partner(s) to the project. MOAs signed by all partners are preferred as documentation to support the commitment of the partner organizations. If the applicant is unable to submit signed MOAs because of COVID-19 impacts, the applicant should submit an unsigned MOA(s). LOCs may be submitted at the time of application with the expectation that fully executed MOAs will be requested before an awarded project begins. The MOAs and signed LOCs must detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the LOC. Fully executed MOAs will be required within 60 days following the issuance of any award made under this announcement.

LOCs are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support, and letters of support such as this will not be considered during the review.

4) Curriculum Vitae/Résumés for Key Project Personnel

You must submit with your application curriculum vitae and/or résumés of the Project Director/Principal Investigator and Data Coordinator. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume

responsibility for assuring the validity and quality of your organization's program. We encourage individuals to use their full name (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records.

5) Organizational Chart

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization.

6) Tribal Letter or Resolution

Federally recognized American Indian/Alaska Native tribal nations, which include Native American tribal governments (Federally recognized) and American Indians or Alaska Native tribal governments (federally recognized), must demonstrate support from the tribal nation by providing an official letter from official tribal leaders, or a tribal resolution.

4. Unique Entity Identifier and System for Award Management (SAM)

You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain. If you do not currently have a DUNS number, please contact Grants.gov to create a temporary DUNS number if you are unable to complete the SAM registration process prior to submitting your application.

You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

Your organization must register online in the System for Award Management (SAM). Under normal operating procedures Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. Because of the public health emergency with COVID-19, the requirement for SAM registration at the time of submission has been waived. Grants.gov will temporarily allow submissions without a current SAM registration. A completed registration in SAM may be required prior to receiving any award based on your application.

If you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.GOV For detailed instructions on the content of the letter and process for domestic entities see: https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013183

A quick start guide for registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf. You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

If your organization is already registered in SAM, you must renew your SAM registration each year. Organizations registered to apply for Federal awards through <http://www.grants.gov>

will need to renew their registration in SAM. SAM has extended the expiration dates for registration renewals that may be delayed because of the public health emergency. Please review your status in SAM.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see https://gsafsd.service-now.com/fsd-gov/answer.do?sysparm_kbid=c3d982af6fb8d5006f348d412e3ee47e

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements as modified under the public health emergency. If you have not complied with these requirements,

HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

5. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated in Section A.1 of this announcement**. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

6. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 C.F.R. part 100, “Intergovernmental Review of Department of Health and Human Services Programs and

Activities.” As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at <https://www.whitehouse.gov/wp-content/uploads/2017/11/SPOC-Feb.-2018.pdf>. The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Suite 550, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240-453-8822.

7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 C.F.R. part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 C.F.R. § 75.414. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

a. Pre-Award Costs

Pre-award costs (per 45 C.F.R. § 75.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such

costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the HHS awarding agency.

Pre-award costs are not allowed.

b. Salary Rate Limitation

Each year's appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2020, the Executive Level II salary is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual's actual base full time salary: \$350,000 50% of time devoted to project, i.e. .5 FTE	
Direct salary (\$350,000 x .5)	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary rate limitation: Individual's base full time salary adjusted to Executive Level II: \$197,300 with 50% of time devoted to the project	
Direct salary (\$197,300 x .5)	\$98,650
Fringe (25% of salary)	\$24,663
Total amount allowed	\$123,313

Appropriate salary rate limits will apply as required by law.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it will not be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <http://www.grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative

content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you

confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important Grants.gov Information

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Contacts below. See Section D.3 for requirements related to DUNS numbers and SAM registration.

G. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

a. Problem Statement (15 points)

- Strong demonstrated need for an OHCA data registry
- Clear evidence that the grant would not duplicate any existing efforts to implement an OHCA data registry

- Strong and clear qualitative and quantitative data describing population(s) of focus, including demographic characteristics and prevalence of OHCA and risk factors, that demonstrate need for the project
- Strong evidence for potential impact on the population(s) of focus and other interested stakeholders as identified

b. Goals, Objectives and Outcomes (10 points)

- Strong and clear alignment of goals and objectives are aligned with the initiative's purpose, program expectations and the problem statement
- Extent to which objectives are SMART and quantified
- The quality of the proposed indicators/measures and the degree to which the proposed indicators/measures support the evaluation of the impact of the proposed project on outcomes

c. Proposed Intervention (30 points)

- Identification of an OHCA data registry based on clear rationale and that meets the following technical requirements:
 - A secure web database with restricted access for authorized users
 - A protocol for ensuring access for authorized users that must include EMS professionals, hospital/healthcare organization staff, state/territorial/tribal/local governmental agency staff, and 911 dispatchers
- Capability of linking to multiple data sources to create a single de-identified registry for OHCA events

- Data management system that is fully HIPAA compliant to protect confidentiality
- Race and ethnicity data reporting consistent with HHS implementation guidance for reporting race and ethnicity¹¹
- Ability for all authorized users to access data for comparison against benchmarks
- Reporting capability at the state/territorial/tribal/local levels
- Longitudinal tracking of performance indicators
- Capacity for public health organizations to identify areas of elevated disease burden using data mapping in order to improve quality of care
- Platform for assessing intervention implementation based on identification of service gaps and/or disparities
- Strength of proposed approach and activities for:
 - Implementation of a standardized data collection infrastructure capable of receiving data from multiple sources (e.g., 911 dispatch centers, EMS providers and receiving hospitals) and a reporting mechanism that includes annual reports
 - Coordination of OHCA data collection and entry into OHCA registry by partners
 - Development and implementation of data analysis protocol to identify areas of elevated disease burden
 - Identification and selection of evidence-based interventions to implement, based on analysis of the OHCA registry data
 - Development of a sustainability plan tying implementation activities to the data collection and a scalable model for

implementing an OHCA registry and evidence-based interventions in at-risk communities, and addressing implementation resources and engagement of key stakeholders/partners

- Strength and feasibility of proposed work plan activities and timeline, clearing describing how the applicant will:
 - Implement state/territorial/tribal-level processes for contributing to an OHCA data registry, to include data collection on a) emergency cardiac care by EMS and b) outcomes through hospital discharge;
 - Participate in OHCA registry and describe the state/territorial/tribal epidemiology of cardiac arrest by race and ethnicity and other related factors using OHCA registry data from the OHCA registry;
 - Implement evidence-informed interventions to improve cardiac arrest survival rates based on the epidemiology of cardiac arrest, in particular among racial/ethnic minority and disadvantaged populations; and
 - Implement a process and outcomes evaluation and develop a plan to sustain evidence-informed interventions that significantly improve health outcomes of individuals who experience OHCA.

d. Populations Served and Organizations (5 points)

- Extent to which organizations and racial/ethnic minority and disadvantaged populations will be engaged in a meaningful way
- Extent to which proposed evidence informed intervention(s) will serve racial/ethnic minority and disadvantaged populations
- Extent to which the National CLAS Standards are incorporated into the project

e. Evaluation Plan (10 points)

- Clarity, appropriateness and soundness of evaluation design and plan to assess impact of project activities
- Extent to which the proposed evaluation plan will allow for the evaluation of 1) whether the project resulted in representative OHCA data from multiple sources (e.g., 911 dispatch centers, EMS providers and receiving hospitals); 2) whether OHCA registry data identifies disparities, including racial and ethnic health disparities and areas of elevated disease burden, for which evidence-informed interventions can be designed and implemented to address; and 3) the extent to which evidence-informed interventions (e.g., increased bystander-initiated CPR, increased reporting to the OHCA registry, or increased telephone CPR training rates) are implemented.
- Strength of the plan to evaluate the quality of the implementation of the National CLAS Standards through process and outcome measures

f. Organizational Capacity (25 points)

- Demonstrated capacity, infrastructure, experience and expertise of lead applicant to successfully conduct the project activities, including readiness for implementation and evaluation of program impact within the project period
- Demonstrated experience of collecting and reporting cardiac health data from regional, state, and local systems of care and emergency management systems
- Demonstrated experience of reporting data to the most current version of NEMSIS
- Demonstrated experience and expertise of key personnel and project staff, including strength of evidence of key staff working with OHCA data
- Evidence of a staff person responsible for collecting and managing EMS data who can serve as the project Data Coordinator
- Strength of proposed partnership to support project activities, including data entry into the OHCA registry, implementation of evidence-based interventions, and sustainability plan development
- Partners' demonstrated experience of collecting and reporting EMS data and cardiac health data from regional, state, and local systems of care and emergency management systems
- Current Memoranda of Agreement showing partnership with:
 - State and local EMS agencies
 - State/territorial/tribal/local department(s) of health
 - Hospitals or Healthcare Systems receiving cardiac arrest patients from participating EMS agencies

g. Budget (5 points)

- Extent to which the proposed budget adequately supports proposed activities

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Deputy Assistant Secretary for Minority Health will provide recommendations for funding to the Grants Management Officer to conduct risk analysis.

In providing these recommendations, the Deputy Assistant Secretary for Minority Health will take into consideration the following additional factor(s): geographic distribution of award recipients; and areas of greater need.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate, in accordance with 45 C.F.R. § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of

eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial *reporting or releasing funds on a reimbursable* rather than cash advance basis. OASH will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 45 C.F.R. part 75;
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment

on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If an we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 C.F.R. §75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 C.F.R. § 75.205(a)(2); see also 45 C.F.R. §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, HHS/OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including level of funding if an award is made, are final and you may not appeal.

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later project period start date.

H. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

HHS/ OASH does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH OGM. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the project period, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by HHS/OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

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

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 C.F.R. parts 74 and 92 have been superseded by 45 C.F.R. part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 C.F.R. § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator,

either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

3. Closeout of Award

Upon expiration of your project period, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the Principal Investigator/ Project Director, we may elect to complete a unilateral closeout. (See F.3 Reporting below for closeout reporting requirements.) As a result, we may determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

4. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity

designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

5. Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance for complying with civil rights laws that prohibit discrimination. <https://www.hhs.gov/civil-rights/index.html>.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) You must ensure your contractors and subrecipients also comply with federal civil rights laws.

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

6. Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

7. Acknowledgement of Funding and HHS Rights to Materials and Data

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. _____ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 C.F.R. § 75.322(b), 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 C.F.R. § 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.

8. Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

9. Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>

10. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 C.F.R. § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

11. Human Subjects Protection

Federal regulations (45 C.F.R. Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 C.F.R. part 46. You may find it online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Applicants that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to www.hhs.gov/about-research-participation.

12. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at ori.hhs.gov/assurance-program.

13. Reporting

a. Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 C.F.R. § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final performance report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

b. Performance Measures

In addition to the submission of quarterly reports in our grants management system, OMH expects awardees to report program process and outcome data electronically to OMH on a quarterly basis. Performance process and outcome data allow OMH to evaluate the performance of its initiatives across awardees. All OMH awardees under this initiative are required to report project performance process and outcome data on a quarterly basis through GrantSolutions. No performance measure reporting will be required without OMB approval. Training will be provided to all new grantees on the collection and reporting of performance data during the Technical Assistance and Training grantee meeting. Note: Successful applicants may be required to report project-related data in the Office of Minority Health’s Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 8/31/2022).

At the end of each quarter of this initiative, in your quarterly progress report you should be able to:

- Describe accomplishments and progress toward program purpose/strategies/interventions.
- Summarize the status of the project’s staffing situation.
- Describe the role and activities of each partnering organization.

c. Describe accomplishments, current or anticipated problems, changes and progress on the evaluation plan. Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

d. Audits

If your organization receives \$750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 C.F.R. part 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

g. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 C.F.R. § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 C.F.R. § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 C.F.R. § 180.800(a); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 C.F.R. § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 C.F.R. § 180.335; or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 C.F.R. § 180.335.

I. CONTACTS

1. Administrative and Budgetary Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Robin Fuller

Grants & Acquisitions Management

1101 Wootton Parkway, Suite 100

Rockville, MD 20852

Phone: 240-453-8822

Email: robin.fuller@hhs.gov

2. Program Requirements

For information on program requirements, please contact the program office representative listed below.

Ramon Bonzon

Office of Minority Health

1101 Wootton Parkway, Plaza Suite 100

Rockville, MD 20852

Phone: 240-453-2824

Email: ramon.bonzon@hhs.gov

3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: www.grants.gov

Phone: 1-800-518-4726

Email: support@grants.gov

J. OTHER INFORMATION

1. Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

2. Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Assurances for Non-construction Programs (SF-424B)
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.

- Appendices – Submit all appendix content as a single acceptable file, specified above in the Attachments section of your Grants.gov application.
 - Supporting Documentation/Supplementary Information for Work Plan
 - Documentation of partnership with a state/territorial/tribal government agency
 - Collaborative MOAs and LOCs
 - Curriculum Vitae/Resumes for Key Project Personnel
 - Organizational Chart
 - Tribal Letter or Resolution



RADM Felicia Collins, M.D., M.P.H.
Deputy Assistant Secretary for Minority Health

July 15, 2020

Date

APPENDIX A - GLOSSARY

Disadvantaged groups refers to individuals or populations that are economically disadvantaged or environmentally disadvantaged.

Economically Disadvantaged refers to an individual who comes from a family with an annual income that does not exceed 200 percent of HHS's annual Poverty Guidelines.¹²

Environmentally Disadvantaged refers to an individual who comes from an environment that has inhibited him/her from achieving optimal health based on factors associated with health disparities and poor health outcomes including, but not limited to, the following:

- Graduated from (or last attended) a high school from which 80% or less of students graduate with a diploma four years after starting 9th grade;¹³
- Attends a school at which 50% or more of the enrolled students are eligible for free or reduced price lunches;¹⁴
- Comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP), Medicaid, public housing);
- Is limited English proficient ;^{15,16}
- Experiences housing quality, instability and/or affordability issues;¹⁷
- Has limited access to health care (e.g. lack of insurance coverage, geographic isolation, lack of usual source of care, etc.);¹⁸
- Is exposed to violence (e.g. violent crimes, interpersonal violence, community violence, etc.);¹⁹ or
- Experiences food insecurity.²⁰

APPENDIX B - REFERENCES

¹ Galea S, Blaney S, Nandi A, Silverman R, Vlahov D, Foltin G, Kusick M, Tunik M, Richmond N. Explaining racial disparities in incidence of and survival from out-of-hospital cardiac arrest. *Am J Epidemiol*. 2007;166:534–543. doi: 10.1093/aje/kwm102.

² May S, et al. Improvement in non-traumatic, Out-Of-Hospital Cardiac Arrest Survival in Detroit From 2014 to 2016. *Journal of the American Heart Association*. 2018 Aug 21; 7(16): e009831.

³ U.S. Department of Health and Human Services. HHS Strategic Plan 2018-2022. Accessed at: <https://www.hhs.gov/about/strategic-plan/index.html>

⁴ Galea S, Blaney S, Nandi A, Silverman R, Vlahov D, Foltin G, Kusick M, Tunik M, Richmond N. Explaining racial disparities in incidence of and survival from out-of-hospital cardiac arrest. *Am J Epidemiol*. 2007;166:534–543. doi: 10.1093/aje/kwm102.

⁵ Sasson, C. et al. Association of Neighborhood Characteristics with Bystander-Initiated CPR *NEJM*. 2012; 367(17): 1607-15.

⁶ Deo, R. et al. Differences in Risk of Sudden Cardiac Death Between Blacks and Whites *J Am Coll Cardiol*. 2018; 72(20): 2431-9.

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⁸ Guillaume, G, et al. Effects of bystander CPR following out-of-hospital cardiac arrest on hospital costs and long-term survival. *Resuscitation*. 2017; 115: 129-134.

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